

30-DAY PROVISIONAL ENROLLMENT FORM

Student Information		
Address:	Gender: E	Date of Birth:Ethnicity:
Registration Information		
Registration Date:	Enrollment Start Date:	
School Name:	Enrollment Start Date: 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,		
 A certified copy of a biful certificate, certified flospital issued biful record of biful certificate, A military ID; A valid driver's license; A passport; An adoption record; A religious record signed by an authorized religious official; OR An official school transcript 		
 □ Two (2) Proofs of Residency: two proofs of residency documents from Option 1 or Option 2 below:		
Signatures		
the individually designated school atted ———————————————————————————————————		will be withdrawn on school. I will be notified 10
Out-of-District (tuition) student.	reside in the Hall County School District, the	n i must appry as an
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Registering HCSD Official Printed Name	Registering HCSD Official Signature	Date



____Parent or Guardian

Copy given to: __