



Jefferson City Schools

Student Registration Form (Please Print)

Complete one form for each child in the household that is enrolling.

OFFICE USE ONLY:

Birth Certificate
 Social Security Card/Waiver

DOCUMENTS RECEIVED

GA Immunization
 GA H/V/D Form

Legal Documentation
 Proof of Residency (In City Limits)
 Out of District Application

SECTION 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle)

Name Called: _____ Grade: _____ Gender: M F

Date of Birth: ___/___/___ Place of Birth (Country): _____

SSN: _____

Race (must select at least one):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

<p>Is the student of Hispanic / Latino ethnicity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION 2: Primary Household Information

Physical Address _____

City _____ State _____ Zip _____

Home Phone Number: _____

Is this address in city limits? Yes No

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Name of Parents/Guardians living in the household:

Name: _____ Relationship to student: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Name: _____ Relationship to student: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

<p>Does this child have a parent/guardian in active duty in US Armed Forces? Yes No</p> <p>If yes, which Branch? _____</p>
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Who has Legal Custody?

- Both Parents
- Father
- Mother
- Other: _____

Student Lives With....

- Both Parents
- Father
- Mother
- Other: _____

Siblings attending Jefferson City Schools:

- | | |
|------------|-------------|
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |

Do you have court documents pertaining to this child? _____

Student Name _____ Grade _____ Teacher _____

SECTION 3 : Secondary Household Information

Name of Parents/Guardians NOT living in the primary household:
Only list Parents/Guardians that are authorized to have contact with the student.

Name: _____ Relationship to student: _____
Mailing Address: _____
Home #: _____ Work #: _____ Cell #: _____
Email Address: _____

Name: _____ Relationship to student: _____
Mailing Address: _____
Home #: _____ Work #: _____ Cell #: _____

SECTION 4 : Emergency Contact Information

Emergency Contact: In the event that parents are unable to be contacted, please list other people who are allowed to be contacted and/or pickup your child.

1) Name: _____ Relationship to student: _____
Home #: _____ Work #: _____ Cell #: _____

2) Name: _____ Relationship to student: _____
Home #: _____ Work #: _____ Cell #: _____

3) Name: _____ Relationship to student: _____
Home #: _____ Work #: _____ Cell #: _____

4) Name: _____ Relationship to student: _____
Home #: _____ Work #: _____ Cell #: _____

<p>List any additional people who are authorized to pickup your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your child will not be released to anyone not on the pickup list; however, please list anyone who may try to pickup your child that you have NOT authorized to do so:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SECTION 5: Home Language Survey

Which language does your child best understand and speak? _____
Which language does your child most frequently speak at home? _____
Which language do adults in your home most frequently use when speaking with your child? _____
In which language would you prefer to receive all school information? _____

Student Name _____ Grade _____ Teacher _____

SECTION 6: Medical Information

List any illnesses, allergies, or health concerns the school should know about your child:

Does your child take any prescribed medications routinely? List _____

Is Medication required during school hours? Yes No **If yes, complete the authorization form from the school nurse.**

Child's Healthcare Provider _____ Phone _____

School clinic personnel have my permission to contact my child's physician for further medical information. I also give permission for the school clinic personnel to perform screenings and/or rescreens throughout the year as needed (hearing, vision, dental, and scoliosis) as well as participate in the growth and development presentation. The above screenings are required by law, unless I otherwise request an exemption in writing to my child's school clinic personnel. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, _____.

(student's name)

Parent Signature _____ Date _____

Parent/Guardian is responsible for bringing meds such as Inhalers, Epi-pens, Benadryl, etc. to treat asthma, allergic reactions, or other medical conditions, etc. to the school. The school does NOT keep any medications in stock for students.

SECTION 7 : Previous School Information

Last School Attended: _____ Grade _____

Is your child currently on suspension or expulsion from another school or school system? Yes No

Is your child presently assigned to or scheduled to attend an alternative school or program? Yes No

Has your child ever been retained? Yes or No If yes, what grade? _____

Has your child attended pre-school? Yes or No

If yes, check one of the following: _____ Title 1 _____ Head Start _____ GA Lottery Funded PK _____ Private PK

List other schools your child has attended: _____

Has your child ever received any of the following services? If yes, check all that apply.

____ Special Education* ____ Speech* ____ OT/PT* ____ EIP Reading/Math ____ ESOL/ELL ____ Remedial
____ Gifted ____ SST ____ 504 ____ Title 1 ____ POI/RTI

*If student receives special education including speech or OT/PT, do you have a copy of a current IEP or IAP? Yes or No

Under *penalty of perjury*, I swear or affirm that the information provided in these registration documents is true and correct and understand it is a crime for any person to knowingly make any false statement or falsify or permit to be falsified any records in an attempt to defraud the school system.

Printed Name of Guardian(s) Enrolling the Student _____

Signature of Guardian(s) Enrolling the Student _____

Date _____