

**CLAYTON COUNTY PUBLIC SCHOOLS
STUDENT ENROLLMENT QUESTIONNAIRE (SEQ)**

Date: _____ School: _____

Name of Student: _____ Grade _____

Adult Registering Student: _____

Relationship to Student: _____ Contact phone _____

Welcome to Clayton County Public Schools. Our mission is to provide a quality education for all students. We will provide support services to ensure that all students are able to succeed.

Please answer the following questions to begin the enrollment process.

Do you currently have the following enrollment materials?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verification of Residency (two proofs) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Birth Certificate |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student Social Security Card |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verification of Guardianship |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Georgia Immunization Certificate (Form 3231) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Georgia Eye, Ear and Dental Certificate (Form 3300) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | School records / grades / transcripts |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discipline Information (grades 7 to 12) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parent ID |

Please check any situations apply:

- 1. **Doubled-up:** Share housing temporarily with relatives or others because I have lost my housing or cannot afford housing.
- 2. **Unsheltered:** Live in a campground, car, abandoned building, or other inadequate housing.
- 3. **Shelter:** Live in an emergency or transitional shelter or domestic violence shelter
- 4. **Unsheltered:** Live on the street.
- 5. **Motel:** Lack of stable and safe living environment
- 6. **Unaccompanied Youth:** Homeless student (under 21) enrolling without a parent or guardian.

I certify that the above information is accurate and true.

Parent/Guardian Signature

Date

(PLEASE RETURN THIS FORM TO THE REGISTRATION PERSONNEL)

Reviewed By:

Name

Title

Date