



## Tapestry Clayton Enrollment Folder Checklist SY26-27

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### Proof of Residency (*Provide TWO documents*)

- Signed lease/signed mortgage contract
- Current utility bill (gas, water, or electricity)

### Evidence of Birth (*Provide ONE document*)

- Birth Certificate
- Military ID
- Valid Driver's License
- Passport
- Adoption Record
- Religious record signed by authorized religious official
- Official school transcript
- Affidavit of practicing physician
- Affidavit of age sworn by parent/guardian/grandparent or other person with physician certificate

### Required Enrollment Documents

- Student Social Security Card (*Waivers available if needed*)
- Withdrawal records from previous school including:
  - Last grade placement
  - Report Card (Grades K–8)
  - Transcript (Grades 9–12)
- Discipline History (Grades 7–12)
- Government-issued Photo ID of Parent/Guardian
- Guardianship or custody papers (*if not birth parent*)
- Georgia Immunization Form #3231 (Current)
  - Out-of-state immunizations transferred to Georgia form
- Georgia Hearing, Vision, & Dental Form #3300 (Current)



## Discipline History Statement SY26-27

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I, \_\_\_\_\_, parent/legal guardian of the student listed above, affirm that to the best of my knowledge, my child does not have any current or pending discipline issues, suspensions, expulsions, or disciplinary actions from their previous school.

I understand that the school district may request and review official discipline records from the student's previous school as part of the enrollment process. I further understand that providing false or misleading information may impact enrollment decisions and/or student placement.

By signing below, I certify that the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School Representative: \_\_\_\_\_

Date Received: \_\_\_\_\_