



Student Enrollment & Registration Form

Date: _____

School: _____

STUDENT INFORMATION													
Last Name:		First Name:		Middle Name:	Suffix:								
Grade:	Gender:	Date of Birth:		Social Security #:									
State of Birth:		Country of Birth: (if not USA)		US School Entry Date (if after Kindergarten):									
Home Phone:			Student Cell Phone:										
Home Address: (Street Address)			Apt#:	City:	State: Zip:								
Does Student Reside in Federally Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Student have an IEP (Special education)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Student in ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Was/is student in Gifted/Challenge program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was/Is student involved in the Student Support Team? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the Family lived in another county in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, what is the date your family arrived in Fulton county? Date: _____		What language(s) did the student first learn to speak?		What language(s) does the student speak at home?									
What language(s) does the student speak most often?		What is your child's race (Choose all that apply)? <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)											
Is your child Hispanic/Latino? <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.													
Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Agriculture; planting / picking tomatoes, squash, peppers, etc.</td> <td><input type="checkbox"/> Processing/Packing agricultural products</td> </tr> <tr> <td><input type="checkbox"/> Planting, growing, or cutting trees (pulpwood)</td> <td><input type="checkbox"/> Dairy, Poultry, or Livestock</td> </tr> <tr> <td><input type="checkbox"/> Meatpacking / Poultry / Seafood</td> <td><input type="checkbox"/> Fishing or fish farms</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td>Name of current/most recent employer: _____</td> </tr> </table>						<input type="checkbox"/> Agriculture; planting / picking tomatoes, squash, peppers, etc.	<input type="checkbox"/> Processing/Packing agricultural products	<input type="checkbox"/> Planting, growing, or cutting trees (pulpwood)	<input type="checkbox"/> Dairy, Poultry, or Livestock	<input type="checkbox"/> Meatpacking / Poultry / Seafood	<input type="checkbox"/> Fishing or fish farms	<input type="checkbox"/> Other:	Name of current/most recent employer: _____
<input type="checkbox"/> Agriculture; planting / picking tomatoes, squash, peppers, etc.	<input type="checkbox"/> Processing/Packing agricultural products												
<input type="checkbox"/> Planting, growing, or cutting trees (pulpwood)	<input type="checkbox"/> Dairy, Poultry, or Livestock												
<input type="checkbox"/> Meatpacking / Poultry / Seafood	<input type="checkbox"/> Fishing or fish farms												
<input type="checkbox"/> Other:	Name of current/most recent employer: _____												
PREVIOUS SCHOOL EXPERIENCE													
Pre-School Experience: <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Private Pre-School <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-K Program													
Attended an Atlanta Public School before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Last School Attended in Atlanta Public Schools?		Previous School Attended (if not Atlanta Public Schools):									
Previous School Address (City/State/Zip Code):			Previous School Phone #:	Grade	Date of Withdrawal:								
Is student currently suspended or pending expulsion from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has student been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____										
Reason for Current Suspension/Pending Expulsion/Involuntary withdrawal:			Reason for Expulsion/Suspension/Withdrawal:										



Student Enrollment & Registration Form

Date: _____

School: _____

PARENT/GUARDIAN INFORMATION

Student Lives With: [] Both Parents [] Mother only [] Father only [] Legal Guardian [] Foster Parent [] Grandparent [] Other: _____ (If other than parent, documentation is required.) A student should generally be withdrawn by the person who enrolls them. The parent/legal guardian who enrolled the student may provide the school with written permission accompanied by a copy of the parent/guardian's photo identification for another person to withdraw a child.

Household Name Designation: Your household will be listed by the last name of the oldest child you have currently enrolled in Atlanta Public Schools. Last Name of Oldest Child: _____

Household Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Other: _____

Marital Status: _____ Employer: _____ Highest Education Received: _____ Speaks English? [] YES [] NO

Parent Email Address: _____ Lives on Federal Property? [] YES [] NO Works on Federal Property? [] YES [] NO Migrant Worker? [] YES [] NO

Parent/Guardian Last Name: _____ First Name: _____ Middle Initial: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Other: _____

Marital Status: _____ Employer: _____ Highest Education Received: _____ Speaks English? [] YES [] NO

Parent Email Address: _____ Lives on Federal Property? [] YES [] NO Works on Federal Property? [] YES [] NO Migrant Worker? [] YES [] NO

NON-HOUSEHOLD PERSONS/EMERGENCY CONTACTS

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

SIBLING INFORMATION

Sibling Last Name: _____ First Name: _____ Birth Date: _____ Gender: [] Male [] Female

Enrolled in APS School: [] YES [] NO Name of APS School in which currently enrolled: _____ Grade: _____

Sibling Last Name: _____ First Name: _____ Birth Date: _____ Gender: [] Male [] Female

Enrolled in APS School: [] YES [] NO Name of APS School in which currently enrolled: _____ Grade: _____

Sibling Last Name: _____ First Name: _____ Birth Date: _____ Gender: [] Male [] Female

Enrolled in APS School: [] YES [] NO Name of APS School in which currently enrolled: _____ Grade: _____

Sibling Last Name: _____ First Name: _____ Birth Date: _____ Gender: [] Male [] Female

Enrolled in APS School: [] YES [] NO Name of APS School in which currently enrolled: _____ Grade: _____



Student Enrollment & Registration Form

Date: _____

School: _____

REQUIRED PARENT/GUARDIAN RESIDENCY NOTICE

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Atlanta Public Schools upon discovery. Further, I understand that a person who knowingly and willfully...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 for not less than one nor more than five years, or both (O.C.G.A. 16-10- 20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided. Residency Notice: To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Atlanta residents for the entire period of enrollment in Atlanta Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident for the purpose of this policy.

PARENT/GUARDIAN SIGNATURES

I SWEAR or AFFIRM THAT I AM A FULL-TIME RESIDENT OF THE CITY OF ATLANTA OR I AM AN EMPLOYEE OF ATLANTA PUBLIC SCHOOLS AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY

Entry Date:	Student ID #:	Grade:	Homeroom:	Student Household Name:
Counselor#: _____	Enrollment Documents Received:		Residency Proof: All items must have same address	
Counselor Name: _____	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> GA Immunization	Parent owns/leases property:	
Advisor/Teacher: _____	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Lease or <input type="checkbox"/> Mortgage & <input type="checkbox"/> GA Power Bill	
Conditional Enrollment:	<input type="checkbox"/> Dental	<input type="checkbox"/> Ear Eye Dental	2 Additional Items:	
<input type="checkbox"/> NO <input type="checkbox"/> YES - until _____	<input type="checkbox"/> Proof of Address	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Driver's License/ID	
Is Parent/Guardian an APS employee:	<input type="checkbox"/> Transcript	<input type="checkbox"/> SSN Waiver	<input type="checkbox"/> Bank/Financial	
<input type="checkbox"/> No <input type="checkbox"/> Yes, if yes Attach copy of APS employment badge	<input type="checkbox"/> Report Card	<input type="checkbox"/> NCLB Transfer	<input type="checkbox"/> USPS Mail to parent	
Transportation:	<input type="checkbox"/> Magnet Student	<input type="checkbox"/> Withdrawal Form	<input type="checkbox"/> Employer (pay stub, W-2, 1099, Ins.)	
<input type="checkbox"/> Bus#: _____	<input type="checkbox"/> Administrative Transfer	<input type="checkbox"/> Court Proof of Legal Guardianship	<input type="checkbox"/> Fulton Cty. Property Tax Statement	
<input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Day Care Bus	<input type="checkbox"/> Grandparent Power of Attorney	<input type="checkbox"/> Non-Parental Affidavit	<input type="checkbox"/> Fulton Voter Registration	
<input type="checkbox"/> After-School Program	Census Information		<input type="checkbox"/> Motor Vehicle Registration	
Race/Ethnicity Determination	Does Student household already exist?		Affidavit of Residence	
<input type="checkbox"/> 01-Parent Identified	<input type="checkbox"/> YES -If Yes, enroll your new student only		Owner: <input type="checkbox"/> Lease or <input type="checkbox"/> Mortgage AND <input type="checkbox"/> GA Power Bill	
<input type="checkbox"/> 02-Student Identified	<input type="checkbox"/> NO - <u>If No, enroll student and create household</u>		Enrolling Parent/Guardian: Must have three	
<input type="checkbox"/> 03-Observer Determined	Household information: Parents, Address, Non-Household members & siblings must be entered		<input type="checkbox"/> Driver's License/ID	
<input type="checkbox"/> 04-Unknown			<input type="checkbox"/> Bank/Financial	
<input type="checkbox"/> Gifted <input type="checkbox"/> Special Education <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Title 1 Reading <input type="checkbox"/> EIP/REP Reading <input type="checkbox"/> EIP/REP Math <input type="checkbox"/> Student Support Team			<input type="checkbox"/> USPS Mail to parent	
<input type="checkbox"/> Immigration Adequate <input type="checkbox"/> Immigration Provisional <input type="checkbox"/> ESOL <input type="checkbox"/> Ear/eye/Dental Adequate <input type="checkbox"/> Ear/eye Dental Provisional			<input type="checkbox"/> Employer (pay stub, W-2, 1099, Ins.)	
<input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> Psychological			<input type="checkbox"/> Fulton Cty. Property Tax Statement	
CRCT: Reading _____ Math _____ ITBS: Reading _____ Math _____			<input type="checkbox"/> Fulton Voter Registration	
GHS GT: English _____ Writing: _____ Social Studies: _____ Science: _____ Math: _____			<input type="checkbox"/> Motor Vehicle Registration	

Atlanta Public Schools

Proof of Residency Requirements

Administrative Regulation [JBC-R\(0\) - School Admissions](#)

Parent/Guardian who owns or leases:	Parent/Guardian whose name is <u>NOT</u> on the mortgage, lease, or deed.
<p>*Please provide the required documents for each category. A minimum of <u>5</u> documents are required.</p> <p><u>1. Provide one of the following:</u></p> <ul style="list-style-type: none"> • Deed • Mortgage statement • Lease/rental agreement with the name, address, and telephone number of the owner/lessee. <p><u>2. Provide the following:</u></p> <ul style="list-style-type: none"> • Georgia Power bill (current within 30 days)** <p><u>3. Provide any two (2) of the following:</u></p> <ul style="list-style-type: none"> • Current Georgia driver's license or Georgia identification card with the address of the residence; • Current bank, credit union, or other financial institution documentation (e.g. loan documents, credit card statement, monthly activity statement, voided check) with the address of the residence; • Mail delivered by the United States Postal Service other than general mail addressed to occupant or resident with the address of the residence; • Employer documentation (e.g. application for employment, health insurance, previously issued W-2 or Form 1099, pay stub) with the address of the residence; • For the current year, a Fulton County property tax statement with evidence thereupon of payment and which shows the name and address of the residence; • Voter registration documentation from Fulton County with the address of the residence; • A current motor vehicle registration (tag receipt) with the address of the residence; • Any other document(s) that will provide evidence of intent to remain at the location of legal residence within the geographic boundaries of the District. <p><u>4. Provide the following:</u></p> <ul style="list-style-type: none"> • Signed and notarized Affidavit of Enrollment this form may be obtained through the school secretary or downloaded from the Atlanta Public Schools Web site) 	<p>*Please provide the required documents for each category. A minimum of <u>6</u> documents are required.</p> <p><u>1. Provide one of the following:</u></p> <ul style="list-style-type: none"> • Deed of owner • Mortgage statement of owner • Lease/rental agreement with the name, address, and telephone number of the owner/lessee. <p><u>2. Provide the following:</u></p> <ul style="list-style-type: none"> • Georgia Power bill (current within 30 days) for the owner or lessee** <p><u>3. Provide any three (3) of the following:</u></p> <ul style="list-style-type: none"> • Current Georgia driver's license or Georgia identification card with the address of the residence; • Current bank, credit union, or other financial institution documentation (e.g. loan documents, credit card statement, monthly activity statement, voided check) which evidences the location of the legal residence; • Mail delivered by the United States Postal Service other than general mail addressed to occupant or resident; • Employer documentation (e.g. application for employment, health insurance, previously issued W-2 or Form 1099, pay stub) which evidences the location of the legal residence; • Voter registration documentation from Fulton County which evidences the location of the legal residence; • A current motor vehicle registration (tag receipt) which evidences the location of the legal residence; • Any other document(s) that will provide evidence of intent to remain at the location of legal residence within the geographic boundaries of the District. <p><u>4. Provide the following:</u></p> <ul style="list-style-type: none"> • Signed and notarized Affidavit of Residency (this form may be obtained through the school secretary or downloaded from the Atlanta Public Schools Web site)

At the discretion of the Principal or designee, if evidence of a parent/guardian's residence within the District is still insufficient, the Principal or designee shall submit a referral to the school social worker or the Office of Student Placement. The School District may take whatever actions are necessary to verify the parent or guardian's residence within the District. In cases of students residing in a temporary location or who otherwise are considered homeless, see board policy [JBC\(1\) Homeless Students](#).

**** For newly established residential service, Georgia Power will provide a Letter of Residency (LOR) to establish how long you have had service. Online Requests <https://customerservice.southerncompany.com/Letter/Requests.aspx> or please call Residential Customer Service at 1-888-660-5890. Hours: 24 hours a day/ 7 days a week/ 365 days a year. The Letter of Residency can be used to register the student. Upon receipt of the official Georgia Power monthly billing statement, the parent/guardian is required to provide the GA Power Bill to the enrolling school.**



GENERAL ENROLLMENT
AFFIDAVIT

Pursuant to Board Policy JBCA, Resident Student and Administrative Regulation JBC-R, Student Admissions, this Affidavit shall be completed during enrollment and/or re-enrollment in Atlanta Public Schools. If the parent/guardian does not own or lease the property in which they reside, the parent/guardian should complete an Affidavit of Residency (DF-003). This affidavit should not be utilized for Homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

Name of Parent/Legal Guardian/Legal Custodian Name of Student
Address: APT #:
City: State: GEORGIA Zip:

Residency Notice: To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Atlanta residents for the entire period of enrollment in Atlanta Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident for the purpose of this policy.

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Atlanta Public Schools upon discovery. Further, I understand that a person who knowingly and willfully...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 for not less than one nor more than five years, or both (O.C.G.A. 16-10- 20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided.

NOTICE OF PENALTIES AND LIABILITIES

I, the parent/legal guardian/custodian, understand that: (Please initial each paragraph)

- 1. If I falsify information or defraud the school system with respect to any information provided in this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. §20-2-133(a).
2. If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same.
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one, nor more than ten (10) years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. §16-9-1.
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one, nor more than five (5) years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. §16-9-2.
5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one, nor more than five (5) years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. §16-10-20.
6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one, nor more than five (5) years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. §16-10-71.

I AFFIRM THAT I HAVE READ AND UNDERSTAND EACH OF THE ABOVE PROVISIONS. I SWEAR THAT I AM A FULL-TIME RESIDENT OF THE CITY OF ATLANTA OR I AM AN EMPLOYEE OF ATLANTA PUBLIC SCHOOLS AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Enrolling Parent/Guardian Date:

Sworn to and Subscribed before me this day of 20

Notary Public My Commission Expires:

AFFIDAVIT OF RESIDENCY

Pursuant to Board Policy JBCA, Resident Student and Administrative Regulation JBC-R, Student Admissions, this Affidavit shall be completed during enrollment and/or re-enrollment in Atlanta Public Schools. This Affidavit shall be completed in full by the parent/guardian if the parent/guardian does not own or lease the property in which they reside and the adult with whom the parent/guardian and student are living on a full time basis. This affidavit should not be utilized for Homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

Residency Notice: To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Atlanta residents for the entire period of enrollment in Atlanta Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident pursuant to Atlanta Public Schools Board Policy JBCA and Board Regulation JBCCA-R.

Name of Owner/Lessee of residence

Name of Parent/Legal Guardian/Legal Custodian

Name of Student

Address: _____ APT #: _____

City: ATLANTA State: GEORGIA Zip: _____

1. I understand the school system's superintendent, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis before or after the child has been enrolled in the Atlanta Public School system. The audit may also include a personal visit by a school district officer or employee at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school. The undersigned parent/legal guardian/legal custodian hereby consents to withdrawal of the child in the event fraud or misrepresentation is discovered at any time during the school year.
2. I attest that this request to attend an Atlanta Public School is not primarily related to attendance at a particular school in Atlanta, nor is this affidavit being completed for the purpose of the student's participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar and improper purpose.
3. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension, expulsion, or other disciplinary action for his/her most recent school.
4. I further attest that I have the responsibility for educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.
5. I understand that if any of the residency information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system in writing.

NOTICE OF PENALTIES AND LIABILITIES

I, the parent/legal guardian/legal custodian, understand that:

1. _____ (initial) If I falsify information or defraud the school system with respect to any information provided in this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. §20-2-133(a).
2. _____ (initial) If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same.
3. _____ (initial) I may be prosecuted, held criminally liable, and imprisoned for not less than one, nor more than ten (10) years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. §16-9-1.

4. _____ (initial) I may be prosecuted, held criminally liable, and imprisoned for not less than one, nor more than five (5) years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. §16-9-2.
5. _____ (initial) I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one, nor more than five (5) years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. §16-10-20.
6. _____ (initial) I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one, nor more than five (5) years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. §16-10-71.

By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions. I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

Signature of Enrolling Parent/Legal Guardian/Legal Custodian

Date: _____

Sworn to and Subscribed before me
this _____ day of _____ 20_____

Signature of Owner/Lessee

Date: _____

Sworn to and Subscribed before me
this _____ day of _____ 20_____

Notary Public
My Commission Expires: _____

Notary Public
My Commission Expires: _____

In order to verify residency within the District, the following items shall be presented to the Principal or his/her designee at the time this affidavit is presented:

The Residence Owner/Lessee shall provide the following:

- Deed, Mortgage statement, Lease or Rental agreement consisting of written evidence that a current valid agreement exists. Also to be included with this agreement shall be the name, address, and/or telephone number of the owner/lessee; **and**
- Georgia Power utility monthly statement which evidences the location of the legal residence (current within 30 days of enrollment)

The Enrolling Parent/Guardian shall provide one (1) item from at least three (3) of the below listed categories which evidences the address provided above is his/her current residence:

- Current bank, credit union, or other financial institution documentation (loan documents, credit card statement, monthly activity statement) which evidences the location of the legal residence;
- Mail delivered by the United States Postal Service to the resident address other than general mail addressed to occupant or resident;
- Employer documentation (application for employment, health insurance, previously issued W-2 or Form 1099) which evidences the location of the legal residence;
- Voter registration documentation from Fulton County which evidences the location of the legal residence;
- A current motor vehicle registration (tag receipt) which evidences the location of the legal residence;
- Any other document(s) that will provide evidence of intent to remain at the location of legal residence within the geographic boundaries of the District.

Shaded Area for Office Use Only

<p>Enrollment Date: _____</p> <p>Has Parent resided at residence address less than 30 days <input type="checkbox"/> No – all residency documents required <input type="checkbox"/> Yes - If yes, parent may be conditionally enrolled for up to 30 days. The parent/guardian must provide three forms of documents within the 30 day period. Conditional enrollment from _____ until _____ All residency documentation required by: _____</p> <p>Home Visit Required: Date Requested : _____ Requested By: _____ Date of Visit: _____ Visited by: _____</p> <p>Results of Home Visit: _____ _____</p>	<p>Residency Documentation checklist</p> <p><u>Owner/Lessee</u> <input type="checkbox"/> Mortgage Statement or <input type="checkbox"/> Lease and <input type="checkbox"/> GA power Bill –current</p> <p><u>Parent/Guardian</u> <input type="checkbox"/> Employer Documentation <input type="checkbox"/> Bank/ Credit Union/Financial <input type="checkbox"/> USPS mail <input type="checkbox"/> Voter Registration <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Other: _____ _____ _____</p>
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INSTRUCTIONS

TO THE EXAMINER:

1. Make certain identifying information is properly filled in.
2. Make certain the appropriate section of the certificate is filled in for the examination performed.
3. When any or all examinations indicate that the child “needs further professional attention”:

the appropriate report form will be supplied by the county health department for private practitioner to fill in and return to the health department in the county of child’s residence.

TO THE SCHOOL:

1. When any portion of a certificate indicates that the child “needs further professional examination” and it appears that the child has not had attention, this information should be made available to the county health department.
2. When a “Provisional Certificate” is indicated this information should be made available to the county health department.

TERMS DEFINED:

Examination means an appropriate method of inspection.

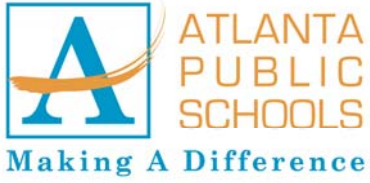
Screening Test Passed means to pass a standardized inspection for sorting out those who meet specific requirements.

Examiner means one who is qualified to perform appropriate inspections or tests.

Private Practitioner means one who is in the private practice of dentistry, medicine or a related specialty and licensed under the laws of Georgia.

Provisional Certificate is one issued when in the opinion of a physician a physical disability contraindicates the performance of one or all required examinations. Such certificates will be subject to review.

Special Certificate is one issued when a conflict with belief and practices exists. The parents’ affidavit to this effect shall be filed with the county health department.



**Statement of Objection to Use of
Social Security Number For
Student Identification**

130 Trinity Avenue, S.W.
Atlanta, GA 30303
Phone: 404-802-3500

www.atlantapublicschools.us

I do not wish to provide the Social Security number of my child/children:

Name of first child

Current School Enrolled

Name of second child, if appropriate

Current School Enrolled

Name of third child, if appropriate

Current School Enrolled

Name of fourth child, if appropriate

Current School Enrolled

Name of fifth child, if appropriate

Current School Enrolled

Atlanta Public Schools

Name of School System

Signature of Parent or Guardian

Date