

**Greene County Schools  
Information/Registration Card**

**Enrollment Information:**

Homeroom (if known): _____				Grade: _____
Last Name	First Name <small>(Month/Day/Year)</small>	Middle Name	Suffix	Name Student Called
- -	/ /			
Social Security #	Birth Date	Gender	Race	Secondary Race
Mother's Maiden Name: _____		Student Place of Birth: _____		
Check box (☑) for each question if true for this student:				
Multiple Birth? <input type="checkbox"/>	Ward of State? <input type="checkbox"/>	Special Education? <input type="checkbox"/>	Medical Issues? <input type="checkbox"/>	New to School System? <input type="checkbox"/>

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

**Phone Information:** Check (✓) the individuals who may be picking-up your child. Star ( \* ) the number(s) for use during the school day.

Type	*and ✓	Number	Name	Relationship
Home				
Emergency				
Work				
Work (2)				
Cell				
Cell (2)				
Other				
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** (Check (✓) 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 checked (☑) 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 checked (☑) at top.

**Limited English Proficiency?** (Circle one) Yes No

Language student speaks: \_\_\_\_\_  
 Language spoken in the home: \_\_\_\_\_

Revised: 9/15/2009

<b>Office Use Only:</b>	For new students, initial forms are attached:
Immunization Record	Medical Exam
Occupational Survey	SS Card
Birth Certificate	Note: SS Card is preferred not required