

# IN-SYSTEM TRANSFER FORM

Transferring Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prior Fulton County School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

## SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Primary Telephone Number: _____ Physical Address: (with City, State, Zip) _____ _____	Mailing Address, if different from Physical Address: (with City, State, Zip) _____ _____ _____
Parent/Guardian whom the student lives with: Legal Name: _____ Last                        Middle                        First Email: _____ Employer: _____ Cell No.: _____ Work Phone: _____ Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Separated: <input type="checkbox"/>	Spouse of Parent/Guardian whom the student lives with: Legal Name: _____ Last                        Middle                        First Email: _____ Employer: _____ Cell No.: _____ Work Phone: _____ Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Separated: <input type="checkbox"/>

## SECTION 2: Secondary Household if applicable (Applies to the parent whom the student does NOT live with the majority of the time or joint physical custody)

Parent/Guardian: Legal Name: _____ Last                        Middle                        First Physical Address: (with City, State, Zip) _____ _____ _____ Email: _____ Employer: _____ Cell No.: _____ Work Phone: _____ Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Separated: <input type="checkbox"/>  This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the parent/guardian 1	Spouse of Parent/Guardian: Legal Name: _____ Last                        Middle                        First Mailing Address, if different from Physical Address: (with City, State, Zip) _____ _____ _____ Email: _____ Employer: _____ Cell No.: _____ Work Phone: _____ Marital Status: Married: <input type="checkbox"/> Single: <input type="checkbox"/> Divorced: <input type="checkbox"/> Separated: <input type="checkbox"/>  This person is allowed to pick up student(s) from school and can be contacted in the event of an emergency without contacting the parent/guardian 1
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**SECTION 3: Student Information (Include new students enrolling and currently enrolled students)**

Please provide the names of **ALL SCHOOL AGE CHILDREN** residing with the parent/guardian whom the student lives with, along with the date of birth and relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

Name (First, Middle, Last)	DOB	Grade	Relationship to Parent/ Guardian whom the student lives	Relationsh ip to Spouse of Parent/ Guardian whom the student lives with	Relationship to Parent whom the student does NOT live with	Relationship to Spouse of Parent whom the student does NOT live with

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

**SECTION 4: Emergency Contacts: DO NOT INCLUDE THE PARENT(S)**

The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the PARENT/GUARDIAN cannot be reached:

***(If registering more than one student and emergency contacts differ, please see Registrar.)***

If an emergency contact has more than one phone number (e.g., home phone and cell phone), please use two different contact boxes.

**NOTE: Pickup will require a photo ID**

	Name	Relationship	Birthdate	Gender	Home Phone	Cell Phone	Work Phone	Priority
CONTACT 1:								
CONTACT 2:								
CONTACT 3:								
CONTACT 4:								

Printed Name of Person Completing Form (Enrolling Parent ONLY): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Enrolling Parent's Signature \_\_\_\_\_

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

**Please note that by signing this registration form you will be considered the enrolling parent for this student.**