

Greene County Schools
Enrollment Information:

Information/Registration Card
 Revised: 7/11 /2012

Enrolling School: _____ Enrollment Date: _____ Homeroom (if known): _____ Grade: _____

Last Name _____ First Name _____ Middle Name _____ Suffix _____ Name Student Called _____
(Month/Day/Year)

Birth Date: _____ / _____ / _____ Mother's Maiden Name: _____

Social Security # _____ Birth Date _____ Gender _____

Student Place of Birth: _____ City _____ County _____ State _____ Mark (X) one:
 Hispanic Non-Hispanic

Race Category: Mark (X) all that apply: White American Indian or Alaskan Native African American
 Native Hawaiian or Pacific Islander Asian

Mark box (X) for each question if true for this student:
 Multiple Birth? Ward of State? Special Education? Medical Issues? New to School System?

Who has legal custody? _____ Relationship: _____
 Resident School (if not this school): _____ Entry Date: _____

Phone Information: "A" ONE number for school announcements. Mark (X) individuals who may pick-up your child.

Type	A	X	Number	Name	Relationship
Home					
Emergency					
Work					
Work (2)					
Cell					
Cell (2)					
Other					

Address Information:

House # _____ Street _____ City _____ State _____ Zip Code _____
 Mailing Address (list if different than street address) _____

School Information:

AM Bus # _____ PM Bus # _____ Distance from School (miles) _____
 Directions to Home: _____

Early Dismissal Instructions (Mark (X) and complete ONE option):

E.S.P. **MUST** have application on file with ESP.

Ride Bus Bus # _____ Destination: _____

Pick-Up Name of Person Picking-up: _____ Relationship: _____

Other Explain: _____

Special Education Services (Complete if Special Education marked (X) at top):

Last School Attended (if not this school):

_____ School Name _____ Address _____ City _____ State _____ Zip Code _____

Medical Information:

In the case of an emergency, I give permission for school personnel to obtain medical services for my child/children.

Parent Signature: _____ Date: _____
 Child's Physician: _____ Physician Phone: _____
 Physician Address: _____
 Hospital: _____
 Directions if medical treatment is needed: _____
 List **CURRENT** health conditions **DIAGNOSED BY PHYSICIAN** that school personnel need to know. If you would like a written emergency plan to address these conditions, contact a school nurse at 798-2646. (Complete if Medical Issues marked (X) at top.)

Primary Residence (Mark one with "X"):

_____ Parent/guardian home or apartment _____ Automobile _____ Shelter _____ Campsite _____ Motel _____
 _____ House with no electricity or water _____ With relatives or friend _____ Other housing (explain:) _____