

**ATHENS CITY SCHOOLS**  
**2009-2010 REGISTRATION FORM**  
**Please Complete in Blue or Black Ink (Please Print)**

Homeroom Teacher: _____	Bus # _____
School: _____	Grade _____ Locker # _____
Enrollment Date: _____	Tuition: Yes No

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

Gender: \_\_\_F \_\_\_M Student Social Security #: \_\_\_\_\_ Mother's **Maiden** Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(City) (County) (State) (Country)

Race: \_\_\_White \_\_\_Black/African-American \_\_\_Asian \_\_\_Pacific Islander \_\_\_American Indian \_\_\_Hispanic

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

Apartment Complex: \_\_\_ATHENS GARDEN \_\_\_ATHENS MEWS \_\_\_CLEM JONES \_\_\_FORREST HILLS \_\_\_GREENWOOD \_\_\_HILLCREST \_\_\_LEE MANOR  
\_\_\_LENNOX PLACE \_\_\_LYNWOOD \_\_\_MCMINN VILLA \_\_\_NASH \_\_\_PARK VILLAGE \_\_\_PARK CREST \_\_\_PUETT CIRCLE \_\_\_RIDGETOP  
\_\_\_ROSE HILL \_\_\_ROSS ARRANTS \_\_\_TOWN AND COUNTRY \_\_\_WESTWOOD HEIGHTS OTHER \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact you at work? \_\_\_Y\_\_\_N

Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ May we contact you at work? \_\_\_Y\_\_\_N

Guardian's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
E-Mail 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

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

Where does the student stay at night?: \_\_\_In his/her home owned by parent \_\_\_In his/her home rented by parent  
\_\_\_Temporarily with more than one family \_\_\_In a motel/hotel \_\_\_In a shelter \_\_\_Other

What is the first language your child learned to speak? \_\_\_\_\_  
What language does your child speak most often when not in school? \_\_\_\_\_  
What language do people usually speak in your child's home? \_\_\_\_\_

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: \_\_\_\_\_