

**The RISE Schools
 Scholar Enrollment Form**

Scholar's Information

PLEASE PRINT INFORMATION IN BLUE OR BLACK INK

Primary Phone Number: _____			
Last Name: _____	First Name: _____	Middle Name: _____	Generation (Jr., III): _____
Physical Address: _____			
City: _____	State: _____	Zip Code: _____	
Scholar's Date of Birth (Month/Day/Year): _____	*Social Security Number (OPTIONAL): - -		Gender: Male Female

Mailing Address (If Different): _____		
City: _____	State: _____	Zip Code: _____

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.

Pursuant to O.C.G.A. § 20-2-150, before the final enrollment of a student to a publicly funded Georgia school is complete, the individual registering the student shall provide a copy of the enrolling student's social security number to the proper school authorities or shall complete and sign a form stating the individual does not wish to provide the social security number.

Parent/Guardian Information (Complete a box for each parent, stepparent and/or guardian add page if necessary)

PLEASE PRINT INFORMATION

1.

Parent's Name (Last/First/MI): _____

Home Address (If different from student's): _____

Email Address: _____	Home Phone: _____	Cell Phone: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: (mm/dd/yyyy): _____	
Employer: _____	Relation to scholar: (Circle One) Mother Father Stepmother Stepfather	
Occupation: _____	Legal Guardian Other	
Business Phone: _____	Other: _____	
Business Address: _____		
City /State/Zip: _____	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

2.

Parent's Name (Last/First/MI): _____

Home Address (If different from student's): _____

Email Address: _____	Home Phone: _____	Cell Phone: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: (mm/dd/yyyy): _____	
Employer: _____ Occupation: _____ Business Phone: _____ Business Address: _____ City /State/Zip: _____	Relation to scholar: (Circle One) Mother Father Stepmother Stepfather Legal Guardian Other Other: _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

NOTE: Before signing this document, please ensure that the content you are signing is correct and accurate.

Parent/Guardian: _____ Date: _____

For Internal Use Only:
Processed By: _____ Date: _____

