

Gwinnett County Public Schools

Play 2 Learn Enrollment Form

STUDENT INFORMATION

Please print all information on this form

Student Name _____
(Last Name) (First Name) (Middle Name) (Suffix)

Age _____ Gender Male Female Preferred Name at School _____

Birth Date ____/____/____ Student's Birth State _____ Student's Birth Country _____
(MM) (DD) (YYYY)

If the student was born outside of the USA, what date did the student first enter a U.S. school?

(Example: 01/05/2017) ____/____/____

Please answer **both parts** of this two-part question.

This information is required by federal regulations. As per federal requirements, if you choose not to complete all of this section, the school is mandated to identify and assign a race and/or ethnicity to the student through an observer identification process.

Is the student Hispanic or Latino? (Check only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

Please select the student's race(s) from the list below. (Check one or more that apply)

- American Indian or Alaskan Native
- Hawaiian or Pacific Islander
- Asian
- White
- Black or African American

Home Address _____ Apt. # _____

City _____ Zip Code _____

Mailing Address (if different than home address) _____

City _____ Zip Code _____

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LANGUAGE BACKGROUND

1. Which language does your child **best** understand and speak? _____
2. Which language does your child **most frequently** speak at home? _____
3. Which language do adults in your home **most frequently** use when speaking with your child? _____

CORRESPONDENCE LANGUAGE

If possible, would you prefer to receive information in a language **other** than English? No Yes

If yes, what language would you prefer? _____

ENROLLING PARENT/GUARDIAN INFORMATION

Enrolling Parent/Legal Guardian	Additional Parent/Legal Guardian/Emergency Contact
Last Name	Last Name
First Name	First Name
Middle Initial	Middle Initial
Relationship to Student	Relationship to Student
Address	Address
City Zip Code	City Zip Code
Home Phone Number	Home Phone Number
Cell Phone Number	Cell Phone Number
Work Phone Number	Work Phone Number
E-mail Address	E-mail Address
Active Duty U.S. Armed Forces <input type="checkbox"/> No <input type="checkbox"/> Yes	Active Duty U.S. Armed Forces <input type="checkbox"/> No <input type="checkbox"/> Yes
Reserves/National Guard <input type="checkbox"/> No <input type="checkbox"/> Yes	Reserves/National Guard <input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. Armed Forces Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes	U.S. Armed Forces Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes

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Please check all boxes that apply for the above Parent/Guardian and Student relationship: Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/>	Please check all boxes that apply for the above Parent/Guardian and Student relationship: Contact Allowed <input type="checkbox"/> Educational Rights <input type="checkbox"/> Release To <input type="checkbox"/>
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LIST OTHER GWINNETT COUNTY PUBLIC SCHOOL STUDENTS IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	SCHOOL ATTENDING

Student Social Security Number (Official Code of Georgia Annotated –OCGA 20-2-150)

(SSN) _____ - _____ - _____ OR I choose not to provide

Name of parent/guardian/caregiver that will be attending Play 2 Learn with your child(ren):

Name/Relationship to child Phone Number

HAS THIS STUDENT RECEIVED ANY OF THESE SERVICES?

Speech No Yes

Special Education No Yes

Does the student or any immediate family member need assistance due to mobility impairment or require handicapped access? No Yes

If yes, please specify need: _____

SUSPENSION OR EXPULSION STATUS

Is this student currently serving a term of suspension or expulsion from another school? No Yes

If yes, at what school and school district? _____

Reason for suspension or expulsion: _____

Date suspension or expulsion ended: _____/_____/_____

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BRANCH OUT

Students who opt in to the BRANCH OUT program, a partnership between Gwinnett County Public Schools and Gwinnett County Library, will have full access to the print and digital resources of the county library system.

I authorize GCPS to transfer pertinent information to the Gwinnett County Public Library for the purpose of issuing a full service library card to my child, once transferred; this data becomes the property of the GCPL

No Yes

SIGNATURE

I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.

*No student shall be denied enrollment in any public school of this state for declining to provide a Social Security number to the local unit of administration (LUA) or for declining to apply for such number.
O.C.G.A. Section 20-2-150(d)*

Parent/Legal Guardian Signature _____ Date _____