



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 :

_____ Initial here and circle 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

Please circle all that apply:

Special Education Speech ESOL EIP SST RTI 504 Gifted

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. 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.**