

Claiborne County Public Schools
STUDENT REGISTRATION FORM

FOR SCHOOL USE ONLY

District _____	School Year _____	School Number _____	Grade Level _____
District Student Number _____	Entry Information - _____	E Code _____	E Date _____
Verification of: Check all applicable boxes and state type of verification given.			School Name _____
<input type="radio"/> Birth	<input type="radio"/> Address	<input type="radio"/> Physical Exam	<input type="radio"/> Immunization
			Complete () Incomplete ()
<u>Assignment:</u> _____		<u>Transportation:</u> _____	
Homeroom/ Teacher _____	Special Needs _____	Bus/Car _____	Bus Number _____

Student Information

Last Name	Middle	First Name	Student SSN#		Cell Phone
Residential Address	Apt #	City	State	Zip Code	Home Phone
Mailing Address	Apt#	City	State	Zip Code	Home Phone
<u>Race</u> Circle One	<u>Gender</u> Circle One	<u>Birth Date</u> Month/Day/Year	<u>Birth Place</u> City/State/Country	<u>Do you live in?</u> Circle One	<u>Resident Status</u> Circle One
Asian Black White Hispanic Indian Multiracial Hawaiian/Pac Islander	Male Female			Shelter Motel/Hotel Trailer Park Campground Foster Care Home with relatives or friends.	Own Renting Buying Homeless Migrant

ADDITIONAL STUDENT INFORMATION

<u>PLEASE ANSWER THE FOLLOWING QUESTIONS.</u>	Check applicable box below.
Has the student ever been enrolled in a Mississippi Public School? If yes, when?	
Do you authorize health screening for your students?	Yes { } No { }
Do you authorize emergency medical treatment?	Yes { } No { }
Does the student have an unusual /chronic health condition?	Yes { } No { }
Is student presently under suspension/expulsion from another school or school system?	Yes { } No { }
Has student ever been arrested, charged or under a Juvenile System actions?	Yes { } No { }

Last Name	First	Middle	Employer	Business Phone
Residential Address	Home Phone	Cell Phone	Primary email address	Secondary e-mail address
Parent/Guardian (Circle One) P-Parent G-Legal Guardian O-Other C-Court Appointed Advocate Does this person have authority to pickup student? Yes No	RELATION (Circle One) F-Father A-Aunt C-Cousin M-Mother U-Uncle V-Stepfather L-Legal Guardian B-Brother W-Stepmother G-Grandmother S-Sister GF-Grandfather Other(specify) _____ Does this person have legal custody of student? Yes No			
Last Name	First	Middle	Employer	Business Phone
Residential Address	Home Phone	Cell Phone	E-Mail-address day	E-Mail-address evening
Parent/Guardian (Circle One) P-Parent G-Legal Guardian O-Other C-Court Appointed Advocate Does this person have authority to pickup student? Yes No	RELATION (Circle One) F-Father A-Aunt C-Cousin M-Mother U-Uncle V-Stepfather L-Legal Guardian B-Brother W-Stepmother G-Grandmother S-Sister GF-Grandfather Other(specify) _____ Does this person have legal custody of student? Yes No			
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This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inaccurate information may result in delayed entry.

Signature of Parent/Guardian _____ **Date** _____

Information taken by: _____ **Date** _____