



WESTSIDE  
ATLANTA CHARTER SCHOOL

2250 Perry Blvd NW  
Atlanta, Georgia 30318  
(404) 802-1350  
[www.wacs.us](http://www.wacs.us)

## **ENROLLMENT CHECKLIST**

- \_\_\_\_\_ GA Immunization Certificate (Form 3231)
- \_\_\_\_\_ Vision, Hearing, Dental, Nutrition Certificate (Form 3300)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Social Security Card or Objection to Use SSN Form
- \_\_\_\_\_ Current Report Card (if applicable)
- \_\_\_\_\_ Standardized Test Scores (Georgia Milestones, GKIDS, etc.), if applicable
- \_\_\_\_\_ Special Education/IEP/Gifted/Speech/ESOL/ELL Program Copies (if applicable)
- \_\_\_\_\_ Clinic Record
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Student Media Release Form
- \_\_\_\_\_ Proof of Residency Documents
- \_\_\_\_\_ Notarized Affidavit for Residency
- \_\_\_\_\_ Parent/Legal Guardian Drivers' License/Identification Card

\_\_\_\_\_  
Child's Name (printed)

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date Received



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## ENROLLMENT FORM

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

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### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

\_\_\_\_ Male  
\_\_\_\_ Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or statement of objection form.

Residential Address (No P.O. Boxes)

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthplace Information: City: \_\_\_\_\_ State: \_\_\_\_\_

If born outside of the USA please list country of birth: \_\_\_\_\_

Date of entry in a US school: \_\_\_\_\_

Were parents serving in the US military at time of student's birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the race of your child? Check all that apply.

- \_\_\_\_ African American or Black
- \_\_\_\_ American Indian or Alaska Native
- \_\_\_\_ Asian
- \_\_\_\_ Hispanic/Latino
- \_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_ White



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## SCHOOL INFORMATION

Name of current school: \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address: \_\_\_\_\_

Type of School:

- ☐ Preschool  
☐ Private  
☐ Public  
☐ Charter  
☐ Homeschool  
☐ Not in School

Name of previous school: \_\_\_\_\_ Previous Grade \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Phone Number: \_\_\_\_\_

## SIBLING INFORMATION

Siblings Enrolled in Westside Atlanta Charter

NAME	BIRTH DATE	GENDER	GRADE



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## STUDENT PROGRAM INFORMATION

Has your child participated in any of the listed school programs?

- ☐ Gifted  
☐ Title 1  
☐ Speech  
☐ Special Education  
☐ Early Intervention Program (EIP)  
☐ ELL/ESOL  
☐ N/A

Does your child have Exceptional Child (special education) records?

- ☐ Yes  
☐ No

Is your child involved in the Student Support Team (SST) process?

- ☐ Yes  
☐ No

## LANGUAGE /CUSTOMS SURVEY

In order to provide your child with the best possible education, it must be determined how well he or she speaks and understands English. This survey will assist 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.

Student's Primary Language:

- ☐ English  
☐ Other \_\_\_\_\_

If English is not your child's primary language, please answer the following:

What is the student's country of birth? \_\_\_\_\_  
What date did the student enter a U.S. School? \_\_\_\_\_  
Was/is student in EL/ESOL (English Learners) program? \_\_\_\_\_ Yes \_\_\_\_\_ No



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## PARENT/GUARDIAN INFORMATION

Student lives with:

- ☐ Both Parents  
☐ Mother Only  
☐ Father Only  
☐ Foster Parent  
☐ Grandparent  
☐ Legal Guardian  
☐ Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address if different from student:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address if different from student:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



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## PARENT OCCUPATIONAL SURVEY

1. Has anyone in your household moved to work in another city, county, or state, in the last three years?  
\_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**
  
2. Has anyone in your household been involved in any of the occupations listed below, either full or part time or temporarily during the last three (3) years?  
\_\_\_\_\_ **Yes**  
\_\_\_\_\_ **No**

**If you answer “yes”, check all that applies:**

- \_\_\_\_\_ 1) Planting/picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- \_\_\_\_\_ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- \_\_\_\_\_ 3) Processing/packing agricultural products
- \_\_\_\_\_ 4) Dairy/poultry/livestock
- \_\_\_\_\_ 5) Packing/processing meats (beef, poultry, or seafood)
- \_\_\_\_\_ 6) Commercial fishing or fish farms
- \_\_\_\_\_ 7) Other (Please specify occupation): \_\_\_\_\_



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## PARENT ACKNOWLEDGEMENT

The information provided is accurate to the best of my knowledge. I understand and accept the provisions of the charter petition, policies and procedures of The Westside Atlanta Charter School. I agree to comply with all policies and procedures of the school. Further, I understand it is my responsibility to notify the school in a timely manner related to changes in any information submitted in the contents of this enrollment form including but not limited to: changes in residency, contact information, and guardianship.

Please check one of the options below:

- ☐ Directory information related to my child may be published.  
☐ Directory information related to my child may **NOT** be published.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





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### PROOF OF RESIDENCY REQUIREMENTS

Appropriate records for verification of residency **must** include the following two documents:

- Copy of your lease, deed, or mortgage statement
- and
- Current Georgia Power bill (within 30 days)

### NOTARIZED AFFIDAVIT OF RESIDENCY

Name of Parent/Legal Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

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

Children Residing at Address

Date of birth

_____	_____
_____	_____
_____	_____

I, \_\_\_\_\_ certify, swear and/or affirm as follows:

1. That I am the parent/court appointed guardian of the child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must immediately notify the school if I change residence, or if the child listed above should change residence.
4. That the above information is to the best of my knowledge and belief, true, correct, and complete.
5. That I understand that representatives of the school may visit my home to verify residency, and I hereby voluntarily consent to such visits.
6. That representatives of the school may verify residency through property management, homeowners, landlords, and/or utilities, and I hereby voluntarily consent to such verification.
7. That I understand that a student enrolled in the school under falsified information is illegally enrolled and will be immediately withdrawn from school.
8. That I understand that false swearing is violation of the laws of the State of Georgia punishable by a fine of not more than \$1,000 or by imprisonment for not less than one or more than five years, or both. O.C.G.A. 16-10-71.

Signature of the Parent/Legal Guardian

Date

Signature/Seal of the Notary Public

Expiration Date





## HOME LANGUAGE SURVEY

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

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Notice to Parents or Guardians:

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district.

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

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_

Choose only one sentence that best describes your child's primary language.

\_\_\_\_\_ My child understands and uses only the home language and no English.

\_\_\_\_\_ My child understands and uses mostly the home language and a little English.

\_\_\_\_\_ My child understands and uses the home language and English equally.

\_\_\_\_\_ My child understands and uses mostly English and only a little of the home language.

\_\_\_\_\_ My child understands and uses only English.

If a language other than English is indicated for any of the above questions, Westside Atlanta Charter School will screen your child for English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this screening.

In which language would you prefer to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



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## STUDENT MEDIA RELEASE FORM

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of my minor child or me by Westside Atlanta Charter School staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of the local school or district and may be used by the school, district, or others with their consent, for educational, instructional, or promotional purposes determined by the district in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below).

- ☐ Yes, I give my consent.  
☐ No, I do not give my consent.

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Student's Name (Please Print)

---

Parent or Guardian Name (Please Print)

---

Parent or Guardian Signature

---

Date



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### EMERGENCY CONTACTS/AUTHORIZED PICK-UP PERSON(S)

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

Name	Relationship	Contact Number	Can student be picked up by this person?*
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____
			Yes _____ No _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*If nothing is checked, the student will be released with the listed person.



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### CLINIC RECORD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Home Room/Teacher \_\_\_\_\_

#### GENERAL HEALTH (Answer Yes or No)

Allergies (Name) _____	Fainting Spells _____
Physical Handicaps (Name) _____	Heart Problem _____
Diabetes _____	Kidney Problem _____
Asthma _____	Menstrual Problem (cramps) _____
Seizures _____	Medications _____
Health Procedures _____	Other _____

#### IN CASE OF EMERGENCY CALL:

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Other \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Name of hospital that you prefer for emergency service \_\_\_\_\_

Brother(s)/Sister(s) in this school: \_\_\_\_\_ HR/Teacher \_\_\_\_\_

\_\_\_\_\_ HR/Teacher \_\_\_\_\_

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In case of serious illness/injury, the school will render first aid as prescribed by School Board Regulations while contacting the parent. If neither the parent, nor designee can be reached and the situation is very serious, the school shall telephone the County Medical Emergency Unit (9-1-1) for immediate transportation to an emergency treatment hospital. Whenever possible, the parent's hospital preference (if it has an emergency room) will be observed. Fees for transportation and medical services will be the responsibility of the parent/guardian.

I understand that effective April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPPA"), disclosure of certain medical information is limited. However, I herein authorize disclosure of pertinent medical information for the provision of services for my child while in attendance in the Atlanta Public Schools District and for this information to be shared with pertinent staff as needed.

The authorization expires as of the last day of this school year, including the summer/extended year session. This form gives parental permission to be helped by the nurse at the school clinic.

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