

# Student Re-Enrollment Form

(Please PRINT all information)

Today's Date: \_\_\_\_\_ First Day of Re-Enrollment: \_\_\_\_\_ School Year: 20 \_\_\_\_-20 \_\_\_\_

**STUDENT ENROLLMENT INFORMATION**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  
Last First Middle

Birth Certificate Gender:  Male  Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Resides with:  Both Parents  One Parent  Parent & Step Parent  Guardian  Foster Parent  Other\*\*

**ENROLLING ADULT PRIMARY FAMILY INFORMATION (Family #1)** (The enrolling adult must sign at the bottom of this form in order to complete enrollment.) **NOTE: The child must reside primarily with the enrolling adult.**

Name of Enrolling Adult: \_\_\_\_\_ \*\*Relationship to Student: \_\_\_\_\_  
Last First Middle

Dwelling Address	
Street	Apt/Lot#
City	Zip

Mailing Address	
Street	Apt/Lot#
City	Zip

Family Status:  Married  Separated  Divorced  Single

Family Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you:  own  rent or  \*\*\*share a residence with another family

If you share a residence with another family, list family/owner's name: \_\_\_\_\_

Parent's preferred language for school communication? \_\_\_\_\_

**SECONDARY FAMILY INFORMATION (Family #2)** (Parent/guardian not residing the family #1 household above)

Name of Parent/Guardian #2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE: If this adult is authorized by the Enrolling Adult to be called in case of an emergency and/or pick up the student from school, he/she must also be listed as a Student Contact below.**

**ADDITIONAL STUDENT INFORMATION**

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

Last School Attended Phone Number: \_\_\_\_\_ Location: \_\_\_\_\_  
County State Country

\*\* If not the parent/legal guardian, Form JBC-14 must be completed. (O.C.G.A. § 20-2-16)

\*\*\* Form JBC-2 may be required for proof of residency (State Board of Education Rule 160-5-1-.28)



**PARENT/MILITARY SURVEY**

Does either parent/guardian/step-parent with who the student resides meet any of the following:

Is an active member of the uniformed services:

Yes  No

Is currently a member of the military reserves in the U.S. Armed Forces, National Guard or Reserve:

Yes  No

Is a member or veteran of the uniformed services who is severely injured and medically discharge or retired for a period of one year after medical discharge or retirement:

Yes  No

Is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death:

Yes  No

**MIGRANT OCCUPATIONAL SURVEY**

Has your family moved in order to work in another city, state, or country in the past 3 years?  Yes  No

If so, what was the date your family arrived in the city/town in which you now reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last 3 years? (Check all that apply)

Agriculture (planting/picking fruits or vegetables)

Dairy/Poultry/Livestock

Fishing or fish farming

Planting, growing, or cutting trees/raking pine straw

Meat packing/Meat processing/Seafood

Processing/packing agricultural products

Other (please specify occupation) \_\_\_\_\_

**STUDENT CONTACT INFORMATION**

The following adults are designated as Student Contacts for the student.

- **Release To** – This person has permission from the enrolling adult to pick up the student from school or ASP.
- **Contact Allowed** – This person may be contacted by the school in case of an emergency. He/she may also receive general notifications from the school not related to the individual student's educational record.
- **Education Rights** – This person may have access to the student's educational records under FERPA, including online access to grades, discipline, and attendance.

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Type:  Release To  Contact Allowed  Education Rights

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Type:  Release To  Contact Allowed  Education Rights

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Type:  Release To  Contact Allowed  Education Rights

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Type:  Release To  Contact Allowed  Education Rights

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Type:  Release To  Contact Allowed  Education Rights

Enrolling Adult Signature

Enrolling Adult Printed Name

Date

