

Graves County Public Schools

Registration Form - Student Enrollment Information

Date of Enrollment _____

Teacher: _____

Student Information *Please Print*

Student's Full Legal Name _____
Last First Middle (Full)

Grade _____ Gender M F Birthdate ____/____/____ State/Country of Birth _____
Ex: 02/02/2002

Student SS# _____ Home Phone (____) _____

Physical Address _____ Apt _____ City _____ State _____ Zip _____ - _____

Mailing Address _____ Apt _____ City _____ State _____ Zip _____ - _____
If different from Physical Address

Student will: Rides Bus twice daily _____ a.m. _____ p.m. Rides Bus once daily _____ a.m. _____ p.m. Will not ride the bus
Student lives (from school): more than 1 mile less than 1 mile

Ethnicity

Must Choose: Hispanic/Latino (go to next block) **or** Not Hispanic/Latino (choose all that apply below):
 White Black Asian American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander

Previous School Information

Has the student attended another Graves County School? Y N
School _____ Grade _____ School Year _____

Last School Attended
School _____ City, State, Zip _____
Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

ELA Information (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? Y N What language? _____
Primary Language of Household: English Spanish Other _____

Special Services Information

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N Is it in: Academics Health

Was your child in any Gifted/Talented Programs? Y N Please list: _____

Medical Information

Doctor: _____ Phone: _____

Is your child taking any medications regularly? Y N

If yes, please list: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Known Medical Problems: _____

Special Medical Instructions: _____

- If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.
- It is the legal parent/guardian's responsibility to send in writing any pertinent information each year to the school office about serious health conditions. This information will be shared with appropriate school staff.

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Registration Form – Household Information

Other Children Under Age 18 Living in the Home

First Name	Middle (Full)	Last Name	Birthdate	Gender	Relation to Student	School Attending

Parent/Guardian Information

Parents/Guardians Living in same Household as Student (Student's Primary Household)

Guardian 1

Guardian Name _____ Relationship to student _____
Last First Middle (Full) Maiden Name

Cell Phone (____) _____ Work Phone (____) _____ Email _____@_____

Guardian 2

Guardian Name _____ Relationship to student _____
Last First Middle (Full) Maiden Name

Cell Phone (____) _____ Work Phone (____) _____ Email _____@_____

Legal Parent/Guardian Living at a Different Address from Student (Secondary Household)

Name _____ Relationship to student _____
Last First Middle (Full)

Mailing Address _____ Apt _____ City _____ State _____ Zip _____ - _____

Household Telephone (____) _____ Unlisted? Y N

Cell Phone (____) _____ Work Phone (____) _____ Email _____@_____

Name _____ Relationship to student _____
Last First Middle (Full)

Mailing Address _____ Apt _____ City _____ State _____ Zip _____ - _____

Household Telephone (____) _____ Unlisted? Y N

Cell Phone (____) _____ Work Phone (____) _____ Email _____@_____

Emergency Contact Information (other than parent whom is allowed to pick up student from school)

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____