



# Jefferson City Schools

## Student Registration Form (Please Print)

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

**OFFICE USE ONLY:**

Birth Certificate  
 Social Security Card/Waiver

**DOCUMENTS RECEIVED**

GA Immunization  
 GA H/V/D Form

Legal Documentation  
 Proof of Residency (In City Limits)  
 Out of District Application

### SECTION 1: Student Information

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name Called: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (Country): \_\_\_\_\_

SSN: \_\_\_\_\_

Race (must select at least one):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Is the student of Hispanic / Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### SECTION 2: Primary Household Information

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Is this address in city limits? Yes No**

Mailing Address (if different from physical address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Name of Parents/Guardians living in the household:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this child have a parent/guardian in active duty in US Armed Forces? Yes No

**Who has Legal Custody?**

- Both Parents
- Father
- Mother
- Other: \_\_\_\_\_

**Student Lives With....**

- Both Parents
- Father
- Mother
- Other: \_\_\_\_\_

**Siblings attending Jefferson City Schools:**

- |            |             |
|------------|-------------|
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |
| Name _____ | Grade _____ |

Do you have court documents pertaining to this child? \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**SECTION 3 : Secondary Household Information**

**Name of Parents/Guardians NOT living in the primary household:**  
Only list Parents/Guardians that are authorized to have contact with the student.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**SECTION 4 : Emergency Contact Information**

Emergency Contact: In the event that parents are unable to be contacted,  
please list other people who are allowed to be contacted and/or pickup your child.

1) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

4) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

<p>List any additional people who are authorized to pickup your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your child will not be released to anyone not on the pickup list; however, please list anyone who may try to pickup your child that you have <b>NOT</b> authorized to do so:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**SECTION 5: Home Language Survey**

Which language does your child best understand and speak? \_\_\_\_\_  
Which language does your child most frequently speak at home? \_\_\_\_\_  
Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_  
In which language would you prefer to receive all school information? \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

### SECTION 6: Medical Information

List any illnesses, allergies, or health concerns the school should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any prescribed medications routinely? List \_\_\_\_\_

Is Medication required during school hours? Yes No **If yes, complete the authorization form from the school nurse.**

Child's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

School clinic personnel have my permission to contact my child's physician for further medical information. I also give permission for the school clinic personnel to perform screenings and/or rescreens throughout the year as needed (hearing, vision, dental, and scoliosis) as well as participate in the growth and development presentation. The above screenings are required by law, unless I otherwise request an exemption in writing to my child's school clinic personnel. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, \_\_\_\_\_.

(student's name)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian is responsible for bringing meds such as Inhalers, Epi-pens, Benadryl, etc. to treat asthma, allergic reactions, or other medical conditions, etc. to the school. The school does NOT keep any medications in stock for students.**

### SECTION 7 : Previous School Information

Last School Attended: \_\_\_\_\_ Grade \_\_\_\_\_

Is your child currently on suspension or expulsion from another school or school system? Yes No

Is your child presently assigned to or scheduled to attend an alternative school or program? Yes No

Has your child ever been retained? Yes or No If yes, what grade? \_\_\_\_\_

Has your child attended pre-school? Yes or No

If yes, check one of the following: \_\_\_\_\_ Title 1 \_\_\_\_\_ Head Start \_\_\_\_\_ GA Lottery Funded PK \_\_\_\_\_ Private PK

List other schools your child has attended: \_\_\_\_\_

\_\_\_\_\_

Has your child ever received any of the following services? If yes, check all that apply.

\_\_\_\_ Special Education\*    \_\_\_\_ Speech\*    \_\_\_\_ OT/PT\*    \_\_\_\_ EIP Reading/Math    \_\_\_\_ ESOL/ELL    \_\_\_\_ Remedial  
\_\_\_\_ Gifted                    \_\_\_\_ SST                    \_\_\_\_ 504                    \_\_\_\_ Title 1                    \_\_\_\_ POI/RTI

\*If student receives special education including speech or OT/PT, do you have a copy of a current IEP or IAP? Yes or No

Under *penalty of perjury*, I swear or affirm that the information provided in these registration documents is true and correct and understand it is a crime for any person to knowingly make any false statement or falsify or permit to be falsified any records in an attempt to defraud the school system.

Printed Name of Guardian(s) Enrolling the Student \_\_\_\_\_

Signature of Guardian(s) Enrolling the Student \_\_\_\_\_

Date \_\_\_\_\_