

# BAKER COUNTY K-12 SCHOOL

260 Highway 37 SW  
Newton, Georgia 39870  
Phone: (229) 734-5274  
Fax: (229) 734-3071

Dr. Roy Brooks  
Superintendent

Mr. Michael Best  
Principal

## Student Registration Form

### DATE

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### STUDENT INFORMATION:

Student's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GTID: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Brief Directions to House: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ETHNICITY/RACE INFORMATION:

1. EVERYONE must answer the following question. Choose the correct answer. Is your ethnicity Hispanic/Latino/Spanish Origin regardless of race? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. EVERYONE must select ONE OR MORE of the following races regardless of how you answered question one.
  - \_\_\_\_\_ A. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
  - \_\_\_\_\_ B. Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
  - \_\_\_\_\_ C. Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
  - \_\_\_\_\_ D. Black or African American (A person having origins in any of the Black racial groups of Africa)
  - \_\_\_\_\_ E. American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America including Central America), who maintains a tribal affiliation or community attachment.

### LAST SCHOOL ATTENDED INFORMATION:

**BAKER COUNTY K-12 SCHOOL**

260 Highway 37 SW  
Newton, Georgia 39870  
Phone: (229) 734-5274  
Fax: (229) 734-3071

Dr. Roy Brooks  
Superintendent  
Name of School: \_\_\_\_\_

Mr. Michael Best  
Principal

Schools Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S INFORMATION:**

**Father's or Guardian's Name:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Mother's or Guardian's Name:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Natural Parent Status:**  Single  Married  Divorced  Separated  
**Deceased:**  Father  Mother

**Please check the box next to the persons with whom the student lives:**

Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother  Guardian

**SIBLING INFORMATION**

**Brothers and Sisters under 18 still living at home:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School Attending: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Person to contact in case of emergency: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**AUTHORIZED STUDENT PICK UP INFORMATION:**

Person(s) authorized to pick up children from school: \_\_\_\_\_

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## STUDENT'S LANGUAGE INFORMATION:

Student's Home Language:  English  Spanish  Other \_\_\_\_\_

Student's First Language:  English  Spanish  Other \_\_\_\_\_

Student's Language used most often:  English  Spanish  Other \_\_\_\_\_

Student's Father: Speaks English: Yes  No

Writes English: Yes  No

## STUDENT'S MEDICAL INFORMATION:

**Records up to date:** Immunization: Yes  No  to bring  date to bring \_\_\_\_\_

Eye, Ear, Dental Yes  No  to bring  date to bring \_\_\_\_\_

**Is your child subject to allergies?** Yes  No  What Type? \_\_\_\_\_

**Does your child have any physical handicap?** Yes  No

If Yes, please explain: \_\_\_\_\_

**Is your child on any type of medication?** Yes  No

If yes, please give the name and reason of the medication: \_\_\_\_\_

**I agree that the principal or other authorized personnel of Baker County K12 School has my permission to secure emergency medical care for my child:** Yes  No

**Parent's or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_