



Savannah-Chatham County Public School System
Student Registration Form

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USE BLACK INK ONLY • SHADED AREA FOR OFFICE USE ONLY

Entry Date:	GTID Number:	Grade:	Homeroom:	Advisor/Teacher:
Restricted Released?	Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Proof of Address <input type="checkbox"/> Previous Report Card	<input type="checkbox"/> GA Immunization <input type="checkbox"/> Restricted Release Court <input type="checkbox"/> Transcript	<input type="checkbox"/> GA EED <input type="checkbox"/> Social Security Card <input type="checkbox"/> Proof of Legal Guardianship	Special Services: <input type="checkbox"/> ECE* <input type="checkbox"/> Gifted <input type="checkbox"/> EIP* <input type="checkbox"/> REP* Verified by:

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
¹ Social Security Number :		Nickname:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade:	Birth Date:	State of Birth:	Country of Citizenship: (if not USA)
Home Address: (include apartment no.) <input type="checkbox"/> Federally Subsidized Housing		City:	State: Zip Code:
Mailing Address: (if different from above)		City:	State: Zip Code:
What language did/does the student... first learn to speak: _____ speak at home: _____ speak most often: _____			

STUDENT HISTORY

Previous School Attended:	<input type="checkbox"/> Attended SCCPSS Before	<input type="checkbox"/> Home Study Program	<input type="checkbox"/> Private School
Previous School Address (City/State/Zip Code):	Last School Year Attended:	Last Grade Attended:	Date Withdrawn:

SIBLING INFORMATION

Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:

¹Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the **Social Security Number Waiver Form** located at www.sccpss.com, Pupil Personnel Office, or at a school's main office. Please note, a social security number is required for HOPE scholarship/grant consideration.

²If the student is residing with another family, in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney-Vento Homeless Assistance Act of 2001. Please fill out the **Student Residency Questionnaire** for eligibility located at www.sccpss.com, Pupil Personnel Office, or at a school's main office.

³Ethnicity and race are both required for processing.

IEP - Individualized Education Plan ELL - English Language Learners ESOL - English Speakers of Other Languages
 ECE - Exceptional Child Education EIP - Early Intervention Program REP - Remedial Education Program

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Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
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PARENT/LEGAL GUARDIAN INFORMATION

Student lives with: *(If other than parent, legal documentation is required.)*
 Both Parents Mother Father Legal Guardian Foster Parent Other *(Specify Relationship)* _____

PARENT/LEGAL GUARDIAN 1

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Address: <input type="checkbox"/> Same as student		⁴ Email Address:		
Home Phone:	Work Phone:	Cell Phone:	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status (if applicable):	Unit and Unit #:	Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/LEGAL GUARDIAN 2

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Address: <input type="checkbox"/> Same as student		⁴ Email Address:		
Home Phone:	Work Phone:	Cell Phone:	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status (if applicable):	Unit and Unit #:	Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REGISTERING PARENT(S)/ GUARDIAN(S) WITH WITHDRAWAL AUTHORITY

Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:

EMERGENCY CONTACTS (Other than Parent/Legal Guardian)

Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:

PARENT/LEGAL GUARDIAN SIGNATURE

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from the Savannah-Chatham County Public School System upon discovery. Further, I understand that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment as allowed by criminal statute O.C.G.A 16-10-20. False information may also result in loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes to the information provided.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

⁴Email address is used to support online registration and parent portal.

NOTE: If you do not wish for your child to participate in school based clubs or organizations please, fill out the **Opt-Out Notification Form**, located at www.sccpss.com, Pupil Personnel Office, or at a school's main office.

The information provided shall be entered and maintained in the Student Information System (SIS)