

**Houston County Board of Education**  
**HIGH SCHOOL STUDENT ENROLLMENT FORM**

Has student ever attended a public school in Houston County? YES\_\_\_NO\_\_\_ If YES: Which Year(s):\_\_\_\_\_ Grade(s):\_\_\_\_\_ School(s):\_\_\_\_\_

If student is transferring from another Houston County school, does EITHER parent now reside in another Houston County school zone? YES\_\_\_ NO\_\_\_ If YES, give name and address of that parent: \_\_\_\_\_

**Student Name:**  
**LAST:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: House Number & Street Name: \_\_\_\_\_ Apartment Complex/Trailer Park/Subdivision: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Day of Attendance: \_\_\_\_\_ Enrolled from: School/Address/City/State/Phone #/Fax # \_\_\_\_\_ Previous school: Public?\_\_\_ Private?\_\_\_ Previous school accredited by: \_\_\_\_\_

List **ONLY** names of parent(s) or **LEGAL** guardian(s) with whom student **LIVES** Father's/Step-father's/Guardian's NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer & Location: \_\_\_\_\_

Mother's/Step-mother's/Guardian's NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer & Location: \_\_\_\_\_

Parent(s) Cell Phone Numbers: \_\_\_\_\_ Parent(s) E-mail Addresses: \_\_\_\_\_

Emergency contact person: (besides a parent) \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone: \_\_\_\_\_

Course of study: College Prep\_\_\_ Career/Tech\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Has student been enrolled in any special programs? Gifted\_\_\_ Spec Ed\_\_\_ Remedial\_\_\_ Speech\_\_\_  
 What was the language(s) the student first learned to speak?  
 What language(s) does the student now speak at home?  
 What language(s) does the student speak most often?

Non-Custodial Parent Data: \_\_\_\_\_ List any health concerns/medications: \_\_\_\_\_ Other children in family? Number younger: \_\_\_\_\_ Number older: \_\_\_\_\_

**PREVIOUS INTER-SCHOLASTIC ACTIVITIES INFORMATION:**

Has student participated in any inter-scholastic activities at previous school? YES\_\_\_ NO\_\_\_  
 If YES, list activities and which year and semester:

**NOW, request a copy of our GHSA handout. Read the GHSA document carefully before signing this form.**

I understand that I must provide these two GEORGIA DHR Forms. Upon enrollment: 1) 3231 - Immunization Record; and within 30 days: 2) EED (Ear/Eye/Dental Screening) Signature of Parent/Guardian: \_\_\_\_\_ Date Enrolled: \_\_\_\_\_

**SECTIONS BELOW TO BE COMPLETED BY SCHOOL STAFF ONLY:**

HCBOE Student ID #: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Neighborhood Code: \_\_\_\_\_

Exceptionality Checklist of Permission & Referral Forms: Confidential Records\_\_\_ Request to Evaluate\_\_\_ Request for Psychological Services\_\_\_

Signature of School Official Enrolling Student: \_\_\_\_\_ Date: \_\_\_\_\_