

Guilford County Schools
APPLICATION FOR ENROLLMENT

For School Office Use Only

SCHOOL NUMBER _____ SCHOOL NAME _____ DATE _____
GRADE _____ HOMEROOM _____ ENROLLMENT CODE _____ FORM USED FOR PROOF OF ADDRESS _____
(ATTACH COPY OF BIRTH CERTIFICATE)

STUDENT'S FULL NAME _____ PUPIL NUMBER _____
(Last) (First) (Middle)

PRIMARY/HOME LANGUAGE SURVEY FIRST YEAR/GRADE IN U.S. SCHOOLS? _____

If the answer to any of the following questions is anything other than English, I understand that my child will be tested for English Language Proficiency by ESL personnel. Please follow ESL enrollment procedures.

WHAT IS THE FIRST LANGUAGE/DIALECT THE STUDENT (CHILD) LEARNED TO SPEAK? _____

WHAT LANGUAGE/DIALECT IS MOST OFTEN SPOKEN IN THE HOME? _____

DOES THE STUDENT SPEAK ANY LANGUAGES/DIALECTS OTHER THAN FIRST LANGUAGE LEARNED? _____

SIGNATURE: _____, ESL Department PARENT SIGNATURE: _____ DATE: _____

Please Print/Check the following:

STUDENT'S COUNTRY OF BIRTH _____ DATE OF BIRTH _____ GENDER: Male Female

ETHNICITY: (Must select one) Hispanic/Latino Not Hispanic/Latino
RACE: (Must select at least one) Black or African American Asian White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

STUDENT'S ADDRESS _____ HOME PHONE NO. _____
(City) (State) (Zip Code)

NAME(S) STUDENT RESIDES WITH _____
RELATIONSHIP: Both Parents Father Only Mother Only Grandparent Foster Parent Guardian Other _____

NAME AND CITY/STATE OF LAST SCHOOL STUDENT ATTENDED _____ LAST GRADE STUDENT COMPLETED _____
(Name) (City) (State)

MOTHER'S NAME _____ HOME PHONE NO. _____
MOTHER'S EMPLOYER _____ DAYTIME PHONE NO. _____
MOTHER'S LEVEL OF EDUCATION: No High School Diploma High School Some College Bachelors Degree Masters Degree Doctorate

FATHER'S NAME _____ HOME PHONE NO. _____
FATHER'S EMPLOYER _____ DAYTIME PHONE NO. _____
FATHER'S LEVEL OF EDUCATION: No High School Diploma High School Some College Bachelors Degree Masters Degree Doctorate

PARENT'S COUNTRY OF BIRTH (Mother) _____ (Father) _____

EMERGENCY CONTACT OTHER THAN PARENT _____ DAYTIME PHONE NO. _____

HAS THE ABOVE STUDENT COMPLETED HIS/HER IMMUNIZATION? Yes No
WILL THE ABOVE STUDENT RIDE A BUS? Yes No If yes, what is the bus number? _____
DOES THE ABOVE STUDENT HAVE A MEDICAL PROBLEM? Yes No
If yes, describe: _____

HAS THE ABOVE STUDENT RECEIVED SPECIAL EDUCATION? Yes No
HAS THE ABOVE STUDENT RECEIVED PROTECTION UNDER SECTION 504? Yes No

To the best of my knowledge, the information given for this student is accurate and complete.

First Year in 9th Grade _____
Student's Driver's Licenses/Permit Number _____
Student's Driver's Eligibility Certificate Number _____
Date Issued _____

Signature of Person Giving Information _____ Signature of Principal Required _____