



## Online Registration

### THIS FORM MUST BE COMPLETED BY A CUSTODIAL PARENT OR GUARDIAN.

1. Log into your parent portal account
2. Click More > Online Registration > Existing Family Registration
3. Select your preferred language and start the registration process.
4. Confirm your identity and sign the form. Remember the confirmation # number.

5. Before beginning the process, verify that you live within the zone for Fulton County Schools.

Click on the hyperlink. It will take you to the FCS school zone map. Enter your address on the map. Once you confirm your address return to the registration process.

#### Welcome to Fulton County Schools Online Registration!

[Click Here to Verify School Zone Prior to Completing the Online Registration Form](#)

Complete the information in each tab. Any incomplete information will show up in red.

All required questions have a **red asterisk (\*)**

### 6. Student(s) Primary Household

Enter the information in all four (4) sections. Click next to move to next section

#### Physical Address

As you enter the house number, potential addresses will appear in the box. If your address is listed, select the address.

If the address is not listed, follow instructions in the box. Click Next and complete the remaining information regarding the addresses, especially mailing if different that physical address. Press SAVE/CONTINUE

### 7. Parent Guardian - Complete the information for all parent(s)/guardian(s).

All information with a **red asterisk (\*)** is required.

Add all parents and guardians for the student. This includes if the student does or does not live with the guardian. Confirm the information entered is correct.

Confirm all Parent(s)/Guardian(s) are listed and click **SAVE/CONTINUE**



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**6. Emergency Contacts** - Enter ALL emergency contact information of individuals OTHER THAN parent/guardian. This includes name, gender, and phone as required information. Enter only emergency contacts that have authorization to pick up the student if parent/guardian is not available. **Please list in the order of priority.**

Emergency Contact

**Changes to Pick-up**  
Per O.C.G.A. 20-2-780, only the person who enrolled the student may make changes to a student's emergency contact information/authorized pick-up list. The enrolling person may give permission to another person or persons to make changes to the emergency contacts/pick-up list.

FIRST NAME	LAST NAME	GENDER	COMPLETED
Emergency	Contact	F	COMPLETED

In order to help prevent the creation of duplicate records, please do not create new records in this section for the following people:

FULL NAME	REASON
Example Parent	Already in this application as a Parent/Guardian
Example Parent	Already in this application as a Parent/Guardian

[Add New Emergency Contact](#)

Please enter information for at least one emergency contact. Do not include anyone listed in the parent/guardian section of the application. If the school is unable to reach a parent/guardian in the event of an emergency, emergency contacts will be called in order of priority. Please be sure to note if any of these people are allowed to make changes to the emergency contact list in the event we are unable to reach the enrolling parent/guardian. Proper identification will be required before a student is released to emergency contacts.

The maximum number of Emergency Contacts is 4

[< Back](#) [Save/Continue](#)

**8. Student** - Please enter and verify all the information for each student. You can enter all your students within the same Online Registration process. Select NEXT to move between sections.

Student Name: :  
Demographics

Enter the student's name exactly as it appears on the Proof of Date of Birth documentation. If your student has two last names, enter both in the box marked "Legal Last Name".  
Note for Pre-K Applications: Completing this application does not guarantee enrollment into the Pre-K program. There are a limited number of locations/spots, please contact your local school for more information.  
Note for the PreSchool Special Education Request for Assistance: This option should only be used when parents/guardians are concerned their student may be exhibiting signs of a developmental delay or disability. To submit the additional information needed for the PreSchool Request for Assistance process, select PS from the Enrollment Grade field.  
Upon completion of the OLR, please also complete a Preschool Request for Assistance packet and submit it to [Preschool@fultonschools.org](mailto:Preschool@fultonschools.org)  
[Preschool Special Education Request for Assistance \(English Version\)](#) [Preschool Special Education Request for Assistance \(Spanish Version\)](#)  
For all students, after form is submitted online, parents must contact the enrolling school with the application number to complete the registration process.

Legal First Name *	Gender *	Enrollment Grade *
<input type="text"/>	<input type="text" value="Female"/>	<input type="text" value="11"/>
Legal Middle Name	Birth Date *	<p>Please note: Social security numbers are requested, not required for enrollment; however, SSNs are required for HOPE scholarship eligibility.</p> <p>Do you wish to provide this student's social security number? *</p> <input type="text"/>
<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	
<p>--- If no middle name, please check here</p> <input type="checkbox"/>	Was this student born in the United States? *	<p>The boundary school is the zoned school of the address entered. Please disregard this information in circumstances where students are attending a school outside their zoned school, such as hardship approval or acceptance into a charter school. If the enrollment grade is entered and the Boundary School is not available, (does not include hardship approval or Charter School acceptance) click the <a href="#">Fulton County Zone Map</a> for help to identify your school zone. Once the student's school is identified, please contact that school directly for follow-up instructions.</p> <p><b>Boundary School:</b> Milton High School</p>
Legal Last Name *	In what state was this student born? *	
<input type="text"/>	<input type="text"/>	
Suffix	Foreign Exchange *	
<input type="text"/>	<p>* <input type="radio"/> Yes, this is a foreign exchange student <input checked="" type="radio"/> No, this is not a foreign exchange student</p>	
Nickname	<p>Would you like to sign up for Device Protection for your student's device(s)? <a href="#">Device Handbook</a>. **Please note: If you are enrolling into a FCS Charter School, select "No". FCS Device Insurance is not available to Charter Schools.</p> <input type="text"/>	
Primary Phone Number	<input type="text"/>	

You will have the option to opt into the Device Protection during this section.

After entering the information for all students, click Save/Continue and affirm the information is correct.

For all students, after form is submitted online, parents must contact the attending school with required documentation to complete the registration process.