

ALLATOONA HIGH SCHOOL
3300 DALLAS-ACWORTH HIGHWAY; ACWORTH, GA 30101
Phone #:770-975-6503 Fax #: 770-974-8855

STUDENT ENROLLMENT CHECKLIST

PLEASE NOTE: Students under the age of 18 years of age **MUST** be accompanied by a parent or legal guardian when enrolling in school

ALL STUDENTS MUST HAVE THE FOLLOWING TO ENROLL AT ANY COBB COUNTY SCHOOL AT THE TIME OF ENROLLMENT. A STUDENT WILL NOT BE ENROLLED WITHOUT ALL NECESSARY DOCUMENTATION ACCORDING TO COBB COUNTY DISTRICT ADMINISTRATIVE RULE JF.

_____ **Certificate of Immunization:**

BOTH FORMS ARE REQUIRED AND MUST BE COMPLETE!

Form 3231 Georgia Immunization

Form 3300 Georgia Hearing, Dental, & Vision

(Form 3300 must be dated within 12 months if new to Georgia or enrolling from private school)

(Forms may be obtained at the Health Department or Dr.'s office– Information on reverse side)
(Religious waivers for Form 3231 ONLY - Form JLC-4 are available at the local school)

_____ **Proof of Residency: (THE FOLLOWING THREE ITEMS MUST BE SUBMITTED AT TIME OF REGISTRATION)**

_____ Proof of residency: home ownership title , lease, or rental agreement.

_____ **Current** month's electric statement (Cobb EMC)

_____ **Current** Georgia driver's license or State approved identification
or Form JF-2 (Statement of Legal Residence).

_____ **Proof of Birth Date:** The school will accept evidence in the following forms: birth certificate, military ID, driver's license, passport, adoption record, religious record authorized by a religious official, affidavit of age.

_____ **Social Security Number (SSN) OR Statement of Objection (Form JF-4):**

Student must provide proof of social security number by submitting a Social Security Card or submit a signed Form JF-4 if there is an objection to the use of the Social Security Number or because the student does not have a Social Security Number.

PLEASE NOTE: Proof of your child's social security number is required to apply for HOPE scholarship or HOPE grant funds.

_____ **Proof of Legal Guardianship:** If the enrolling adult is not the student's parent/legal guardian, Form JF-11 (non-parental affidavit) will be required. The school reserves the right to require proof of custody and may be requested at time of enrollment.

_____ **A withdrawal form** from the previous school including **ALL academic, disciplinary, and special education records** from a student's previous school.

_____ Official Transcript

_____ Discipline Record

_____ Special Education Records

HEALTH DEPARTMENT INFORMATION

Acworth Health Center
4489 Acworth Industrial Drive
Acworth, GA
770-974-3330

NO APPT. NECESSARY
Walk-in basis ONLY
HOURS: Tuesday, Thursday, & Friday
8AM – 11AM & 1PM – 4PM

Directions: Leave AHS; turn RIGHT onto N. Cobb Parkway. Continue for approximately 3 miles. Turn slight LEFT onto Acworth Due West Rd. Stay straight to go onto Nance Rd. Turn LEFT onto Main St/Old 41 Hwy. Turn RIGHT onto New McEver Rd then LEFT onto Acworth Industrial Dr.

Marietta Health Center
1650 County Services Parkway
Marietta, GA 30008
770-514-2300

NO APPT. NECESSARY
Walk-in basis ONLY
HOURS: Monday – Friday 8 – 4:30 PM