



Student Registration Form

**Student Information**

(Complete a Student Information Sheet for each Student who will attend a Hall County School)

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name
Student Called Name or Nick Name		

Student Date of Birth	Student Birth Certificate Number
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Gender: (check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level: _____	Age: _____	Social Security #: _____ - _____ - _____
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Are you Hispanic/Latino?    Yes    No (If No, please check all Ethnicities that apply.)

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

**Place of Birth Information:**

Country of Birth	City of Birth	County of Birth	State of Birth
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Date First Entered USA School	Date Entered This School	Date Entered Ninth Grade (High Schools Only)
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First Language Learned	Language Spoken Most Often	Language Spoken at Home
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Attended Pre-K Program (check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes is checked, check one of the following: <input type="checkbox"/> GA Pre-K <input type="checkbox"/> Head Start Pre-K <input type="checkbox"/> Private Pre-K <input type="checkbox"/> Other
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Will this student ride a school bus?    Yes    No

Emergency Contact (other than Parent)	Emergency Contact Phone	Relationship to Student of Emergency Contact
	(   )	
	(   )	
	(   )	

Doctor's Name:	Phone #:
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List any health condition of which the school should be aware:

Comments by Parent/Guardian:

Do you live in the Hall County School System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live in the Attendance area in which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Last School Attended:	In what state? If "yes", when?	Year(s) attended: If "yes", what area?
Has student received 504 Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Has the student attended a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when?	If "yes", what area of Special Education?
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**Health Care Release**

In the event of any emergency or accident involving this student and the parent/guardian can not be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 \*\*\*\*IMPORTANT\*\*\*\* Parent/Guardian: I swear/affirm, under penalty of law, that the information given on this registration form is correct, that the above address is the primary resident where my child and I live, and that I will notify the school of any change in residency status within 30 days of the change.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Primary Household Information

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #
City		State
		Zip
Home Phone Number (with Area Code)		___ Listed Number
		___ Unlisted Number

## Mailing Address Information (If different than Resident Address)

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	Post Office Box
City		State	Zip

## Head of Household (These Guardians are the ones with whom the students live primarily)

Male Guardian Last Name	Male Guardian First Name	Male Guardian Middle Name
Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Email
Relationship to Student		
Occupation	Employer	
Last Grade Completed (circle one) Grade: 1 2 3 4 5 6 7 8 9 10 11 12 or College		Level of English Proficiency: (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Is this Person a Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to Portal (Portal is the online program to view information on each student, such as grades, attendance, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No

Female Guardian Last Name	Female Guardian First Name	Female Guardian Middle Name
Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Email
Relationship to Student		
Occupation	Employer	
Last Grade Completed (circle one) Grade: 1 2 3 4 5 6 7 8 9 10 11 12 or College		Level of English Proficiency: (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

Is this Person a Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to Portal (Portal is the online program to view information on each student, such as grades, attendance, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital Status of Parent: (check one) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (please Specify) _____
Legal Custody of Child: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please Specify) _____
Child Lives With: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please Specify) _____

## Primary Household Messenger Preferences

Messenger Preferences:				
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish				
	High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Household Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please make sure to complete all pages of the Registration Form**

## Students who will be living in the household and attending Hall County Schools:

Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student
Last Name	First Name	Birth Date	Gender	School	Relationship to Student

### Secondary Household

#### (Shared parenting Responsibility – Second Mailing Information and Other Guardian Information)

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	Post Office Box
City		State	Zip
Home Phone Number (with Area Code)		___ Listed Number	___ Unlisted Number

Other Male Guardian Last Name	Other Male Guardian First Name	Other Male Guardian Middle Name
Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Email

Relationship to Student
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Occupation	Employer
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Last Grade Completed (circle one) Grade: 1 2 3 4 5 6 7 8 9 10 11 12 or College	Level of English Proficiency: (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
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Is this Person a Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to Portal (Portal is the online program to view information on each student, such as grades, attendance, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No

Other Female Guardian Last Name	Other Female Guardian First Name	Other Female Guardian Middle Name
Cell Phone (Include Area Code)	Work Phone (Include Area Code)	Email

Relationship to Student
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Occupation	Employer
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Last Grade Completed (circle one) Grade: 1 2 3 4 5 6 7 8 9 10 11 12 or College	Level of English Proficiency: (check one) <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
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Is this Person a Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person Receive School Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Should this Person have access to Portal (Portal is the online program to view information on each student, such as grades, attendance, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No

### Secondary Household Messenger Preferences

Messenger Preferences:				
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish				
	High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Household Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please make sure to complete all pages of the Registration Form**