

Catoosa County Schools Student Registration Form

School Assigned:

GTID #: _____

Bus #AM _____ PM _____

Student Nickname _____

Student Legal Name:

(Last): _____ (First): _____ (Middle): _____ / _____ Jr/Sr/II
(Please enter the name as it appears on the child's birth certificate.)

Street Address: _____
(Street) (City) (State) (Zip code)

Mailing address/ P. O. Box _____
(City) (State) (Zip code)

Home Phone: (____) _____ - _____

Gender: M F Birth date: ____/____/____ Grade: _____ SSN#: _____ - _____ - _____
Month Day Year

Is the student of Hispanic or Latino Ethnicity? Yes ___ No ___

Check all that apply:

Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native White

Country of Birth (if different than USA): _____ Date of first entry into U.S. schools: _____

Primary language spoken at home: _____ Primary language student speaks: _____

Has your child ever been retained? Yes or No If yes, what grade? _____

Name of last school attended: _____ Last location of school: _____

Has your child ever attended a Catoosa County School? Yes or No

If yes, which school and when? _____

Check any special services your child receives: Gifted ESOL Speech Special Education EIP 504

I give permission for the *Vision and Hearing Tests to be conducted by the school nursing staff. YES NO

* This does not include the State of Georgia mandated annual Hearing and Vision screening.

Parent/Guardian Information:

With whom does the student live? Check all that Apply Birth Mother Birth Father Other: _____

*If custody applies do you have documentation of current guardianship? Yes No Not Applicable

Father, Step-Father, or Legal Male Guardian

Mother, Step-Mother, or Legal Female Guardian

Name: _____

Name: _____

Relationship to student: _____

Relationship to student: _____

Work phone number: _____

Work phone number: _____

Place of employment: _____

Place of employment: _____

Cell phone number: _____

Cell phone number: _____

E-mail Address _____

E-mail Address _____

ACTIVE MILITARY: YES ___ NO ___

ACTIVE MILITARY: YES ___ NO ___

I hereby certify that I am the custodial parent/guardian of the student indicated, now residing in Catoosa County, in the State of Georgia and according to the county zoning guidelines, the _____ (name of school) attendance zone, and I have provided true and accurate proof of my residency. Any person that knowingly falsifies or forges information on any enrollment document may be criminally liable under O.C.G.A. 16-9-1, 16-9-2, and/or 16-10-20. Additional board policies apply and are available upon request.

Parent or Guardian Signature

Date

Emergency contacts and student relationships for:

Student
Name _____

Last

First

Middle

Emergency Contacts (These are considered outside the household)

In the event the school is unable to reach a **parent or guardian**, the following people are contacts for emergencies and have permission to pick up my child from school:

First Name Last Name Relationship to Student Phone Number

First Name Last Name Relationship to Student Phone Number

First Name Last Name Relationship to Student Phone Number

First Name Last Name Relationship to Student Phone Number

Please list the full names of additional *Students* Currently enrolled in Catoosa County Public Schools living at this address:

1. _____
Name Age Birth date Gender School Attending

2. _____
Name Age Birth date Gender School Attending

3. _____
Name Age Birth date Gender School Attending

4. _____
Name Age Birth date Gender School Attending

5. _____
Name Age Birth date Gender School Attending

6. _____
Name Age Birth date Gender School Attending

MEDICAL INFORMATION-HEALTH HISTORY

(To be kept on file with School Nurse)

Student's Legal Name: _____

First MI Last DOB Grade Teacher

Parent/Guardian _____ Home # _____ Cell# _____ Work# _____

Parent/Guardian _____ Home # _____ Cell# _____ Work# _____

Student lives with: Mother ___ Father ___ Stepmother ___ Stepfather ___ Grandmother ___ Grandfather ___ Other _____

EMERGENCY CONTACT/PHONE#: _____

Please check all that apply to your child: (Please give dates if known)

Medical History/Conditions: (please check/*explain) Diabetes ___ Asthma ___ Heart Disease ___ Seizures _____

*Insect/Food Allergies ___ *Vision Aid: ___ *Hearing Aid ___ *Other _____ Allergies (drug, tape, latex, etc) _____

*Special Instructions/Details _____

MEDICATIONS:

Please list any major medication child is currently taking: (includes anti-convulsive, antihistamine, insulin, and tranquilizers): _____

Student's Physician _____ Phone Number _____

Student's Dentist _____ Phone Number _____

Any other information/instruction/legal restrictions that would be significant in the care of your child?

If yes, please explain _____

THIS IS PERMISSION FOR TREATMENT OF MY CHILD BY PHYSICIANS AND/OR HOSPITAL FOR ANY MEDICAL OR SURGICAL EMERGENCY. I UNDERSTAND IT IS MY RESPONSIBILITY AS THE PARENT/GUARDIAN TO NOTIFY THE SCHOOL NURSE/DESIGNEE OF ANY MEDICAL CONDITIONS/MEDICAL TREATMENT NEEDED. I AUTHORIZE MY CHILD'S PHYSICIAN AND HIS/HER STAFF TO RELEASE INFORMATION REGARDING MY CHILD'S HEALTH CONDITION. I UNDERSTAND THAT THIS HEALTH INFORMATION WILL ONLY BE SHARED WITH RELEVANT SCHOOL STAFF.

X _____

Signature of Parent/Guardian completing this information

Date

Insurance Company _____ Policy Number _____

Medicaid Number _____ Peach Care Number _____

Wellcare _____ Amerigroup _____

**Catoosa County Schools
Student Residency Questionnaire**

School: _____ Grade: _____

Student Name: _____ Date of Birth: ____/____/____
First MI Last Month/ Day /Year

Parent or Legal Guardian: _____ Phone: (____) ____-____.

Current Address: _____ Zip code: _____

All other children in this family:

Name	Date of Birth	School (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive. **Eligibility is determined by the district Liaison and must be renewed each school year.**

Do you AND the student live in any of the following?

In a motel or hotel due to: *(check one)*

___ Lack of alternative adequate accommodations, explain: _____

___ A convenient living arrangement

___ Have signed a rental or purchase agreement, and anticipate moving soon

In an emergency or transitional shelter

Sharing housing of another person or family due to *(check one)*:

___ Loss of housing due to economic hardship or a similar reason

Explain: _____

___ Long-term cooperative living arrangement to save money/share expenses

___ Other (please specify): _____

In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

How long have you lived at this location? _____

How much longer do you anticipate living at this location? _____

Presenting a false record or falsifying records is an offense under OCGA 16-10-20.

Parent/Legal Guardian/ Unaccompanied Youth

Date

Schools- Please send a copy to Melissa Holcombe at HMS via Pony or by Fax: (706) 937-9381

