



**SECTION 4: Custody Information**

Who has legal custody of this child?

Both Parents    Mother    Father    Grandparent(s)\*    Guardian(s)\*    Ward of the Court \*    Self Supporting\*

*\*Copies of court orders or other legal documents may be required Student*

lives with...

Both Parents    Mother    Father    Grandparent(s)    Guardian(s)    Foster Parent(s)    Alone    Other Relative(s)

Other (please explain): \_\_\_\_\_

**SECTION 5: Residency Information**

Please check here if any of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- With another family or other person because of loss of housing or as a result of an economic hardship (i.e., foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- Emergency shelter, group home, transitional shelter or housing
- Hotel, motel, campground or RV park
- With an adult who is not a parent/guardian, or alone without an adult
- Car, park, public places, abandoned building, street, or any other inadequate living space

**Section 6: Parent / Guardian Certifications**

***Please read and initial the following***

I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.

The address listed on this form is the physical location where the student actually resides.

I have provided the student's Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Wavier form.

I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.

I agree upon request by the school to present such additional proof of residency (such as electric bill, city water, etc.) as shall be reasonably required. I acknowledge that the Schley County Board of Education, in its operation of the Schley County School System, has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona-fide resident of Schley County. I also acknowledge that if the proof of residency furnished the Board or as contained in this certificate is not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal. provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.

In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

**SECTION 7: Parent / Guardian Signature**

*My relationship to the student is:*

- Parent
- Self (18 Years of Age or Older)
- Grandparent
- Legal Guardian
- Person having lawful Court Order
- Other



Relation to Student: \_\_\_\_\_

*\*\*Please provide court documents establishing guardianship.*

*I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.*

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_