

BREMEN CITY SCHOOLS

504 LAUREL STREET
BREMEN
BREMEN, GEORGIA 30110

NON-RESIDENT ~ NEW STUDENT APPLICATION

COMPLETE THIS FORM IF YOUR LEGAL RESIDENCE IS NOT WITHIN THE CITY LIMITS OF
**PLEASE ATTACH: TWO PREVIOUS YEARS OF REPORT CARDS,
STANDARDIZED TESTING, ATTENDANCE, AND DISCIPLINE**

Student _____ Date _____
(Circle name called) First Middle Last

Grade for Which Enrolling _____ Student is applying for admission for the _____ school year.

SS# _____ Male _____ Female _____ Date of Birth _____ / _____ / _____
Month Day Year

City of Birth _____ State of Birth _____

Country of Birth (If not U.S.) _____ First Date of Entry to U.S. School _____ / _____ / _____
Month Day Year

Primary Language in Home _____ First Language Spoken _____

Ethnicity: Asian _____ Black _____ Hispanic _____ Indian _____ Multi-racial _____ White _____

Street & Mailing Address _____

City/State/Zip _____ County _____

Child lives with: Parents _____ Mother _____ Father _____ Other, specify _____

If other, provide proof of guardianship and complete information below as guardian.

If divorced or separated, which parent has custody? (Attach certified copy of custody order) _____

Father _____ Mother _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Brothers/Sisters (Names & Ages) _____

Current or last school attended _____ School Phone _____

School Address _____

Withdrawal Reason _____

List all schools student has attended. _____

List any health concerns. _____

Has student ever been retained or placed? If yes, explain. _____

Has student received any services such as special education, counseling, remedial reading/math, Title I, ESOL or other support services?

Where did your child attend PreK? Georgia PreK (Public) _____ Georgia PreK (Private) _____ Public-Title I _____
Head Start _____ Other Public School _____ Private-not for profit _____ Private-for profit _____ Did not attend PreK _____

Has your child ever been placed in in-school suspension or out-of-school suspension? If yes, explain.

Has your child been adjudicated? If yes, explain. _____

How many days was your child absent from school last year? _____

If more than 10 days, list the reason(s). _____

List any parent of child that attended and graduated from Bremen City Schools.

Name (at time of graduation) _____ Graduation Year _____

Name (at time of graduation) _____ Graduation Year _____

Explain why you wish to enroll your child in the Bremen City School System.

I certify that the information provided is correct to the best of my knowledge. I understand that providing false information may prevent my child from being accepted as a non-resident student or could result in mandatory withdrawal.

Legal Guardian Enrolling Student _____ **Relationship** _____