



STUDENT ENROLLMENT FORM

Instructions: Please print clearly, fill in all information that applies to your situation, initial each page when completed and return completed form with documents to the registrar. Thank You.

Student Information

First Name _____ Middle Name _____
Last Name _____ Preferred Name _____
SSN _____ / _____ / _____ Grade 6th 7th 8th
Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Sex: Female Male
Race: African-American Asian Hispanic Multi-Racial Native Indian/Alaskan Caucasian
Residence Address: _____ City _____
State _____ Zip Code _____ Telephone _____
Complex/Subdivision Name _____
Mailing Address if Different From Residence Address: _____
City _____ State _____ Zip Code _____
Current FSA Student Sibling Yes No Name _____

School Directory:

Each year we publish a school directory; this directory is used by parents to search for potential families for carpool. We will include your name, phone number and address in the directory we publish unless you check the box below.

Do Not Include Me In The Directory.

If Not Native of USA:

Country of Birth _____ Alien Number _____
What language did the student learn to speak first? _____. What language does the student speak at home? _____. What language does the student speak most often? _____
Date First Entered USA School (mm/dd/yyyy) _____ / _____ / _____

Medical Information:

Physician's Name _____ Telephone # _____
Medical Alerts: allergies _____ Medication _____
Health or emergency comments: _____

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School History

Has the student ever received services in the following programs? Check Yes or No:

- | | | |
|--|------------------------------|-----------------------------|
| SST (Student Support Team) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Title I | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ESOL (English for Speakers of Other Languages) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TAG (Talented and Gifted) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remedial Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Programs (Please Specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Did your student attend a Pre-K program? Yes No

If yes, please check the kind of program your child participated in:

- | | |
|--|--|
| <input type="checkbox"/> 1 GA Pre-K Program (public school) | <input type="checkbox"/> 2 Public Sponsored Pre-K Programs |
| <input type="checkbox"/> 3 Head Start Program | <input type="checkbox"/> 4 Other Public School Programs |
| <input type="checkbox"/> 5 Private Non-Profit Pre-K Programs | <input type="checkbox"/> 6 Private For-Profit Pre-K Programs |
| <input type="checkbox"/> 8 GA Pre-K Program Private Schools | |

Student Discipline Status:

- | | | |
|--|------------------------------|-----------------------------|
| Is the student currently under expulsion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student currently have a discipline record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Attended another Fulton County School? Yes No

Name of school (s) _____

If not, list Non-Fulton County school(s) attended:

Name of school _____
Enrolled from _____/_____/_____ to _____/_____/_____
Name of School _____
Enrolled from _____/_____/_____ to _____/_____/_____

Enrollment Status (Circle One):

- | | | | |
|---|---|---|------------------------------|
| C | Continue in same school | A | Home School |
| U | From another Fulton Co. School | N | Never attended school |
| T | From another GA public school | S | Re-entry after illness |
| O | From another state or country | I | Re-entry after incarceration |
| P | From a private school | R | Re-entry other |
| B | Re-entry after withdrawal from this school this school year | | |

STUDENT ENROLLMENT FORM

Parent/Guardian Information

(Please complete a section for each living parent, step-parent and/or guardian.)

(If extra space is needed please see the registrar, Thank you.)

Parent/Guardian 1

First Name _____ MI _____ Last Name _____

Mailing Address (if different from student's residence address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Alt/Cell Phone _____

Email Address _____

Occupation _____ Work Hours _____ am/pm to _____ am/pm

Business Name _____ Business Phone _____

Business Address _____

City State Zip

Relationship: Mother Father Legal Guardian Stepmother Stepfather Other _____

Resides with this parent/guardian? Yes No

Are you responsible for this student? Yes No

Contact with student is allowed? Yes No

Works for federal government or on federal property? Yes No

Parent/Guardian 2

First Name _____ MI _____ Last Name _____

Mailing Address (if different from student's residence address) _____

City _____ State _____ Zip Code _____

Home Phone _____ Alt/Cell Phone _____

Email Address _____

Occupation _____ Work Hours _____ am/pm to _____ am/pm

Business Name _____ Business Phone _____

Business Address _____

City State Zip

Relationship: Mother Father Legal Guardian Stepmother Stepfather Other _____

Resides with this parent/guardian? Yes No

Are you responsible for this student? Yes No

Contact with student is allowed? Yes No

Works for federal government or on federal property? Yes No

STUDENT ENROLLMENT FORM

Parent/Guardian Information (continued)

Emergency Contact Information

The individuals below have the authorization to pick up my child and can be reached during school hours in the event that we (one or both parents) cannot be reached. (Parents please do not include your information)

1. Name _____ Relationship _____ Phone _____

Address _____

2. Name _____ Relationship _____ Phone _____

Address _____

3. Name _____ Relationship _____ Phone _____

Address _____

4. Name _____ Relationship _____ Phone _____

Address _____

5. Name _____ Relationship _____ Phone _____

Address _____

Parent Certification/Acknowledgement

I hereby certify that I am the parent or legal guardian of the above name student and that any false information given may later be used to deny enrollment of this student. I also guarantee that I will bring to completeness all of the required documents described to me and I further understand that said student may be denied enrollment if I do not comply by 4:00 pm February 27, 2009.

Please initial after reading each of the following statements:

_____ I acknowledge and am fully aware that FSA has a uniform policy and fully agree that my child will follow it each day.

_____ I acknowledge and am fully aware that FSA has a dismissal policy, therefore if my child is not a bus rider I must pick him/her up no later than 5:00 PM daily, there are fees involved in after school childcare and that there will be no early dismissal after 3:15 pm daily.

Parent/Guardian Signature _____

Date Signed: _____ / _____ / _____
Month Date Year

**State of Georgia
County of Fulton
Affidavit of Residence for
New Enrollees and Students
Entering 6th or 9th Grade**

The undersigned, first being duly sworn, deposes and states that he/she is the parent/guardian of _____
Student
 _____, and said student lives with the undersigned, and that both
Student
 the student and the undersigned are bona fide full time residents of Fulton County and that they reside at

Street City Zip Code

Fulton County, Georgia with _____
Name of homeowner/apartment lessee

The undersigned further agrees that he/she will notify the Fulton County Board of Education if the parent and/or student ever terminate the above residence in Fulton County while the student is enrolled in a Fulton County school.

If it is determined that the student does not live in the appropriate school district, he/she will be withdrawn from school immediately.

_____ Signature of Parent/Guardian	_____ Signature of Homeowner/Apartment Lessee
_____ Print Name of Parent/Guardian	_____ Print Name of Homeowner/Apartment Lessee

Sworn to and subscribed before this ____ day of _____, 200__.

 (Notary Public) My Commission expires _____

*** False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000, or by imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-71).**

When using this form you must bring two additional documents from the list below bearing the name of the person who signed above as the owner of the house or lessee of the apartment in order to register.

Acceptable Documentation

- | | |
|--|---|
| <ul style="list-style-type: none"> * Copy of home mortgage payment book * Current utility bill (gas, electric, or water) * Apartment lease showing name of the lessee * Homeowner's/Renter's insurance registration card | <ul style="list-style-type: none"> * Current bank statement * Copy of home contract * Receipt to have utilities connected * Current paycheck stub |
|--|---|

Fulton Science Academy Middle School
 1675 Hembree Road, Alpharetta, GA 30009
 Phone: (770) 753-4141 Fax: (770) 753-4948

Grade: _____

School Name: _____



**Fulton County Schools
Computer/Internet Acceptable Use Agreement**

Student Agreement

My parent/guardian has discussed the computer/internet rules with me. I agree to follow the rules.

Student's Name _____

School's Name: _____ Fulton Science Academy Middle School _____

Student's Signature _____ Date _____

Parent/Guardian Agreement

As the parent or guardian of this student, I have read and discussed with my child the Computer/Internet Acceptable Use Policy of Fulton County Schools. I understand that the computer facilities and the internet are designed for educational purposes. I further understand that Fulton County Middle Schools and the Board of Education have taken precautions to restrict access to inappropriate material, but my son/daughter is ultimately responsible for restricting himself/herself from this inappropriate material and will not hold them or their designees responsible for materials acquired on the network.

_____ I grant permission.

_____ I do not grant permission.

Parent/Guardian Name (please print) _____

Parent's Signature _____ Date _____

Telephone _____ Email Address _____



Media Participation Permission

Dear Parent,

With your permission, during this school year your child may be photographed, videotaped or interviewed for stories/articles promoting our school. These stories/articles may appear in the school newsletter, school brochures and related publications by the school, newspapers or on television news shows.

If you agree to allow your child to be interviewed, videotaped, or photographed, please sign and return the attached form. This blanket release applies only to positive, non-controversial stories. With potentially controversial issues, the media is told that no contact with students can be made on school property without prior approval from the parent. In these instances, it is the practice of the Fulton County Science Academy MS to contact the parents before allowing the media access to students.

- _____ Yes. I give permission for my child to be interviewed, photographed and/or videotaped for publicity purposes.
- _____ No. I do not want my child to be interviewed, photographed and/or videotaped for publicity purposes.

Name of Student

Signature of Parent

Date

