

# Dade County Schools

## Student Registration Form (A)

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

I.) Transportation:  Bus AM # \_\_\_\_\_ PM # \_\_\_\_\_  Car Rider \_\_\_\_\_  Other: \_\_\_\_\_

Student LEGAL Name:  
 (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_ / \_\_\_\_\_ Jr / Sr / II  
 (PLEASE ENTER THE NAME EXACTLY AS IT APPEARS ON THE CHILD'S BIRTH CERTIFICATE.)  
 Student Nickname \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City & State / County)

Street Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Mailing Address / P.O. Box: \_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ This number is a  Cellular number  land line.

Gender:  M  F Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)

1.) Is the 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

2.) Country of Birth (if different than USA): \_\_\_\_\_ Date of entry into U.S. schools: \_\_\_\_\_

3.) Primary language spoken at home: \_\_\_\_\_ Primary language student speaks: \_\_\_\_\_

4.) Has your child ever been retained? YES or NO If yes, what grade? \_\_\_\_\_

5.) Last school attended: \_\_\_\_\_  
(School name, phone, and / or address of school)

6.) Has your child ever attended a Dade County School? YES or NO  
 If yes, which school and when? \_\_\_\_\_

7.) Date entered 9<sup>th</sup> Grade, (if applicable) \_\_\_\_\_ County of Residence:  Dade  Other: \_\_\_\_\_

8.) Check any special services your child receives:  Gifted  Special Education  Speech  EIP  504  ESOL

9.) Did your child attend a GA Pre-K Program or another Pre-K Program? YES or NO

I give permission for the \* Vision and Hearing Tests to be conducted by the school nursing Staff. YES NO  
 \* This does not include the State of Georgia mandated annual Hearing and Vision screening.

### Parent/Guardian Information:

II.) With whom does the 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 name, first name, middle name)  
 Relationship to Student: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 ACTIVE MILITARY: Yes \_\_\_\_\_ No \_\_\_\_\_

**Mother, Step-Mother, or Legal Female Guardian**

Name: \_\_\_\_\_  
(last name, first name, middle name)  
 Relationship to Student: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 ACTIVE MILITARY: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify I am the custodial parent/guardian of the student indicated, now residing in Dade County, in the State of Georgia and in the Dade County School District attendance zone. I have provided true and accurate proof of my residency. Any person that knowingly falsifies or forges information on any enrollment may be criminally liable under O.C.G.A. 16-9-1, 16-9-2 and / or 16-10-20. Additional board policies apply and are available upon request.

\_\_\_\_\_  
 Parent / Guardian Signature Date

