



Savannah-Chatham County Public School System  
**Safe Schools Registration Questionnaire**

USE BLACK INK ONLY

Student Affairs • Phone:(912) 395-5584 • FAX:(912) 201-7655  
 This information will be utilized in deciding the appropriate placement for this student in Savannah-Chatham schools. Incorrect or incomplete information may result in a change of placement when correct information is obtained.

**STUDENT INFORMATION**

Legal Last Name:	Legal First Name:	Legal Middle Name:	SSN:
Home Address:	Birth Date:	Zip Code:	Current Grade Level:

1a. Are you currently withdrawing your child from your previous school pending expulsion or other disciplinary action?  
 Yes  No

1b. Has your child been suspended for more than ten days or expelled from school?  
 Yes  No

If yes, explain \_\_\_\_\_

1c. Please list names and locations of all schools attended (Grades K-12) for the last three (3) years.  
 (Use an additional sheet if necessary.)

School	City/State	Date(s) attended
_____	_____	_____
School	City/State	Date(s) attended
_____	_____	_____

3. List all Savannah-Chatham Co. Public Schools attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

4. School to which student is applying: \_\_\_\_\_

5. Is your child's academic program currently delivered through an Individual Educational Program (IEP)?  Yes  No

If yes, explain exceptionality or reason for IEP: \_\_\_\_\_

6. Is your child presently taking any prescribed medications?  Yes  No

If yes, list and explain \_\_\_\_\_

7a. Other than traffic or status charges, has your child ever been involved as a defendant with the court system?  Yes  No

If yes, explain \_\_\_\_\_

7b. Is your child currently, or ever been, on probation?  Yes  No

If yes, list probation officer's name and phone number: \_\_\_\_\_

8. Does your child have any serious conflict with any students in Savannah-Chatham Schools?  
 Yes  No

If yes, explain \_\_\_\_\_

I am the  parent  guardian  other (specify): \_\_\_\_\_

Print Name:	Signature:	Date:	Phone Number:
_____	_____	_____	_____

**SHADED AREA FOR OFFICE USE ONLY**

Initial review of form conducted by:

Signature/ Title/ School	Site Administrator's Signature	Date
_____	_____	____/____/____

