

COLUMBIA MIDDLE SCHOOL REGISTRATION FORM – **Sample**

CCBOE STUDENT ID	SCHOOL ENTRY DATE	GTID	MEDICAL ALERT	GRADE 7
STUDENT NAME: Legal Last Name		Legal First Name	Legal Middle Name	Also known as:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country		SOCIAL SECURITY
ETHNIC CODE (Check One) <input type="checkbox"/> 1-Black <input type="checkbox"/> 2-White <input type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-American Indian <input type="checkbox"/> 5-AsianAPacific <input type="checkbox"/> 6-Multi <input type="checkbox"/> 7-Other		PRIMARY LANGUAGE SPOKEN BY CHILD <input type="checkbox"/> English <input type="checkbox"/> Other _____		US CITIZEN: <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF LAST SCHOOL PREVIOUSLY ATTENDED:			SCHOOL DISTRICT PREVIOUSLY ATTENDED:	
<i>If this is an out of district school, please provide mailing address, city, state, zip:</i>				Grade level at previous school:
HAS STUDENT EVER ATTENDED A SCHOOL IN COLUMBIA COUNTY? IF YES, PLEASE PROVIDE THE NAME OF THE SCHOOL ATTENDED: <input type="checkbox"/> Yes <input type="checkbox"/> No				DATE ATTENDED (Month/Year)
Did the student have a different name when previously enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If Yes, please provide the full name the student was previously registered under:</i>		
PLEASE LIST OTHER SIBLINGS ATTENDING COLUMBIA COUNTY SCHOOLS				
Last Name	First Name	School	Grade	

PRIMARY HOUSEHOLD INFORMATION – Parents/guardian of the student <u>where</u> the student resides full time or part time				
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a current copy of the divorce decree or parenting plan must be on file with the school showing who has legal access to the student and their records.)				
PRIMARY HOUSEHOLD (Primary Parent or Guardian 1) Last Name Legal First Name Middle Name		*NOTE: Proof of guardianship/custody is required by Georgia Law		RELATIONSHIP OF PRIMARY GUARDIAN TO STUDENT
Home Phone _____ <input type="checkbox"/> Please check if unlisted		Date of Birth:		<input type="checkbox"/> Father <input type="checkbox"/> Mother
Work _____	Cell _____	Month _____	Day _____	Year _____
Employer: _____				<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather
				<input type="checkbox"/> Guardian <input type="checkbox"/> Agency
				<input type="checkbox"/> Other _____
RESIDENT ADDRESS	Street (Apt. #)	City	State	Zip
SECONDARY PARENT OR GUARDIAN - PRIMARY HOUSEHOLD Last Name Legal First Name Middle Name		Date of Birth:		RELATIONSHIP OF SECONDARY GUARDIAN TO STUDENT
Secondary Guardian Phone Info.		Month _____		<input type="checkbox"/> Father <input type="checkbox"/> Mother
Work _____	Cell _____	Day _____	Year _____	<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother
Employer: _____				<input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather
				<input type="checkbox"/> Guardian <input type="checkbox"/> Agency
				<input type="checkbox"/> Other _____
PRIMARY LANGUAGE SPOKEN BY PARENT/GUARDIAN (other than English)		PARENT/GUARDIAN EMAIL:		
Mother _____	Father _____			
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, legal papers must be on file with the school for enforcement)				
Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ Relationship _____				

Has your child ever qualified for or been enrolled in a special ed program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, at what grade level(s) _____
Has your child ever participated in: <input type="checkbox"/> Resource <input type="checkbox"/> Gifted <input type="checkbox"/> Special ED <input type="checkbox"/> Other _____		
Has the student ever been suspended for a weapon violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the student have a juvenile record? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is your student currently on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your student been to court for an attendance violation (JBD)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child currently expelled from any school in any district? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND HOUSEHOLD INFORMATION – Parents/guardian of student who shares joint custody

SECOND HOUSEHOLD (Secondary Guardian 1) Last Name _____ Legal First Name _____ Middle Name _____		RELATIONSHIP OF SECONDARY GUARDIAN TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____
Phone Information of Second Household Home Phone: _____ <input type="checkbox"/> Please check if unlisted <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ Email _____		
SECOND HOUSEHOLD (Secondary Guardian 2) Last Name _____ Legal First Name _____ Middle Name _____		RELATIONSHIP OF SECONDARY GUARDIAN TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Agency <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other _____
PHONE – Secondary Guardian (include area code) <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell _____ Email _____		

EMERGENCY CONTACTS (Other than parent)

EMERGENCY CONTACT #1: _____ RELATIONSHIP _____ WORK _____ CELL _____

EMERGENCY CONTACT #2: _____ RELATIONSHIP _____ WORK _____ CELL _____

STUDENT CAN BE RELEASED TO: _____ STUDENT CANNOT BE RELEASED TO: _____

IN THE EVENT THERE IS AN EMERGENCY EARLY RELEASE, I WANT MY CHILD TO:

Ride the bus Ride home in the car with _____ Other _____

Physician's Name: _____ Physician's Number: _____

Preferred Hospital: _____

Does student have special needs? Yes No If yes, please explain: _____

Is student on any medication? Yes No If yes, please list medication: _____

Does student wear glasses? Yes No Contacts? Yes No

VERIFICATION OF INFORMATION: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment at Columbia Middle School.

Legal Parent/Guardian Signature _____ Date _____

Please check if your child plans on taking one of the following: Band (1 year) Chorus (1 year)