



Buford City Schools

Joy Davis, Ed.S.
Interim Superintendent
Rita Cantrell, Ed.D.
Assistant Superintendent

2625 Sawnee Avenue
Buford, Georgia 30518
Phone: 770-945-5035
Fax: 770-945-4629

2019 – 2020 School Year

APPLICATION FOR ADMISSION OF NON-RESIDENT STUDENT

1. Name of Student _____
Age _____ Date of Birth _____ **Grade for the 19-20 School Year** _____
Address of Student (including County) _____

2. Applying for School Year 2019 - 2020

3. Student lives with _____

4. CUSTODY: If divorced or separated, which parent or person has primary physical custody of the student as determined by your divorce decree.

(Attach certified copy of Custody Order)

5. Father _____
Address of Father (including County) _____

Home Phone _____ Cell _____
Work Phone _____
Email _____

6. Mother _____
Address of Mother (including County) _____

Home Phone _____ Cell _____
Work Phone _____
Email _____

7. Last School attended _____

8. Reason for withdrawal _____

9. Why do you desire to enroll the student in this system? _____

10. Has this student received any of the following services:
Gifted ___Yes ___No Special Ed. ___Yes ___No Speech ___Yes ___No
ESOL ___Yes ___No SST ___Yes ___No RTI ___Yes ___No
504 ___Yes ___No ISP ___Yes ___No

11. Has the student ever been retained? ___Yes ___No
If yes, what grades? _____

12. Language first learned by student? _____

13. Language used by student at home? _____

14. Does parent/guardian speak English? _____ If NO, list language spoken? _____

15. List any medical conditions and any health-related information about the student (e.g. diabetes, sensory integration, vision impairment, hearing impairment, recent hospitalization, private counseling services, etc.). Attach a separate sheet if necessary.

16. List all prescription and over the counter medications taken regularly by the student, including use of an inhaler. Also, indicate each item that must be administered and/or made available at school.

17. Does this student have any life-threatening allergies (e.g. food, nut, insect)? If YES, please indicate the type of allergic reaction and the response required.

18. Does the student have any medically documented restrictions that would: (a) prevent participation in PE classes? Or (b) require special needs in the classroom (e.g. sitting in the front of classroom, special equipment needs)? If YES, a doctor's statement must be provided.

19. Please list other siblings currently attending Buford City Schools.

Name	Grade/School
_____	_____
_____	_____
_____	_____
_____	_____

20. Please list other siblings making application to Buford City Schools.

Name	Grade/School
_____	_____
_____	_____
_____	_____

21. Has the student ever attended Buford City Schools?

_____ Yes _____ No _____ Years

22. Please list parents, grandparents, and other family members who have attended Buford City Schools.

<u>Name</u>	<u>Relationship to Student</u>	<u>Year Graduated From BHS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon acceptance, Buford City Schools tuition students are held to a high standard in regards to academic performance, attendance, exemplary behavior, and timely remission of tuition payments. I understand that failure to maintain high performance in any of these areas may result in my child being placed on probation or revocation of their tuition status.

23. Signed on this _____ day of _____, 2019.

Signature of Parent or Custodian

Incomplete tuition application packets will not be accepted.

A complete Kindergarten packet includes:

- **A \$250.00 application fee**
- **Checklist Form**
- **IEP/504 Plan/RTI/ISP (if applicable)**
- **Speech (if applicable)**

A complete 9th grade packet includes:

- **A \$250.00 application fee**
- **An official sealed copy of your student's record/transcript which contains, but is not limited to the following items:**
- **1st Semester Report Card for the Current School Year**
- **7th Grade Report Card**
- **6th Grade Report Card**
- **5th Grade Report Card**
- **All Standardized Test Scores**
- **Discipline Report**
- **IEP/SST/504 Plan (if applicable)**
- **Gifted Eligibility (if applicable)**
- **Speech (if applicable)**
- **ESOL (if applicable)**

Once the complete packet is received, your application will be considered.

Administrative Use Only

Approved _____

Rejected _____

Principal Date

Approved _____

Rejected _____

Superintendent Date