



# PIERCE COUNTY SCHOOLS

## Student Registration Form

(Please Print)

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

*Office Use Only*

Date of Initial Enrollment: \_\_\_\_\_

Date school received form \_\_\_\_\_

### SECTION 1: Student Information

Student's Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Preferred) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Student E-Mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*SSN: \_\_\_\_\_ If not known, may we record the student's SSN if found in the statewide Student Identity system?  Yes  No

\*\*Race (Check all that apply):  American Indian or Alaska Native  
 Black or African American  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 White

*\*\*Must check AT LEAST one option.*

Is this student of Hispanic / Latino ethnicity?  Yes  No

Gender:  Female  Male

### SECTION 2: Medical / Emergency Information

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the student have any medical conditions or serious allergies that the school should be aware of? \_\_\_\_\_

### SECTION 3: Enrollment History

Previous School 1: \_\_\_\_\_  
School Name \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Previous School 2: \_\_\_\_\_  
School Name \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Previous School 3: \_\_\_\_\_  
School Name \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_

If student is in high school, what is the approximate date the student entered 9<sup>th</sup> grade for the first time? \_\_\_\_\_

### SECTION 4: Pre-K Program Attended

Select one:  Did not attend a Pre-K Program  GA Pre-K Lottery (located at a public K-12 school)  Headstart  Private

### SECTION 5: Special Programs

Please check below any programs your student **CURRENTLY** participates in or **PREVIOUSLY** participated in:

<i>Check, if applicable</i>		Date Exited (if applicable)	Program
Student Currently Participates	Student Previously Participated		
			Special Education (Primary Disability: _____)
			Speech
			English for Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program / Remedial Services
			504
			RTI
			Other: _____

### SECTION 6: Immigrant Information (All info required if born outside US)

\*Country of Birth: \_\_\_\_\_ Date First Entered U.S. : \_\_\_\_\_ Date First Entered a 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 into a U.S. school?  Yes  No

### SECTION 7: Transportation Information

Morning Transportation:  Car  Bus Pick up address: \_\_\_\_\_  
Morning Bus Number \_\_\_\_\_

Afternoon Transportation:  Car  Bus Drop off address: \_\_\_\_\_  
Afternoon Bus Number \_\_\_\_\_

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

**SECTION 8: Military Connections**

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves?  
May list more than one.  Yes  No Name \_\_\_\_\_ Name \_\_\_\_\_  
Status:  Active/Deployed  Active/Not Deployed  Discharged  Inactive  Injured  Killed in action  Retired  Transitioning out of duty  
 Military Reserve Branch \_\_\_\_\_

Active Military Defined: parent or guardian meets one of the following criteria at any point during the school year: 1-Is an active duty member of the uniformed services, including members of the National Guard and Reserve on active duty. 2-Is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement?. 3-Is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.

Active duty indicates full-time duty status in the active uniformed service of the United States, including members of the National Guard or Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211. "Uniformed services" includes the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Commissioned Corps and the National Oceanic and Atmospheric Administration Commissioned Officer Corps.

Military Reserve Defined: parent or guardian who is a member of the military reserves (U.S. Armed Forces, National Guard or Reserve)

**SECTION 9: Residency Information**

Please check here if any of the following apply to this student's current living arrangements.

- With another family or other person because of 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

Check here if you are interested in speaking to a Homeless Liaison regarding services and assistance for which you may qualify.

**SECTION 10: 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.

\_\_\_\_\_ 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 Pierce County Board of Education in its operation of the Pierce 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 Pierce County. I also acknowledge that if the proof of residency furnished the Board or as contained in this certificate is not correct, the student will be subject to 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 assignment, 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.

**SECTION 11: Parent / Guardian Signature**

*My relationship to the student is:*

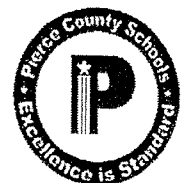
- Parent
- Student (18 Years of Age or Older)
- Grandparent
- Legal Guardian
- Person having lawful Court Order
- Other

} Relationship to Student: \_\_\_\_\_  
\*\*Please provide court documents establishing guardianship.

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

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:





*Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.*

**SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)**

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
City \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_  
(if only cell phones are used, please provide primary number at which you wish to be contacted.)

**Primary Household Parent/Guardian 1:**  
**(Relationship to Student)** \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**Primary Household Parent/Guardian 2:**  
**(Relationship to Student)** \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)**

**Secondary Household Parent/Guardian 1:**  
**(Relationship to Student)** \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**Secondary Household Parent/Guardian 2:**  
**(Relationship to Student)** \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**SECTION 3: Student Information**

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, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

**SECTION 5: Emergency Contacts / Pick-Up List**

The following additional people have permission to pick up my child(ren) from school without further contact from me: *(If registering more than one student and emergency contacts differ, please see Registrar.)*

Full Name:	CONTACT ONE	CONTACT TWO	CONTACT THREE
Phone #s:			
Relationship:			
Name:	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Phone #s:			
Relationship:			

Signature of Person Completing Form: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Notes:

