(Office Use Only)
Homeroom Teacher: _____
Grade _____ Pupil # _____
Enrollment Date _____Enrollment Code _____

Person County Schools Student Registration Form

STUDENT DATA **- Current Grade** _____

Legal Last Name _____
_____

Legal First Name _____
_____

Preferred First Name _____
_____

Middle Name _____
_____

Birth Date _____ **Gender** _____ (M/F) (Y/N)

Home Phone # _____ **unlisted** (Y/N)

Proof of Residence Provided _____(Y/N)

PROPERTY ADDRESS

Street # & Name

Apt /Lot# _____ **PO Box**

City

State _____ **Zip Code**

MAILING ADDRESS - Same as Property Address __ (Y/N)

Street # & Name _____

Apt/Lot # _____ **PO Box** _____

City _____ **State** _____ **Zip Code** _____

ETHNICITY (Please check one) ____Hispanic ____Non-Hispanic

RACE (Please check all that apply)

_____Black ___White _____American Indian

_____Asian _____Hawaiian/Pacific Islander

PREVIOUS SCHOOL / DISTRICT

District _____
_____Y/N

Previous School _____

Address _____

Telephone Number _____

Is this student eligible to return to their previous school?

Has this student been (check all that apply):

_____ **Long term suspended**

_____ **expelled**

_____ **assigned to an alternate school**

Does this student have a probation officer or other court-assigned officer? (Y/N)_____

MISCELLANEOUS STUDENT INFORMATION

Please indicate below who has custody of this child and who this child lives with.

Custody _____ **Living With** _____

Place of Birth _____ **Length of time in U.S.** _____

Revised 7/2014

Citizen of _____ **Language Most Used** _____

Student's Language _____ **Home language survey completed** _____ (Y/N)

Language used at Home _____ **Computer Acceptable Use Policy** _____ (Y/N)

Mother Deceased (Date) _____ **Father Deceased (Date)** _____

PARENT / GUARDIAN INFORMATION

1. Parent /Guardian

First Name_____ **Last Name**_____ **Lives with Student**_____(Y/N)

Language used at Home _____ **Correspondence Language**_____

Speaks English_____(Y/N) **Copy of Correspondence Needed** _____(Y/N)

Willing to Volunteer_____(Y/N)

Work / Employment _____ **Military Employee** _____(Y/N)

Occupation _____

Work Phone #_____ **Ext.** _____ **Home Phone #** _____ **Unlisted** _____(Y/N)

Cell Phone # _____ **Pager #**_____

Email Address _____ **Emergency Contact** _____(Y/N)

Fill out this information if different from student: **Same Address as Student**_____(Y/N)

Street # & Name _____ Apt. #_____ PO Box _____

City _____ State _____ Zip Code _____

2. Parent/Guardian

First Name_____ **Last Name**_____ **Lives with Student**_____(Y/N)

Language used at Home _____ **Correspondence Language**_____

Speaks English_____(Y/N) **Copy of Correspondence Needed** _____(Y/N)

Willing to Volunteer_____(Y/N)

Work / Employment _____ **Military Employee** _____(Y/N)

Occupation _____

Work Phone #_____ **Ext.** _____ **Home Phone #** _____ **Unlisted** _____(Y/N)

Cell Phone # _____ **Pager #**_____

Email Address _____ **Emergency Contact** _____(Y/N)

Fill out this information if different from student: **Same Address as Student**_____(Y/N)

Street # & Name _____ Apt. #_____ PO Box _____

City _____ State _____ Zip Code _____

Is your current address a temporary living arrangement? ___yes ___no **If yes, continue:**

Is this temporary living arrangement due to loss of housing or economic hardship? ___ yes ___ no

Where is the student presently living?

____In a hotel/motel

____In a shelter

____Doubled up household (sharing a house with others due to economic hardship, fire, or other similar reason)

____Currently do not have housing and are living in a car, abandoned building, or other similar setting.

MEDICAL Information

Doctor's Name _____ **Phone #**
_____

Dentist's Name _____ **Phone #**
_____

Preferred Hospital
_____

In case of an emergency, I give school personnel or EMS personnel permission to transport my child to the nearest

medical facility. (Y/N) _____

Does your child have any allergies? (Y/N) If yes, what are they and how are they controlled?

_____
__

Does your child have any medical history that would prevent him / her from taking physical education?

(Y /N) If yes, what is it?
_____

List any illnesses that are life threatening
_____

Additional Health Factors
_____

ALTERNATE ADDRESSES (For Transportation)

Street #	**Street Name**	**City**	**Contact Name / Relationship**	**Contact Phone #**
_____	_____	_____	_____	_____

Is your child a bus rider? _____ (Y / N) **Bus #**_____AM **Bus #**_____PM

Revised 7/2014

Is your child a car rider? _____ (Y / N) _____AM _____PM

Is your child enrolled in the Person County School's daycare program? _____(Y/N) _____AM _____PM

Is your child a van rider participating in an off-site after school childcare program? _____(Y / N)

Does your child walk to and from school? _____ (Y / N) _____AM _____PM

In the event of <u>Emergency Closure</u> my child will be a:

Bus Rider _____(Y/N) **Bus #** _____ **Car Rider** _____ (Y/N)

<u>EMERGENCY CONTACT – Other than Parent/Guardian listed above</u>

1. **Last Name** _____

First Name _____

Relationship _____

Can Pick up Child _____Y/N

Phone # _____

Cell # _____

Last Name _____

First Name _____

Relationship _____

Can Pick up Child _____Y/N

Phone # _____

Cell # _____

3. **Last Name** _____

First Name _____

Relationship _____

Can Pick up Child _____Y/N

Phone # _____

Cell # _____

Last Name _____

First Name _____

Relationship _____

Can Pick up Child _____Y/N

Phone # _____

Cell # _____

<u>SIBLING INFORMATION</u>

	1.	2.	3.	4.
Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____

Gender _____ (M / F) _____ (M / F) _____ (M / F) _____ (M / F)

How many family members reside in the child's home? _____

ADDITIONAL INFORMATION

Other than the parents and emergency contacts, who else is authorized to pick up your child?

1. **Relationship** _____
   Last Name _____
   First Name _____

2. **Relationship** _____
   Last Name _____
   First Name _____

3. **Relationship** _____
   Last Name _____
   First Name _____

4. **Relationship** _____
   Last Name _____
   First Name _____

Has your child ever been enrolled in a preschool or child care? (Y/N) _____

If yes, where

_____

Has your child ever had an IEP or received Exceptional Children Services? (Y/N) _____

If yes, where

_____

Has your child ever received Academically Gifted Services? (Y/N) _____

If yes, where

_____

Has your child ever been enrolled in Person County Schools? (Y/N) _____

If yes, where

_____

Does your religious affiliation limit your child from any school activities? (Y/N) _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____