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High School Registration Information

School Name _____

School Year _____

Student's Name _____ Birthdate _____
(Last) (First) (Middle)

Social Security Number _____ Grade Level Student is Entering _____

Sex: Male Female Race: White Black Asian Hispanic American Indian Multi-racial

Parent Name _____ Phone _____

Street Address of Parent _____

City _____ State _____ Zip _____ Emergency Phone _____

Mother/Legal Guardian Name _____ Work Phone _____ Cell Phone _____

Father/Legal Guardian Name _____ Work Phone _____ Cell Phone _____

Student lives with: Parent Legal Guardian Foster Parent Homeless Relative Friend Other

IF NOT PARENT, GIVE NAME _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Emergency Phone _____ Contact person _____ Relationship _____

Emergency Phone _____ Contact person _____ Relationship _____

Emergency Phone _____ Contact person _____ Relationship _____

Is the parent/guardian a migrant worker? Yes No

Is either parent active duty military? Yes No If YES, Father Mother Rank _____ Branch of service _____

Is either parent a civilian employed at Fort Benning? Yes No Name of parent employed at Fort Benning _____

Employer/Agency _____

Building # and address _____

Has student ever attended a Columbus public school? Yes No What school year attended? _____

If YES, name of Columbus school _____

Has student ever attended a public school in another county in Georgia? Yes No Year attended? _____

If YES, school name _____ County _____

Is student coming NOW from a private school or other system? Yes No

If YES, school name _____ City _____ State _____

Is student in special education? Yes No If YES, what kind? _____

Does the student have a current IEP? Yes No Receiving services? Yes No

Has student been diagnosed as Attention Deficit/Hyperactive Disordered by a health care professional? Yes No

Is the student currently on a 504 plan? Yes No Does the student use a wheelchair? Yes No

What was the language that the student first learned to speak? _____

What language does the student speak at home? _____ What language does the student speak most often? _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO CHECK MY CHILD OUT FROM SCHOOL (PICTURE ID REQUIRED).

Name Relationship Phone Number

Parent/Guardian Signature _____

Date _____