

PRIVATE SCHOOL REPORT OF STUDENTS ENROLLED

Georgia law (O.C.G.A. § 20-2-690) provides, "Within 30 days after the beginning of each school year, it shall be the duty of the administrator of each private school to provide to the school superintendent of each local public school district which has residents enrolled in the private school a list of the name, age, and residence of each resident so enrolled. At the end of each school month, it shall be the duty of the administrator of each private school to notify the school superintendent of each local public school district of the name, age, and residence of each student residing in the public-school district who enrolls or terminates enrollment at the private school during the immediately preceding school month."

NAME OF PRIVATE SCHOOL: _____

Is this school a 501c3 non-profit school? Yes or No SCHOOL WEBSITE: _____

SCHOOL MAIN TELEPHONE: _____ SCHOOL EMAIL: _____

MAILING ADDRESS: _____

MAILING CITY: _____ MAILING STATE: _____ MAILING ZIP CODE: _____ - _____

LOCATION ADDRESS: _____

LOCATION CITY: _____ LOCATION STATE: _____ LOCATION ZIP CODE: _____ - _____

Private School is located within the geographic boundary of _____ City or County Public School System

(circle one)

Private School Contact information

CONTACT LAST NAME: _____ CONTACT FIRSTNAME: _____

CONTACT TITLE: _____ CONTACT TELEPHONE: _____

TOTAL PK-12 ENROLLMENT: _____ GRADES: _____

PUBLIC SCHOOL SYSTEM TO WHICH SUBMITTED:

INSTRUCTIONS:

1. If you are reporting students enrolled this year, provide names, ages, grade level, and addresses.
2. If you are reporting students who have withdrawn after having been enrolled this year, write a "W" with the date of withdrawal in the column headed E/W and send the form to the appropriate school superintendent.
3. If you are reporting students who have entered after you have submitted the report to the school superintendent, provide student information and write an "E" with date of entry in the column headed E/W and send the form to the appropriate school superintendent.

E/W	NAME OF STUDENT(S)	AGE	GRADE LEVEL	RESIDENCE/ADDRESS	CITY/STATE

