



**Dade County Schools
Student Registration Form**

School Use Only: GTID # _____ Grade _____
 Enrollment Date _____ Homeroom _____

I.) Personal Information

Student LEGAL Name (Please enter the name exactly as it appears on the child's birth certificate):

Street Address (Street, City, State, and Zip Code):

Mailing Address (Street or P.O. Box, City, State, and Zip Code):

Home Phone (Please note if this is a cell number or a land line):

Cell Land Line

Gender: M F Social Security Number:

Birth Date (MM/DD/YY): Grade:

Is this student of Hispanic or Latino Ethnicity? Yes No

Check all that apply:

- Asian
- Black / or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- White

Country of Birth (if different than USA):

Date of entry into U.S. schools (MM/DD/YY), if applicable:

Primary language spoken at home:

Primary language student speaks:

Has your child ever been retained? Yes No If yes, what grade:

Last school attended (Please list school name and school phone number or school address):

Has your child ever attended a Dade County School? Yes No

If yes, which school and when?

Date entered 9th grade (MM/DD/YY), if applicable:

County of Residence: Dade Other:

Check any special services your child receives (check all that apply):

Gifted Special Education Speech EIP 504 ESOL

Did your child attend a Georgia Pre-K program or another Pre-K program? Yes No

I give permission for the *Vision and Hearing Tests to be conducted by the school nursing staff.

Yes No

Note: This does not include the State of Georgia mandated annual Hearing and Vision Screening.

II. Parent/Guardian Information

With whom does this student live? (check all that apply)

Birth Mother Birth Father Other(s):

If custody applies do you have the documentation of current guardianship?

Yes No Not Applicable

Father, Step-Father, or Legal Male Guardian

Name (Last, first, and middle):

Relationship to student:

Work Phone Number:

Cell Phone Number:

E-mail Address:

Active Military: Yes No

6.)

(Name) (Age) (Birth Date) (Gender) (School Attending)

IV. Emergency Contacts / Medical Information

Note: These are considered outside of the household.

Contact 1: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Contact 2: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Contact 3: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Contact 4: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Contact 5: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Contact 6: Relationship to Student:

Home Phone: Cell Phone:

Work Phone: Other Phone:

Physician's Name: Physician's Phone:

V. Alerts

Custody:

Are there any court documents regarding the custody of your child? Yes No

Is there a court order terminating the parental right of either parent? Yes No

Name of the person(s) not allowed to have contact with your child, per court documents:

NOTE: Court documents must be provided to the school

Medical:

Medical condition(s) / allergies, (if any):