

# FANNIN COUNTY SCHOOL SYSTEM STUDENT ENROLLMENT FORM

<b>School:</b> _____	<b>Date of Enrollment:</b> _____
<b>Grade Level:</b> _____	<b>Bus Number:</b> _____
<b>Homeroom:</b> _____	

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (Circle):      Male                  Female                  Age: \_\_\_\_\_

<ul style="list-style-type: none"> <li>• <b>Ethnicity</b> – Is the individual of Hispanic/Latino ethnicity?             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li>• <b>Race</b> – Indicate one or more of the following race indicators. Check all that apply.             <ul style="list-style-type: none"> <li><input type="radio"/> American Indian or Alaska Native</li> <li><input type="radio"/> Asian</li> <li><input type="radio"/> Black or African American</li> <li><input type="radio"/> Native Hawaiian or Other Pacific Islander</li> <li><input type="radio"/> White</li> </ul> </li> </ul>	Country of Birth: _____ Date 1 <sup>st</sup> entered US School if not born in USA. _____  <b>What is the language the student first learned to speak?</b> _____  <b>What is the language the student speaks at home?</b> _____  <b>What is the language the student speaks most often?</b> _____
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Name and address of previous school: _____ _____ _____ _____ Did your child receive any special education services? _____ Yes                  _____ No	Siblings- Name and age: _____ _____ _____ _____
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**TRANSPORTATION INFORMATION:**

Student's Name: \_\_\_\_\_

School Bus Number: \_\_\_\_\_ Parent Pick-Up: \_\_\_\_\_

In the event of bad weather or school dismissing early for any reason, what does your child need to do:

\_\_\_\_\_ Ride the bus like normal

\_\_\_\_\_ Call parent – Phone number where you can be reached: \_\_\_\_\_

\_\_\_\_\_ Parent will pick up child

Comments: \_\_\_\_\_

\_\_\_\_\_

**Please provide us with the name of any parent whose legal rights to view educational records for this child have been terminated. Legal documentation is required.**

\_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION (Enrolling parent information):**

**Father, Legal Guardian, Step Parent, Other (circle one):** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mother, Legal Guardian, Step Parent, Other (circle one):** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_

911 Address (REQUIRED): \_\_\_\_\_  
(City) (State) (Zip)

**SECONDARY HOUSEHOLD INFORMATION IF APPLICABLE :**

**Father, Legal Guardian, Step Parent, Other (circle one):** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mother, Legal Guardian, Step Parent, Other (circle one):** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_

911 Address (REQUIRED): \_\_\_\_\_  
(City) (State) (Zip)

**PICK UP AUTHORIZATION: Please list the people that ARE allowed to pick-up your child. PLEASE NOTE: if a person is not on this list, they will not be allowed to pick-up your child for ANY reason.**

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

It is the responsibility of the Parent or Guardian to notify the school of any changes to this form during the school year.

\_\_\_\_\_  
Parent/Legal Guardian Signature

**FANNIN COUNTY SCHOOL SYSTEM  
STUDENT HEALTH AND EMERGENCY INFORMATION**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Homeroom Teacher and Grade: \_\_\_\_\_

**HEALTH INFORMATION**

Please check any of the following that your child has or has had:

- |                         |                           |                           |
|-------------------------|---------------------------|---------------------------|
| _____ Asthma            | _____ Physical handicap   | _____ Seizure disorder    |
| _____ Bee sting allergy | _____ Medication allergy  | _____ Sickle Cell disease |
| _____ Cancer            | _____ Food allergy        | _____ Other _____         |
| _____ Diabetes          | _____ Other allergy _____ |                           |

If you checked any of the above, please list procedure of treatment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child take prescribed medication daily? \_\_\_\_\_ Name of Medication \_\_\_\_\_

Does your child use an inhaler? \_\_\_\_\_ If they are to carry it with them, you **MUST** have a signed note from your physician.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION. PLEASE NOTE: IF A PERSON LISTED HERE IS NOT INCLUDED ON THE PICKUP LIST, THEY WILL NOT BE ALLOWED TO PICK UP YOUR CHILD FOR ANY REASON.**

List three contacts with telephone numbers who will assume care of your child in case you cannot be reached:

1. \_\_\_\_\_  
   (Name)  (Phone)
2. \_\_\_\_\_  
   (Name)  (Phone)
3. \_\_\_\_\_  
   (Name)  (Phone)

It is the responsibility of the Parent or Guardian to let the school know of any changes to this form during the school year.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

**REVISED 4/14/11**

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