

**ATHENS CITY SCHOOLS**  
**2011-12 STUDENT REGISTRATION FORM**

Please print in blue or black ink

Homeroom Teacher: _____	Bus #: _____
School: _____ Grade: _____	Locker#: _____
Enrollment Date: _____	Tuition: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Required documents upon registration: Student Birth Certificate, Social Security Card, Immunization Record, Proof of Residency**

Student Name: \_\_\_\_\_ Name Child Goes By: \_\_\_\_\_  
(Last) (First) (Middle)

**List 2 phone numbers where we can contact you to be used for our School Cast Message System, Bus Rosters, Field Trip Rosters, and our school's Student Database:**

1 \_\_\_\_\_  
2 \_\_\_\_\_

Gender: F\_\_ M\_\_ Student Social Security #: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Date of Birth: Month\_\_\_\_Day\_\_\_\_Year\_\_\_\_ Birth Place: \_\_\_\_\_  
(City) (County) (State) (Country)

Ethnicity: Not Hispanic\_\_ Hispanic\_\_  
Race: (choose all that apply) White\_\_ Black/African-American\_\_ Asian\_\_ Pacific Islander\_\_ American Indian\_\_

Home Address: \_\_\_\_\_  
(House # and Street) (Apt. #) (City/State) (Zip Code)

Apartment Complex: Clem Jones\_\_ Forrest Hills\_\_ Hillcrest\_\_ Nash\_\_ Puett Circle\_\_ Westwood Heights\_\_

Mailing Address if different from the home address: \_\_\_\_\_

Custody: Both Parents\_\_ \*\*Mother\_\_ \*\*Father\_\_ \*\*Guardian\_\_(relationship to student) \_\_\_\_\_  
\*Who should be contacted first? Mother\_\_ Father\_\_ \*\*Copy of court custody papers are required for enrollment

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact you at work? Y\_ N\_

Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact you at work? Y\_ N\_

Guardian's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact you at work? Y\_ N\_

Brothers'/Sisters' Names and Ages: \_\_\_\_\_

Other Emergency Contact(s): List name, relationship to the student, and phone #. Please list in preferred call order.

1 \_\_\_\_\_  
2 \_\_\_\_\_

Other than custodial parent(s) / guardian(s) and the emergency contacts listed above, list other individuals you authorize to pick up your child: \_\_\_\_\_

Specific individual(s) NOT authorized to pick up your child: \_\_\_\_\_  
Do we have a copy of your restraining order? Yes\_\_ No\_\_

Is this the student's first time attending any Athens City School? Yes\_\_ No\_\_

School Last Attended: \_\_\_\_\_  
(Name) (Address) (Phone #)

Has your child received or is currently receiving any Special Education services or therapies? Yes\_\_ No\_\_

If yes: Where \_\_\_\_\_ When \_\_\_\_\_

Where does the child stay at night? Home/Apartment owned or rented by the parent/guardian(s)\_\_ With a relative or friend\_\_  
In a shelter\_\_ In a motel\_\_ In an automobile\_\_ A campsite\_\_ In housing that is inadequate (no electricity, running water...)\_ Other\_\_

Specific health problems, if any, that we need to know in order to best care for your child: \_\_\_\_\_

My signature gives permission for you to verify my legal residence with local agencies: \_\_\_\_\_  
revised 4/18/11 Date: \_\_\_\_\_