



PIERCE COUNTY SCHOOLS Student Registration Form

(Please Print)

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

SECTION 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred)

Street Address: _____ 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

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves? Yes No

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 9th grade for the first time? _____

SECTION 4: Pre-K Program Attended

Please choose 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 to Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program / Remedial Services
			504
			RTI
			Other:

SECTION 6: 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 7: 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 8: Immigrant Information

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 9: 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 10: 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:

