

Date \_\_\_\_\_

School \_\_\_\_\_

**CLARKE COUNTY SCHOOL DISTRICT  
STUDENT REGISTRATION FORM  
2014-2015**

**Student:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender  Male  Female

Grade \_\_\_\_\_

Ethnicity/Race- Circle One ASIAN BLACK HISPANIC AM.INDIAN MULTI WHITE PACIFIC ISLANDER

Physical (911)Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from Physical) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security #(voluntary) \_\_\_\_\_

Bus # \_\_\_\_\_ Car Rider # (if applicable) \_\_\_\_\_ Home Telephone# \_\_\_\_\_

**Parent/Guardian: (Please provide copy of court order if applicable)**

Name(s) of Person(s) With whom Student is Living \_\_\_\_\_

Living with:  Both Parents  Mother Only  Father Only  Grandmother  Grandfather Other (Specify): \_\_\_\_\_

Mother/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Physical (911)Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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

Father/Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Physical (911)Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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

**Emergency:** List local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she become ill or injured and you cannot be reached. **We attempt to contact parents first.**

First Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Second Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Third Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Medical Alert (Any medical problems, current medication, allergies, special diet, etc...) \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

**School History:** (if applicable)

Previous School \_\_\_\_\_ School Address \_\_\_\_\_

School's Telephone # \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Grade Enrolled \_\_\_\_\_

School's Fax # \_\_\_\_\_

Was the student receiving special services such as; Gifted, Speech, LD, Academic/Remediation, etc?  Yes  No

If yes, please explain: \_\_\_\_\_

Does the student have a current IEP?  Yes  No If yes circle grade(s) K 1 2 3 4 5 6 7 8 9 10 11 12

**OFFICE USE ONLY:** (Student Enrollment after initial start of school)

Date Enrolled \_\_\_\_\_

Copy Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blue Slip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of SS card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Assessment Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**THE FOLLOWING PERSONS HAVE MY PERMISSION TO CHECK MY CHILD OUT OF SCHOOL: (please send a note with your child)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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Please list ALL brothers and sisters that attend school in this district. If address is the same as the enrolling student please write **SAME** on the address line below.

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_  
Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**\*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1.02(2)(b)92). It will be used as a means of identification in the statewide student management system.**