



Enrollment Forms Packet

- Complete one enrollment packet per student based on the grade-specific information below.
- Review the information in the chart to determine what supporting documentation you should submit for each student.
- Please return all required paperwork to the school's Main Office or at the Parent Orientation Night on May 1st.

Thank you!

Required For?	Item	Description / Information
ALL STUDENTS	CEMCS / SCCPSS Registration / Emergency Contact Form	Complete, sign and submit; <i>ENCLOSED IN PACKET</i>
	Proof of Chatham County address	Current utility bill showing service address OR mortgage statement/rental contract (incl. address and signature pages)
	*Immunization Record	Current Immunization Form 3231
	*Ear, Eye, Dental & Nutrition (EEDN) Form	Current GA Form 3330
	Proof of Age	Official Birth Certificate (original must be shown to staff in school's Main Office)
	Proof of Identification	Official Social Security Card (original must be shown to staff in school's Main Office)
STUDENTS WITH GUARDIANS	Proof of Guardianship	Certified copy of Letter of Permanent Guardianship of Minor (from Probate Court)
STUDENTS WITH SPECIAL EDUCATIONAL NEEDS	Special Education documents	Copy of your student's current IEP or 504 Plan; Copy of your student's current evaluation documents

** Forms 3231 and 3330 can be obtained from your child's doctor or at the Chatham County Health Department*

April 2018



FOR OFFICE USE ONLY

Entry Date:	GTID Number:	Special Services: <input type="checkbox"/> ECE <input type="checkbox"/> Gifted <input type="checkbox"/> EIP <input type="checkbox"/> REP	Teacher:
Completed: <input type="checkbox"/>	Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> GA EEDN <input type="checkbox"/> Proof of Residency		Grade:
Provisional: <input type="checkbox"/> Prov. End Date: _____	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Proof of Legal Guardianship (if applicable)		Verified by:

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STUDENT INFORMATION					
Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Social Security Number:			Nickname:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade:	Date of Birth:	State of birth:	Country of Citizenship: (if not USA)	Home Phone:	
Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address: (include apartment no.) <input type="checkbox"/> Federally Subsidized Housing		City:		State:	Zip code:
Mailing Address: (if different)		City:		State:	Zip code:
What language did/does the student... First learn to speak: _____ Speak at home: _____ Speak most often: _____					

STUDENT HISTORY			
Previous School Attended: <input type="checkbox"/> Attended SCCPSS Before <input type="checkbox"/> Home Study Program <input type="checkbox"/> Private School			
Previous School Address (City/State/Zip)	Last School Year Attended:	Last Grade Attended:	Date Withdrawn:

SIBLING INFORMATION				
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:

PARENT(S)/GUARDIAN(S) WITH WITHDRAWAL AUTHORITY				
Last Name:	First name:	Relationship:	Phone 1:	Phone 2:
Last Name:	First name:	Relationship:	Phone 1:	Phone 2:

Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the Social Security Number Waiver Form located at www.sccpss.com, Student Affairs Office, or at the school's main office.

If the student is residing in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney -Vento Homeless Assistance Act of 2001. Please fill out the Student Residency Questionnaire for eligibility located at www.sccpss.com, Student Affairs Office, or at the school's main office.

Ethnicity and race are both required for processing

IEP - Individualized Education Plan ECE - Exceptional Child Education ESOL - English Speakers of Other Languages
 ELL - English Language Learners EIP - Early Intervention Program REP - Remedial Education Program

PARENT/LEGAL GUARDIAN SIGNATURE	
I the undersigned, certify that the information on pages 1 and 2 of this form is correct and current. I understand that a student admitted under false information is illegally enrolled and may be dismissed from school upon discovery. I further understand that it is my responsibility to immediately inform the school of any changes to the information provided. Further, I understand that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment as allowed by criminal statute O.C.G.A 16-10-20.	
Parent/Legal Guardian Signature: _____	Date: _____
Parent/Legal Guardian Signature: _____	Date: _____



Student Last Name:	Student First Name:	Student Middle Name:
Student Date of Birth:	Student Age:	Teacher's Name:

PARENT/LEGAL GUARDIAN INFORMATION

Student lives with: (if other than parent, legal documentation is required.)
 Both Parents Mother Father Legal Guardian Foster Parent Other (Specify Relationship) _____

PARENT/LEGAL GUARDIAN 1

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Address:	City:	Zip Code:	Email Address:
Phone #1	Phone #2	Phone #3	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status and Rank (if applicable):	Unit and Unit #	Works of Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/LEGAL GUARDIAN 2

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Address:	City:	Zip Code:	Email Address:
Phone #1	Phone #2	Phone #3	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status and Rank (if applicable):	Unit and Unit #	Works of Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

***EMERGENCY CONTACTS (Other than Parent/Legal Guardian) Please provide at least two**

Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2
Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2
Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2

****Students may NOT be released to Emergency Contacts for dismissal unless, the Emergency Contacts are also listed in the "dismissal" section on the students Emergency Forms** (Emergency forms are good for ONE year only and are distributed at the beginning of each year.)****

The information provided shall be entered and maintained in the School's Information System (SIS)

Please note that in the event of an emergency, 911 may be called along with the Emergency Contacts listed above.

Doctor's Name: _____ Doctor's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

List of allergies: _____

List any medical conditions and/or medications: _____

Student Transportation (if known at time of registration):

Person(s) responsible for transporting student to and from school: _____

And/or

Bus Route #: _____ and Bus stop location: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____