



EFFINGHAM COUNTY SCHOOLS

Student Registration Form

Please Print

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

Note to parents:

Please understand that the proximity of an address to a particular school does not guarantee enrollment at that location. District lines are used to determine a student's zoned school. Please ask your registrar if you have questions about your zoned school.

SECTION 1: Student Information

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

Physical 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

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
- Other Public School
- GA Pre-K Lottery (located at private Pre-K center)
- Private-For profit
- Other Publically Sponsored (including Title I)
- Private-Not for profit (including church-based programs)

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 <i>(if applicable)</i>	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
			Student Support Team / 504
			Other: _____

SECTION 6: Residency Information

____ Please check here if any of the following apply to this student’s current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- 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

SECTION 7: Home Language

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

1. Which language does your child best understand and speak? _____
2. Which language does your child most frequently speak at home? _____
3. Which language do adults in your home most frequently use when speaking with your child? _____
4. Does Parent/Guardian read English? Yes No

SECTION 8: Immigrant Information ONLY

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 understand that this student’s enrollment is contingent upon receipt of all disciplinary records from any prior schools attended.
- ____ 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 Effingham County Board of Education in its operation of the Effingham 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 Effingham 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 and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of 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 included, 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 case of an accident or serious illness, I give permission for the school to make the necessary emergency arrangements.

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: _____