



Student Registration Form

You may print this form and complete by hand, or you may type into the form and then PRINT and bring to the school. This is **not** an online registration form and **all forms must be printed and brought to the school**. For Online Registration, please click the link on the Student Registration Website.

Student Information

Student's Legal Name: _____

Physical Address: _____ (Last) _____ (First) _____ (Middle) _____ (Preferred)
 Apt #: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____ SSN: _____ Gender: Male Female

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves? Yes No

Race/Ethnicity Information

Is this student of Hispanic/Latino ethnicity: Yes No

Race (Check all that apply. Must check at least one Option):

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

Place of Birth Information

Country of Birth: _____ State of Birth: _____

City of Birth: _____ County of Birth: _____

Home Language Information

1) Which language does your child most frequently speak at home? _____

2) Which language do adults in your home most frequently use when speaking with your child? _____

3) Which languages does your child currently understand or speak? _____

A. If possible, would you prefer notice of school activities in a language other than English? Yes No

If yes, which language? _____

Pre-K Information

Did student attend Pre-K? Yes No

If Yes, please choose the type of Pre-K program attended:

GA Pre-K Head Start Pre-K Private Pre-K Other: _____

Enrollment History

Previous School 1: _____

School Name	City/State	Dates Attended

If student is in high school, what date did he/she enter 9th grade for the first time? _____

Special Programs

Please complete the chart below if student CURRENTLY or PREVIOUSLY participated in:

Check, if applicable		Dates of Service	Program of Service
Student Currently Participates	Student Previously Participated		
			Special Education (Primary Disability: _____)
			Speech
			English Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program (EIP) / Remedial Services
			Student Support Team / 504
			Other: _____

Emergency Contact Information

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

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Medical/Emergency Information

Physician Name: _____ Phone Number: _____

List any health conditions or serious allergies that the school should be aware of:

Health Care Release

In the event of any emergency or accident involving this student and the parent/guardian cannot 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: _____

Transportation Information

Morning Transportation: Car Bus Afternoon Transportation: Car Bus

If student is an afternoon car rider, who will pick the student up? _____

Residency Information

- 1) Do you live in the Hall County School System district? Yes No
- 2) Do you live in the school attendance area in which you are applying? Yes No

Please check here if any of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- ⇒ With another family or other person due to the loss of housing or as a result of an economic hardship (i.e. foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- ⇒ Emergency shelter, group home, transitional shelter or housing
- ⇒ Hotel, motel, camp ground or RV park
- ⇒ With an adult who is not a parent/guardian, or alone without an adult
- ⇒ Car, park, public places, abandoned building, street, or any other inadequate living space

Immigrant Information (Only complete this section if the student was born outside the U.S. or Puerto Rico)

Date First Entered U.S.: _____ Date First Entered U.S. School (K-12): _____

If Country of Birth is outside the U.S., has student been enrolled in U.S. schools for less than 36 cumulative months? Yes No

Has student attended school (s) outside the U.S. (Other than DOD schools) since first time entering a U.S. School? Yes No

Parent/Guardian Certifications

Please read and initial the following:

_____ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled 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 and I will notify school within five days of moving.

_____ I have provided the student's Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Wavier form.

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

_____ I agree upon request by the school to present such additional proof of residency (such as electric bill, city water, etc.) as shall be reasonably required. I acknowledge that the Hall County Board of Education in its operation of the Hall County School System has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona-fide resident of Hall County. I also acknowledge that if the proof of residency furnished to the Board or as contained in this certificate is not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal.

_____ I understand that if this student is being provisionally enrolled 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, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.

_____ In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

Signatures

My relationship to the student is:

- Parent
- Student (18 Years of Age or Older)
- Grandparent
- Legal Guardian
- Person having lawful Court Order
- Other

} **Please provide court documents establishing guardianship.

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 5 days of the change

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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Family Registration Form

Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Primary Telephone Number: _____

Primary Household Parent/Guardian 1

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____

Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College

Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No

Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Primary Household Parent/Guardian 2

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____

Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College

Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No

Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Messenger Preferences For Primary Household

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish		High Priority Messages	Attendance 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"/>
Text Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Marital Status of Parent (Check One):
 Married Divorced Widowed Other: _____

Legal Custody of Child (Check One):
 Both Parents Mother Father Other: _____

Child Lives With (Check One):
 Both Parents Mother Father Other: _____

Student Information For Primary Household

Please provide the names of **all students** residing in the Primary household, along with date of birth and the relationship to each Parent/Guardian (i.e. son, daughter, step-son, step-daughter, granddaughter, grandson, etc.)

First Name	Middle Name	Last Name	Date of Birth	School	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2

Signatures

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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Family Registration Form

Secondary Household (Shared Parenting Responsibility - Applies to Parent/Guardian not living at residence with students)

Mailing Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Primary Telephone Number: _____

Secondary Household Parent/Guardian 1

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____

Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College

Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No

Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Secondary Household Parent/Guardian 2

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____

Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College

Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No

Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Messenger Preferences For Secondary Household

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish		High Priority Messages	Attendance 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"/>
Text Messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Marital Status of Parent (Check One):
 Married Divorced Widowed Other: _____

Legal Custody of Child (Check One):
 Both Parents Mother Father Other: _____

Child Lives With (Check One):
 Both Parents Mother Father Other: _____

Student Information Secondary Household

Please provide the names of **all students** residing in the Secondary household, along with date of birth and the relationship to each Parent/Guardian (i.e. son, daughter, step-son, step-daughter, granddaughter, grandson, etc.)

First Name	Middle Name	Last Name	Date of Birth	School	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

Signatures

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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