



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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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"/> Enrolling Parent <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

SPECIAL SERVICES

Has this student ever participated in special services or programs?

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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PARENT OCCUPATIONAL SURVEY

Has anyone in your household moved in order to work in another city, county, or state in or state in the last 3 years?

No Yes

HEALTH

Does your child have any allergies and/or medical issues that the school needs to be aware of:

No Yes

If yes, please explain or list them here:

SPECIAL INFORMATION

Are there any special circumstances the school needs to know about your child?

If yes, please explain or list them here: _____

What do you want the teacher to know about your child? _____

BRANCH OUT

Students who opt into 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 _____