

HOUSTON COUNTY BOARD OF EDUCATION

High School Student Enrollment Form

Enrollment Date: _____

Has student ever attended a public school in Houston County? Yes / No If yes, name of School/Grade/Year _____

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: _____ **Preferred Name:** _____
LAST: _____ **FIRST:** _____ **MIDDLE:** _____

Homeless: Yes / No	Apartment Complex / Mobile Home Park / Subdivision:	City: _____
Address: House Number & Street Name: _____		Zip Code: _____

Home Phone: _____	Cell Phone(s): _____	Grade: _____	Sex: _____	Race: _____	Social Security Number: _____
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Enrolled from: School _____	Date of Birth: _____
School's Address _____ School's Phone # _____	Place of Birth: _____
City _____ State _____ School's Fax # _____	

Student Lives with: both parents one parent natural/step-parent guardian foster parent

Transportation: (please circle one)	Father's / Step-father's / Guardian's NAME: _____	If new to U.S. - Date of entry into United States:	
* Parent Picks Up		Work Phone: _____	Employer: _____
* Drives		Cell Phone: _____	Location: _____
* Walks		Email Address: _____	
* Rides Bus #: _____	Mother's / Step-mother's / Guardian's NAME: _____	Work Phone: _____	Employer: _____
		Cell Phone: _____	Location: _____
		Email Address: _____	

Emergency contact person: (besides a parent) _____	Relationship to student: _____	Home Phone: _____ Cell Phone: _____
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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: _____

Request a copy of our GHSA Handout. Read the GHSA Document carefully before signing this form.

Enrolled in following programs? Gifted _____ Spec Ed _____ Speech _____ Hearing _____ Vision _____ ESOL _____ Migrant _____ 504/SST _____

SPECIAL EDUCATION	LANGUAGE SURVEY
1. Has your child ever received Special Education services? Yes / No	1. What was the language(s) the student first learned to speak?
2. Is your child currently receiving Special Education services? Yes / No	2. What language(s) does the student now speak at home?
3. Has your child ever been tested for Special Education services? Yes / No	3. What language(s) does the student speak most often?
4. Has your child ever been recommended for Special Education testing? Yes / No	
5. Is your child receiving services for Speech? Yes / No	

List any health concerns: _____

List any medications: _____

Are any of the above medications administrated at school? Yes / No Which ones? _____

Course of study: College Prep _____ Career / Tech _____

I understand that I must provide these two GEORGIA DHR Forms. <u>Upon enrollment:</u> 1) 3231 - Immunization Record; and 2) 3300 - EED (Ear/Eye/Dental Screening)	Signature of Enrolling Parent/Guardian of Student: _____
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SECTIONS BELOW TO BE COMPLETED BY SCHOOL OFFICIALS ONLY

Immunization 3231?	EED 3300?	Withdrawal Form?	Proof of Residence?	Social Security Card?
Records requested on: _____		First Day of Attendance: _____		Neighborhood Code: _____
Homeroom Teacher: _____		FTE: # 100000- _____	HCBOE Student ID #: _____	Bus #: _____

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

Signature of employee completing this section: _____ Date: _____