



Application Number: \_\_\_\_\_  
 Time and Date: \_\_\_\_\_ / \_\_\_\_\_  
 Office Use Only

# SKYVIEW HIGH SCHOOL

Tuition Free Public Charter School

*Accelerated Learning, Skyview High School, is dedicated to helping at-risk students earn a standard high school diploma and prepare for post-secondary success. All students enrolled in Skyview High School are students of Fulton Public Schools, subject to applicable policies and entitled to same rights.*

## Enrollment Application

\_\_\_\_\_ Student's Name (Last, First, Middle) \_\_\_\_\_ Date

**Please check your preference on which session you would like to attend?**

- Morning Session: 7:00 a.m. – 12:00 p.m.                       Afternoon Session: 12:30 p.m. – 5:30 p.m.

**Please check how did you hear about us?**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> A Current or Former Student | <input type="checkbox"/> Social Media         | <input type="checkbox"/> My Current School | <input type="checkbox"/> Radio/Streaming Audio   |
| <input type="checkbox"/> Brochure/Postcard           | <input type="checkbox"/> FinishSchool Website | <input type="checkbox"/> Church            | <input type="checkbox"/> Google Search/Google Ad |
| <input type="checkbox"/> Community Event             | <input type="checkbox"/> YouTube              | <input type="checkbox"/> School Sign       | <input type="checkbox"/> Other: _____            |

Student Workplace: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Permission Granted to be Contacted:  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you volunteer?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 Where: \_\_\_\_\_

Office Use Only:  
 \_\_\_ Date Packet Rec'd  
 \_\_\_ Entered STARS  
 \_\_\_ Birth Certificate/ Passport\*  
 \_\_\_ Parent or Student Picture ID\*  
 \_\_\_ Immunizations\*  
 \_\_\_ Physical, as applicable\*  
 \_\_\_ Proof of Address\*  
 \_\_\_ Withdrawal Form  
 \_\_\_ Transcript  
 \_\_\_ Student Detail Report  
 \_\_\_ IEP \_\_\_ 504 Plan  
 \_\_\_ ESOL  
 \_\_\_ Health Insurance Card  
 \_\_\_ Map Quest  
 \*Required

# Student Registration Packet

## PART 1: Demographic Information

Date: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: M or F

Student's Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_ Student Cell #:(\_\_\_\_\_) \_\_\_\_\_

Student's Email address: \_\_\_\_\_

Transferring from (home school): \_\_\_\_\_

Other schools attended outside of Fulton Co: \_\_\_\_\_ School District: \_\_\_\_\_

Native Language: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cellular #: (\_\_\_\_) \_\_\_\_\_

### PARENTAL AUTHORIZATION

In addition to the guardian information, only the following persons will be authorized to drop off and pick up the student:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please list the name of any individual who is legally restrained or not authorized to contact the student:**

1. Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

### CONSENT TO ENROLL

I do hereby grant permission for enrollment into Skyview High School. I acknowledge that this enrollment is strictly voluntary and this enrollment has not been forced or mandated by the school or any official from Fulton County Public Schools. I further understand that I may terminate enrollment at this school for enrollment into another Fulton County Public school or school choice option so long as my child meets the requirements of compulsory education and is in good standing with the District's code of conduct (i.e. is not presently serving an expulsion). I attest that all the information given in the Student Enrollment Packet is accurate and truthful.

Parent/Guardian Signature: \_\_\_\_\_ Student Signature (over age 18): \_\_\_\_\_

I have reviewed the information on this page \_\_\_\_\_  
(Please initial)

**MEDIA RELEASE**

I do hereby grant permission for ALS Education, and Skyview High School to reproduce, release and publish all media announcements, success stories to include academic and personal progress achieved, including photographs, interviews, audio/visual, or sound recordings of this student, while attending Skyview High School.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

**PERMISSION FOR EMERGENCY CARE**

In the event of an accident or other emergency, when parent/guardian are unavailable, I hereby authorize a representative of the school. In the event the physician is not available, I give permission for care and treatment to be performed by any licensed physician. The undersigned agrees to bear all costs incurred as a result of the foregoing.

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is there any medical condition or illness we should be aware of: \_\_\_\_\_

Are you taking prescription medication (daily or occasionally)? Yes/ No If yes, name of the prescription: \_\_\_\_\_

How does this condition impact the student? \_\_\_\_\_

Parent/Legal Guardian Name (print): \_\_\_\_\_ Parent/Legal Guardian Name (signature): \_\_\_\_\_

Eligible Student's Name (print): \_\_\_\_\_ Eligible Student's Name (signature): \_\_\_\_\_

**CONSENT FOR RELEASE OF RECORDS**

I hereby grant consent for my child to enroll in Skyview High School and do hereby grant permission to and direct the School District of Fulton County to release any and all of this student's education records, including all academic, discipline, and health records to Skyview High School. Skyview High School is an educational alternative that emphasizes parental partnership in a voluntary placement for academic service to my child's progress and achievement in school. I also understand that as a parent I have the right to request a review of placement and request a review for evaluation for services offered in other Skyview High School: advanced placement, vocational education, exceptional education, school-to-work offerings and alternative placements.

The school maintains all student education records in accordance with the Family Educational and Privacy Rights Act, 20 (U.S.C. § 1232g; 34 CFR Part 99) and releases such records only as provided therein. Certain information about Skyview High School students is considered directory information and will be released to anyone who follows procedures for requesting it, unless the parent objects in writing to the release of any or all directory information about the student. Directory information includes: a student's name, address, telephone number, date and place of birth, photograph, and participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, awards received in school, and most recent school attended. The undersigned understands and acknowledges that any objection to release of directory information must be made in writing to the school within ten school days after the parent receives this notice.

Additionally, Skyview High School may from time to time have approved visitors at school such as local community leaders or education officials who are not employees of Skyview or ALS. During such visits, students are sometimes asked about their school experience and may choose to share information such as courses, credits, attendance or other information from their dashboard. I agree that my child may participate in such visits including sharing student record information upon request.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF STUDENT / PARENT HANDBOOK**

We understand and consent to the responsibilities outlined in Skyview High School *Student /Parent Handbook* and the *District Code of Student Conduct*. We also understand and agree that the student shall be held accountable for the behavior and consequences as outlined in the *Student /Parent Handbook* and *District Code of Student Conduct* at school and at school-sponsored and school-related activities (including school-sponsored travel) and for any school-related misconduct, regardless of time or locations.

We have received, read, and understand Skyview High School *Student /Parent Handbook* and the *District Code of Student Conduct*.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

### PART 3: Search Consent Form, Bus Policy and NCAA

#### Search Consent Form

It is the policy of Skyview High School to prohibit the use, possession, concealment, transportation or distribution of illegal or unauthorized items, including but not limited to, illegal drugs, look-alike drugs and drug paraphernalia, tobacco, lighters, matches, alcoholic beverages, weapons, ammunition, and/or stolen property, while entering, on, or leaving school property or attending school-sponsored functions or events.

For the protection of the students, teachers and employees of Skyview High School, students may be required to submit their person, personal effects, vehicles, belongings, and any other items to a search by school officials or other authorized representatives.

Your signature below constitutes your consent to the inspection of the student's person, personal effects, vehicle, and/or other belongings or items.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature (over age 18):** \_\_\_\_\_

#### Bus Policy Form

Eligible students that are enrolled in the school will be issued a bus pass upon and throughout the entire enrollment period. A student is eligible for transportation services/ bus passes who reside two or more miles from the school. Bus passes will be purchased from the local Transportation Authority for all eligible students.

The student will receive assistance, if needed, during the Orientation session to identify the closest bus stop to and the number of busses the student will have to ride to get to and from the school. The student will be solely responsible for his/her bus passes at all times. The school will not reissue bus passes due to loss, damage or inappropriate use.

Bus route (public transportation) times do not always align perfectly with school schedules. Students are expected to be present in class for the duration of their assigned session for a total of 5 hours. Students should remain on campus and in class while waiting for the next bus. If students choose to leave school prematurely, please be aware that excessive early dismissal can jeopardize academic progress and continuation in the program.

My student has permission to take public transportation to and / or from school: Yes / No

My student has permission to walk to and / or from school, if applicable: Yes / No

How will your student get to / from school?  Bus Pass  Bus Pass / Driver  Bus Pass / Parent Pick Up

Bus Pass / Rail  Driver  Parent Pick Up  Parent Pick Up / Driver  Walk – Ride a Bike

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

#### NATIONAL COLLEGIATE ATHLETIC ASSOCIATION

Skyview HS is accredited by AdvancED Corporation Systems Accreditation, Southern Association of Colleges and Schools, and is currently seeking NCAA eligibility. This document is to notify the parent/ guardian and student that although Skyview HS is in the process of applying for NCAA eligibility, the School does not currently have such status. Therefore, students that may seek Division I, Division II, or Division III scholarships may not be eligible at this time. Note: Failure to disclose student's intention to seek college athletic scholarship opportunities may negatively impact future athletic scholarship opportunities.

\_\_\_\_\_ Student WILL NOT be seeking college athletic scholarship opportunities.

\_\_\_\_\_ Student may be seeking college athletic scholarship opportunities.

By signing below I certify that I understand the NCAA eligibility implications and still wish to continue with the enrollment process.

**Parent/Guardian Signature:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

**INTEREST IN COUNSELING AND/OR CASE MANAGEMENT SERVICES**

Various service providers partner, including university master's level interns, with Skyview High School to offer onsite and offsite services to students and families with specific needs. Criteria for services vary for each agency. **Please contact the Family Support Specialist at Skyview High School to determine what services may be appropriate for your student.** Parents, guardians, students, or school staff may suggest counseling and/or case management services at any time during a student's enrollment.

**Student's name:** \_\_\_\_\_

Student DOB: \_\_\_/\_\_\_/\_\_\_

Is the student a parent or a parent to be? **YES/NO**

Is your child currently receiving counseling services? **YES/NO**

If "yes", what program: \_\_\_\_\_ Diagnosis/Medication: \_\_\_\_\_

If no, would you like to request counseling and/or case management services from one of our providers? **YES/NO**

Does the student have Medicaid? **YES/NO** If "yes", what is the Medicaid number: \_\_\_\_\_ Plan Name: \_\_\_\_\_

Do you have an open case with DCF? **YES/NO** If "yes" Case Worker/Number: \_\_\_\_\_

Does the student have an open case with the Juvenile Justice system? **YES/NO**

Probation Officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PLEASE MARK ALL THAT APPLY TO YOUR CHILD'S PRESENT ISSUES/BEHAVIORS:**

<input type="checkbox"/> Caregiver of Household Member	<input type="checkbox"/> Hallucinations And/or Delusions	<input type="checkbox"/> Stealing, Lying, Cheating
<input type="checkbox"/> Grief or Loss issues	<input type="checkbox"/> Eating Problems	<input type="checkbox"/> Self-Mutilation
<input type="checkbox"/> Poor Attention Span/Impulsivity Issues	<input type="checkbox"/> Sleeping Difficulties	<input type="checkbox"/> Easily Angered Or Irritable
<input type="checkbox"/> Substance/Alcohol Abuse	<input type="checkbox"/> Fire Setting/Property Destruction	<input type="checkbox"/> Cruelty To Animals
<input type="checkbox"/> ADHD	<input type="checkbox"/> Family/Relationship Issues	<input type="checkbox"/> Withdrawn/Depressed
<input type="checkbox"/> Pregnancy Or Parenting Needs	<input type="checkbox"/> Argumentative/Defiant	<input type="checkbox"/> Poor Anger Management
<input type="checkbox"/> Suicidal/Homicidal Threats Or Thoughts	<input type="checkbox"/> Deteriorating School Behavior	<input type="checkbox"/> Health Issues
<input type="checkbox"/> Gang Activity	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Family Issues
<input type="checkbox"/> Suicide/Homicidal Attempts	<input type="checkbox"/> Verbally/Physically Abusive	<input type="checkbox"/> Other Mental Health Issues
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Violence in Home or Community
<input type="checkbox"/> Sexual and Gender Identity	<input type="checkbox"/> ESE/IEP-behavioral health needs	<input type="checkbox"/> Current Foster Care/DJJ issues
Other concerns not mentioned (please specify below):		

**I understand that submitting this form does not guarantee that services or providers will be available. However, I give permission for Skyview High School to release my child's name and the information on this form to service providers. Service Providers may conduct an initial meeting with student to determine services needed and will contact the parent/guardian to explain the scope of their services and obtain verbal or written consent for treatment.**

Parent/Guardian Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Student Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Contact Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

# Skyview High School

Your child is choosing to attend Skyview High School and as such, is considered a student of Fulton County. This school is designed to help students develop academic skills, increase attendance, and take responsibility for their own behavior and education while pursuing his/her diploma.

In order to ensure a smooth transition into Skyview High School, it is important that you and your child review and understand the following information:

- ✓ All cell phones and any other personal electronic devices, including but not limited to music devices, hands-free devices, smart watches, portable games, touch screen devices, will be collected upon entry and held until dismissal. These items are not permitted in the classroom.
- ✓ Since the school is not responsible for loss or damage of these items including cell phones; therefore, it is our strong recommendation that they not be brought on campus.
- ✓ Students must complete a required orientation upon enrollment.
- ✓ When the School reaches capacity, students will be admitted based on the lottery policy regardless of race, gender religion or ethnic origin and our admission and dismissal procedures will be equitable for all students.
- ✓ The School operates in conjunction to the District's calendar. It is an expectation that all students attend school on a regular basis. Failure to attend school throughout the entire school year may result in the student being withdrawn or initiation of truancy procedures. Please refer to the attached School's calendar for further information.
- ✓ Students will wear appropriate attire, which is consistent to the District's dress code.
- ✓ Bus Passes will be offered to eligible students for public transportation.
- ✓ A parent/guardian (or emancipated student) must complete and sign all forms in the Enrollment Packet prior to attending class.
- ✓ Students will follow attendance procedures.
- ✓ To ensure safety to all, students will pass through a metal detector upon entry each day.
- ✓ Several School District required forms may need to be completed in addition to this packet.
- ✓ Upon enrollment, every student will be expected to agree to and sign an attendance and behavior contract which reinforces the discipline and dismissal procedures as per School guidelines.
- ✓ Some of our APEX courses may not be accepted by the NCAA with regard to Athletic Scholarships for Division I, II or III schools.
- ✓ Students enrolled in a FLVS course must be reviewed and approved by school.
- ✓ Parents are always welcome at the school – Appointment recommended.

I understand the statements above and have had an opportunity to ask questions about Skyview High School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

## INCOME VERIFICATION FORM

### E-RATE CALCULATIONS

Name of School / Facility	Skyview Charter HS
Street Address	5134 Old National Highway
City, State Zip Code	College Park, GA 30349
Telephone Number	404-418-8812
Fax Number	404-761-1404
Email Address	N/A

The following sections **must** be completed by head of household or designee.

1. SIZE OF FAMILY\* - Please indicate the total number of individuals in your household, including all adults and children. \_\_\_\_\_
2. STUDENT INFORMATION\* – please complete for each student Pre-K through 12<sup>th</sup> Grade

**Please ensure student's name is written in this section.**

	Last Name	First Name
1.		
2.		
3.		
4.		
5.		
6.		

**If you need more space, please use the reverse side of this survey or attach a copy of this survey marked clearly as a continuation of this information.**

TOTAL HOUSEHOLD INCOME* – please report for all members of household	Job 1	Job 2	Check if no Income
Type of Income			
1. Gross Monthly Earnings: wages, salary, commissions	\$	\$	<input type="checkbox"/>
2. Monthly Welfare Payments, Child Support, Alimony	\$	\$	<input type="checkbox"/>
3. Monthly Payments from Pensions, Retirement, Social Security	\$	\$	<input type="checkbox"/>
4. Monthly Dividends or Interest on savings	\$	\$	<input type="checkbox"/>
5. Monthly Worker's compensation, Unemployment, Strike Benefits	\$	\$	<input type="checkbox"/>
6. Other Monthly (SSI, VA, Disability, Farm, other)	\$	\$	<input type="checkbox"/>

# HOME LANGUAGE SURVEY

## Skyview High School

To provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

1. Which language does your child best understand and speak? \_\_\_\_\_

2. Which language does your child most frequently speak at home? (Home Language) \_\_\_\_\_

3. Which language do adults in your home most frequently use when speaking with your child?  
(Correspondence Language) \_\_\_\_\_

Date Student First Entered a United States School: Month (MM)\_\_\_\_Day (DD)\_\_\_\_Year (YYYY) \_\_\_\_\_

If foreign born, how many years has the student attended a school in the United States? \_\_\_\_\_

Any student that indicates a language other than English, must be administered the English language proficiency test to meet Federal Elementary and Secondary Education Act of 1965 (ESEA) Title III regulations.

Parent/ Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible Student - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible Student – Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Information for Parents***

### ***McKinney-Vento Homeless Assistance Act***

**If your family lives in any of the following situations:**

- In a shelter or motel
- In a campground, car, abandoned building, on the street or other inadequate shelter
- Without a permanent address and /or permanent housing
- Share housing with relatives or others because you lost your housing or cannot afford housing
- Are migratory
- Abandoned in a hospital
- Awaiting foster care placement

**Then, your children have certain educational rights or protections under the McKinney-Vento Homeless Education Assistance Act. Your children have the right to:**

- Immediately enroll and attend classes without having health and school records with you.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Receive transportation to school as with any other child in your school zone.
- Request enrollment in the school where you are living or in the school attended when you were permanently housed (school of origin). If you request your child to attend the school of origin, the school administrator or Homeless Liaison will determine if it is feasible.
- If you request enrollment in the school of origin and the school determines that it is NOT feasible, the school must provide a written explanation. You have the right to appeal the decision. Your child will be enrolled in the school you request pending resolution of the dispute.
- If you request enrollment in the school of origin and the school determines that it is feasible, you may request transportation to and from the school of origin.

**Fulton County School System's Homeless Liaison:**

**Sara Blake Smith  
404-763-5600, ext. 181 or 216**

**State Coordinator for Homeless Education:**

**Georgia Department of Education  
Erica Glenn  
678-316-5991**

**Program for the Education of Homeless Children and Youth  
Student Enrollment & Residency Statement Form**

To be completed by the parent/guardian for homeless students seeking enrollment. This form shall satisfy affidavit requirements for students in transition (homeless). Place one copy of this form in each child's permanent record at the school, email or fax one copy to the Homeless Office, and provide one copy to the school social worker.

Email Address: [SmithS5@fultonschools.org](mailto:SmithS5@fultonschools.org) or [HaywardR@fultonschools.org](mailto:HaywardR@fultonschools.org) Fax: 404-305-2194

Date: \_\_\_\_\_

Staff person making referral: \_\_\_\_\_

Please list all of your preschool and school-aged children currently living with you attending Fulton County Schools (PLEASE PRINT CLEARLY):

Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:
Name:	Birth Date:	School:	Grade:

**Please note: Only one Residency Statement Form is needed per family. Copies can be made for each child/school. Information provided on this form is confidential.**

1. Do you live in any of these following situations?

- \_\_\_ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing facility.
- \_\_\_ Sharing the housing of other persons (doubled up) due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc)
- \_\_\_ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings (unsheltered).
- \_\_\_ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.

2. How long do you anticipate living at this location? \_\_\_\_\_

3. **Immediate needs or services requested:**

- |  |  |
|--|--|
| <input type="checkbox"/> Free Lunch                        | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> School Supplies                   | <input type="checkbox"/> Enrollment/Placement Assistance |
| <input type="checkbox"/> Tutorial/Supplemental Instruction | <input type="checkbox"/> Records Assistance              |
| <input type="checkbox"/> After-school Program              | <input type="checkbox"/> Immunizations/Medical           |
| <input type="checkbox"/> Other - Specify: _____            |  |

4. Is the student an Unaccompanied Homeless Youth? (i.e. Student is not in the physical custody of parent/guardian and is in a homeless situation)  
 Yes  No

**I am the parent/legal guardian of the children listed above who are of school age and are seeking enrollment to Fulton County Schools.**

**I declare that the information here is true and correct and of my own personal knowledge. (It is unlawful to knowingly make false statements on this form)**

**X**

Parent/Guardian or Unaccompanied Homeless Youth Signature \_\_\_\_\_ Parent/Guardian or Unaccompanied Homeless Youth Print Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_