



Quality Learning and Superior Performance for All

# STUDENT ENROLLMENT ELIGIBILITY

Almon C Hill Education Center  
Registration and Records  
136 Elm St  
Cumming, GA 30040

Phone: 678-947-0863 ext 312709  
Fax: 770-205-5092

Student Information		Reg #
Student Name:	_____	
Home Phone:	Nickname:	Birth Date:
_____	_____	_____
Address:	Gender:	
_____	_____	
_____	Grade:	
_____	_____	
School District by Address:	_____	

## Documents Received:

- Student Birth Certificate
- Parent / Guardian Picture ID
- Guardianship Papers (if other than parent)
- Proof of Residency (deed, lease or rental AND utility bill)
- OOD Contract on Home Approved:     Yes     No
- 3231
- 3300
- Student SS card copy    OR     Waiver for SS

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Witness by Notary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_