

## 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	
_____	_____/_____/_____ - - / /	_____	_____	Mother's Maiden Name: _____	
Social Security #	Birth Date	Gender	Check one: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
_____	____/____/____	_____	Student Place of Birth: _____		
_____	City	County	State	<b>Race Category:</b> Mark all that apply. White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/>	
Check box ( <input checked="" type="checkbox"/> ) 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				

### 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):

<input type="checkbox"/>	E.S.P.	Must have application on file with ESP.		
<input type="checkbox"/>	Ride Bus	Bus # _____	Destination: _____	
<input type="checkbox"/>	Pick-Up	Name of Person Picking-up: _____		Relationship: _____
<input type="checkbox"/>	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

What is the first language this child learned to speak? \_\_\_\_\_  
 What language does this child speak most often outside of school? \_\_\_\_\_  
 What language do people usually speak in the child's home? \_\_\_\_\_

<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