

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Teacher: \_\_\_\_\_

\_\_\_\_Residency Questionnaire \_\_\_\_Home Language Survey

\_\_\_\_Migrant Education Survey

# **Tift County Schools**

## **Registration Form**

Preferred Name: \_\_\_\_\_

**Student Information**
 Student's LEGAL Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Name
Social Security # : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ FemaleEthnicity: ☐ Hispanic/Latino ☐ Not Hispanic/LatinoRace (check all that apply): ☐ American Indian ☐ Asian ☐ Black ☐ Native Hawaiian ☐ WhiteStudent Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Other \_\_\_\_\_Custody/Other Legal Papers on File: ☐ Yes ☐ No Country of Birth: \_\_\_\_\_

Other children in the family that attend school: Student's Primary Language: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

 .....  
**1<sup>st</sup> Head of Household/Legal Guardian Information** e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Resident County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

 .....  
**2<sup>nd</sup> Head of Household/Legal Guardian Information** e-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

 .....  
**Emergency Contacts other than Parent(s)/Guardian** **Permission to pick-up student?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Yes No

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**Transportation**

☐ Bus Rider Bus# \_\_\_\_\_ ☐ Car Rider ☐ Walker ☐ Day Care Van

(If your child has a special need regarding bus transportation, please contact the Bus Shop)

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**Medical Information**

Medical/Allergy Conditions:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**Did student attend a Pre-K? (Please check one):**

☐ Georgia Public ☐ Headstart ☐ Private (for profit)  
☐ Public Sponsored (Title I) ☐ Private (non-profit) ☐ Did not attend Pre K

**Name of school student transferred from:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date first entered a U.S. School \_\_\_\_\_

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**Special Services**

Check if your child receives any of the following Special Services:

☐ ESOL ☐ Gifted ☐ EIP ☐ Speech ☐ Spec. Ed. ☐ 504 Plan ☐ Other: \_\_\_\_\_

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**Hearing and Vision**

I hereby give my permission for my child to have a hearing and vision screening done. If the results show that there is a problem with my child's hearing and/or vision I will be notified.

x \_\_\_\_\_

Hearing/Vision Parent/Guardian Signature

.....  
**Field Trip**

I hereby give my permission for my child to accompany their teacher and class on all class field trips whether by walking or school vehicle.

x \_\_\_\_\_

Field Trip Permission Parent/Guardian Signature

.....  
x \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature for all registration Information**