

30-DAY PROVISIONAL ENROLLMENT FORM

Student Information		
Student Name:		Date of Birth:
Primary Phone Number:	Gender:	Ethnicity:
Address:		
City, State, Zip		
Registration Information		
Registration Date:	Enrollment Start Date:	
School Name:	Grade Level:	
In accordance with the Hall County Board of Education Policy JBC and State of Georgia Dept. of Education Rule 160-5-1-28 (Student Enrollment and Withdrawal), your child,		
Signatures		
I acknowledge that I have been informathe individually designated school att ——————————————————————————————————	med of the requirements for entering the Istendance zone and I understand that my clarequirements are not received at the enrol wn. The treside in the Hall County School Districtions are the country School Districtions are not received at the enrol wn.	hild will be withdrawn on lling school. I will be notified 10
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Registering HCSD Official Printed Name Copy given to: _	Registering HCSD Official Signature	e Date arent or Guardian