



Student Registration Form

Complete one form for each child in the household that is enrolling in kindergarten thru 12th grade.

OFFICE USE ONLY rev 04/2016

School _____

Date Registered _____

Age: _____

Student ID: _____

Section 1: Student Information PLEASE PRINT

Student's LEGAL Name: _____ Sex: M F
LAST (include Jr., III, etc) FIRST MIDDLE Called name

Date of Birth: _____ SSN: _____ Place of Birth: _____

Is this student of Hispanic/Latino ethnicity? No Yes

Is the student from one or more of these races? Check ALL that apply, Must check at least one.

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

Grade Level _____ Current OR Last completed Date entered 9th grade _____ (if applicable)

Physical Address _____ City _____ State GA Zip _____

Mailing address if different _____

Previous School Attended: _____ City _____ State _____ Zip _____

If born outside US: Date Entered US _____ Date entered first US School _____ Date entered first GA school _____

IS PARENT/LEGAL GUARDIAN/LEGAL STEP-PARENT ACTIVE MILITARY? NO or YES

Does your student have any medical conditions? NO or YES

All students must have a yellow Carroll County Schools Student Health Needs Identification Form on file. Please see the form included in registration packet.

Section 2: Custody Information

Who has LEGAL Custody?

Both Parents Father Mother Grandparent(s) Guardian(s) Ward of Court Independent

Copy of Court order or other legal documents must be presented when natural parents DO not have custody

Student Lives with: Both Parents Father Mother Grandparent(s) Guardian(s) Foster Parent(s) Alone

Other Relative(s) Other, Explain: _____

Section 3: Special Programs (Please initial by one of the options. Circle program participated in.)

____ Initial if student is **CURRENTLY** participating in any special program: Special Education, Speech, ESOL, Gifted, EIP, SST, 504, Title 1, etc.

Does student have a current IEP? Yes No Other: _____

____ Initial if student **PREVIOUSLY** participating in any special program: Special Education, Speech, ESOL, Gifted, EIP, SST, 504, Title 1, etc.

Other: _____

Section 4: Discipline Information (O.C.G.A. 20-2-751-.2 – Short Term or Long Term Suspension or Expulsion)

Check one of the following:

- Student **IS** currently subject to a disciplinary orders or actions of another local school system. School: _____
- Student **IS NOT** currently subject to any disciplinary orders or actions in any other local school system.

If student is currently subject to a disciplinary action of another local school system, please explain: _____

Check one of the following:

- Student **HAS [EVER]** been adjudicated guilty of the commission of any felony act as defined in Georgia Code Section 15-11-63 (see Registrar for list) Please provide court documentation.
- Student **HAS NOT [EVER]** been adjudicated guilty of the commission of any felony act as defined in Georgia Code Section 15-11-63 (see Registrar for list).

Failure to provide accurate information could result in ineligibility for enrollment and/or withdrawal from school based on the nature of the student's previous disciplinary history. Student disciplinary or documentation that none exist MUST be provided at the time of registration.

Section 5: Parent/Guardian Certifications

PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

_____ I am authorized to register this student, and understand that in compliance with OCGA 20-2-780 that having registered the student, I am the only person who can withdraw the student, unless a court order applies.

_____ The address listed on this form is the physical location where the student actually resides.

_____ I have provided the student's Georgia Certificate of Immunization (Form 3231) **OR** agree to provide Form 3231 within the time specified on the Registration Checklist or as instructed by the individual school.

_____ This student is NOT currently on SUSPENSION or EXPULSION status from another school.

_____ I understand that this student's registration is contingent, pending receipt of all educational and disciplinary records from any prior schools attended.

_____ I understand that if this student is being provisionally registered without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, teacher assignment, type of instructional setting, and any other changes that the school administration deems necessary.

Section 6: Parent/Guardian Signature

My relationship to the student is:

- Parent Legal guardian (documentation required) Person having lawful Court Order (copy required) Other: _____

I swear/affirm, under penalty of law, that the information given on this registration form is correct, and that I will notify the school of any change in RESIDENCY status and/or contact information within 10 days of the change.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____