

**Student Registration Form**

(Please Print)

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

**OFFICE USE ONLY**

School \_\_\_\_\_  
 Date Registered \_\_\_\_\_ Grade \_\_\_\_\_  
 Student ID \_\_\_\_\_  
 GTID # \_\_\_\_\_

**SECTION 1: Student Information**

Student's Legal Name: \_\_\_\_\_ Sex:  M  F  
 (Last) (First) (Middle) (Preferred)  
 SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Voluntary)  
 Street Address \_\_\_\_\_ P.O. Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Student email address: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
 Previous School Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Pre-K program information:  GA Pre-K  Headstart  Publicly Sponsored (incl. Title I)  Private Non-Profit  
 Other Public School  Private for Profit  Did not attend a Pre-K program  
 School/Daycare attended \_\_\_\_\_ Date Entered 9th Grade \_\_\_\_\_ Immigrant Status Y N  
 If born outside US, date entered US School \_\_\_\_\_ Previous GA Public School? Y N PSD? Y N

**SECTION 2: Language Survey**

Primary language student uses as home \_\_\_\_\_ Language student uses most often \_\_\_\_\_  
 Does parent/guardian speak/read English?  Yes  No

**SECTION 3: Ethnicity / Race**

Is this student of Hispanic / Latino ethnicity?  Yes  No  
 \*Race (Check all that apply): \*Must check AT LEAST one option.  
 American Indian or Alaska Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander  White

**SECTION 4: 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 may be required.)  
 Student lives with . . .  
 Both Parents  Father  Mother  Grandparents(s)  Guardian(s)  Foster Parent(s)  
 Alone  Other Relative(s)  Other, please explain: \_\_\_\_\_

**SECTION 5: Medical Information (This information is confidential)**

List any medical conditions of the student \_\_\_\_\_  
 Does this student have any life-threatening food or insect allergies? \_\_\_\_\_  
 Does this student have any dietary restrictions? \_\_\_\_\_  
 Does this student have any other allergies? \_\_\_\_\_  
 Medications taken by student:  
 At home: \_\_\_\_\_ At school: \_\_\_\_\_

**NOTE:** To administer medication at school, the parent/guardian must complete the 'Medication Request' form. Student may not transport medication to or from school. For more information, please contact the school nurse.

**SECTION 6: Educational Programs (READ ENTIRE SECTION CAREFULLY BEFORE COMPLETING)**

**Please initial by one of the following : DO NOT CIRCLE OR UNDERLINE ANY PROGRAM**

\_\_\_\_\_ Initial here if student is **CURRENTLY** participating in any program listed below

\_\_\_\_\_ Initial here if student **PREVIOUSLY** participated in any program listed below

\_\_\_\_\_ Initial here if student **HAS NEVER** participated in any program listed below

**DO NOT CIRCLE OR UNDERLINE ANY PROGRAM**

Special Education, Speech, ESOL, Gifted, EIP, SST, RTI, 504, Remedial, Title 1, etc

**SECTION 7: 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ This student is NOT currently on suspension or expulsion status from another school.

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

\_\_\_\_\_ I understand that if this student is being provisionally enrolled in \_\_\_\_\_ grade 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 the event that I cannot be reached, I hereby give my permission for a school representative to make whatever emergency arrangements are necessary. I will assume financial responsibility for all charges to the above. I understand in the event of an extreme emergency, the closest doctor or medical facility will be utilized.

\_\_\_\_\_ The Polk School District Student & Parent Handbook for the current school year is available at [www.polk.k12.ga.us](http://www.polk.k12.ga.us). I understand that it is my responsibility to review this handbook with my student, including the code of conduct, attendance policy, and student dress code. After reviewing, I understand that I am required to return the Student / Parent Acknowledgement Form located in the handbook to the school.

**SECTION 8: Parent / Guardian Signature**

*My relationship to the student is:*

Biological Parent (Step-parents are not allowed to complete the registration process without additional documents)

Legal Guardian (documentation needed)

Other (Non-Parental Affidavit required)

Person having lawful Court Order (copy required)

Self / Student (must be 18 years or older)

*I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.*

Printed Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\*\*Parent Primary Phone Number \_\_\_\_\_

**\*\*Primary number will be used as main point of contact.**