

# Grainger High School Student Registration and Information Form

## Student Information – Use the student’s legal name as it appears on the birth certificate.

Legal First Name		Legal Middle Name		Legal Last Name		Suffix (Jr. II, etc.)	
Grade	Gender (Circle Appropriate) M                      F	Birthdate (MM/DD/YYYY) ____/____/____		Social Security Number: ____-____-____			
Current Residence Street Address			City		State	Zip Code	
Student Phone #: _____		Mailing Address (IF DIFFERENT from Current Residence Street Address)					
Birthplace (As it appears on the Birth Certificate)		I have lived at the above address since: _____ Month of _____ Year					
City & County of Birth:		Ethnicity		Race – Please check ALL that apply:			
State of Birth:		Is the student Hispanic or Latino?		_____ Asian		_____ African American	
Country of Birth:		<input type="checkbox"/> Yes <input type="checkbox"/> No		_____ American Indian/Alaskan Native			
Mother’s Maiden Name:				_____ Pacific Islander/Hawaiian		_____ White	

## Previous School Enrollment

Last School Attended		Last School Street Address		Last School City	Last School State	Zip Code
Has this student ever attended a Grainger County school before? Yes    No    Year _____	Is this student CURRENTLY suspended or expelled from another school or district? Yes                      No	Has this student been previously retained? Yes    No		Has this student received any of the following services at a previous school? _____ English as a Second Language (ESL or ELL) _____ Special Education Services under an Individualized Education Program (IEP) or a 504 Accommodation Plan		

## Other School Age Children in Home

Legal Name (First, Middle, Last)	Gender M                      F	School Enrolled	Grade
Legal Name (First, Middle, Last)	Gender M                      F	School Enrolled	Grade
Legal Name (First, Middle, Last)	Gender M                      F	School Enrolled	Grade

## ELL/ESL Information

What is the first language she/he learned?	What language is usually spoken at home?
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## Medical Information

Allergies and/or Medical Problems	Medications Taken Regularly
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## Living Status – Where does your child stay at night? (please check one)

_____ Inadequate housing (no electricity, running water, etc.)	_____ In a motel	_____ Other Housing (please explain):
_____ With a relative or friend	_____ In an automobile	_____
_____ Home/apartment owned or rented by the parent(s)/guardian(s)	_____ In a shelter	_____ A campsite

## Parent/Guardian Information

Legal Last Name of Parent/Guardian 1	Legal Last Name of Parent/Guardian 2
Legal First Name of Parent/Guardian 1	Legal First Name of Parent/Guardian 2
<b>Parent/Guardian 1 Relationship to Student</b> Father    Mother    Step-Father    Step-Mother    Foster Father Foster Mother    Guardian    Grandfather    Grandmother Aunt                  Uncle                  Sister                  Brother	<b>Parent/Guardian 2 Relationship to Student</b> Father    Mother    Step-Father    Step-Mother    Foster Father Foster Mother    Guardian    Grandfather    Grandmother Aunt                  Uncle                  Sister                  Brother
Current Address of Parent/Guardian 1    IF DIFFERENT from Student's Residence Street Address  City                                  State                                  Zip	Current Address of Parent/Guardian 2    IF DIFFERENT from Student's Residence Street Address  City                                  State                                  Zip
<b>Phone Numbers/ Email Address of Parent/Guardian 1</b> Home Telephone    (    ) Work Telephone    (    ) Alternate Telephone (    ) Email Address	<b>Phone Numbers/ Email Address of Parent/Guardian 2</b> Home Telephone    (    ) Work Telephone    (    ) Alternate Telephone (    ) Email Address
Employer of Parent/Guardian 1	Employer of Parent/Guardian 2
<b>Child Lives with Parent Guardian 1</b> Yes                  No	<b>Child Lives with Parent Guardian 2</b> Yes                  No
<b>I have legal custody of this child.</b> (In case of custody disputes, legal documentation must be provided) Yes                  No	<b>I have legal custody of this child.</b> (In case of custody disputes, legal documentation must be provided) Yes                  No

## Emergency Contacts (Other than Parent/Guardian(s) listed above)

Emergency Contact 1 Legal Name (First, Middle, Last)	Emergency Contact 1 Telephone Numbers Home Telephone    (    ) Work Telephone    (    ) Alternate Telephone (    )	Relationship
Emergency Contact 2 Legal Name (First, Middle, Last)	Emergency Contact 2 Telephone Numbers Home Telephone    (    ) Work Telephone    (    ) Alternate Telephone (    )	Relationship

## Transportation Information

AM Bus #	PM Bus #	Miles Transported
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## Please Read and Sign the Following Statement

I understand the above listed child must live with his/her parent(s)/guardian(s) in Grainger County in order to enroll or attend school in Grainger County and that I will be asked to provide proof.	Date ____/____/____	Parent/Guardian Signature X_____
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