

Savannah-Chatham County Public School System

Student Registration Form

Page 1 of 2

USE BLACK INK ONLY • SHADED AREA FOR OFFICE USE ONLY

Entry Date:		GTID N	GTID Number:			Homeroom	meroom:		Advisor/Teacher:			
Restricted Released?		□Birth	Documents Received: □Birth Certificate □Proof of Address □Previous Report Card □Transcript			□GA EED	□GA EED □Social Security Card □Proof of Legal Guardianship		Special Services:			
Admin: Code(s):						Social Se			Verified by:			
				STUDENTI	NFORMAT	ION				10 10 10 10		
Legal Last Name:			Į.	egal First Name:			Legal Middle I	Name	:	Suffix:		
Social Security Number :					Nickname:					Gender:	_м □ г	
Grade:	Birth Date: State of B			th:	Country of Citizenship: (if not USA		ot USA)	Home Phone:				
3 Ethnicity: Hispanic or Latino 3 Race (Check all that apply): □ Black □ Native Hawaiian/Pacific Island □ Yes □ No □ White □ American Indian/Alaska Native							s Student Have an IEP*? Has Stude Program?					
² Home Address: (Include apartment no.) ☐ Federally Subsidized Housing					City:		Stat			: Zip Code:		
Mailing Address: (if different from above)					City:	City:);	Zip Code:	ip Code:	
What language did	does the stude	nt			!			l				
first learn to speak:			spea	ak at home:		Contraction and the Contraction of the Contraction	eak most often:	reservation of the		observations of the control of		
				STUDEN	THISTOR	Y	10.0					
Previous School A	tlended:					Attended SCC	PSS Before	l Hom	e Study Pro	_{gram} 🛮 _{Priv}	ate School	
Previous School Address (City/State/Zip Code):): L	ast School Year Attended	d: Last Grade Attend		Attended:	nded: Dat		e Withdrawn:		
at partitions of a proper				SIBLINGIN	JFORWAT	<u> </u>	1					
Last Name:		Firs	First Name:		Birth Date: School		:lc					
Last Name;	W.	Fire	First Name:			Schoo	School:				Grade:	
Last Name:		Firs	First Name:			Schoo	School:			Grade:		
Last Name:	**	Firs	First Name:			Schoo	School:					
				ary. Should you dec				I, a v	vaiver for	rm must be	filled	

Providing 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 ECE - Exceptional Child Education ELL - English Language Learners EIP - Early Intervention Program ESOL - English Speakers of Other Languages

m REP - Remedial Education Program

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Legal Last Name:		Legal First Name:		Legal Middle Name:		Suffix:				
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Student lives with: (If other than parent, leg										
		Legal Guardian 🛮 Foste	r Parent 🔲 Other (Specif	/ Relationship)						
Company of the state of the sta		PAREN MEGA	L GUARDIAN 1							
Last Name:	First Name:		Parent/Legal Guardian:	Mother	☐ Father	☐ Guard	dian			
			Other							
Address:	1	Same as student								
, , , , , , , , , , , , , , , , , , , ,			Emair Address.							
Home Phone:	Work Phone:		Cell Phone:		Speaks English	? Yes	□ No			
Marital Status:	Employer:		Highest Education Receive	Migrant Worker?		□ No				
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Military Status (If applicable):	Unit and Unit	4.	Works on Federal Property	3	Jima an Cadara	J. Dramarky				
willtary Status (ii applicable).	Onk and Onk	π.	VVolks on Federal Property ☐ Ye		Lives on Federa	ii Property? ☐Yes	□ No			
			L GUARDIAN 2			-				
L N	I =		I	☐ Mother						
Last Name:	First Name:		Parent/Legal Guardian:	☐ Father ☐ Guardian						
			Other	· · · · · · · · · · · · · · · · · · ·						
Address:		☐Same as student	⁴ Email Address:							
Home Phone:	Work Phone:		Cell Phone:		Speaks English	? 🛮 Yes	□No			
Marital Status:	Employer:		Highest Education Receive	d:	Migrant Worker	? 🛛 Yes	□ No			
			-		J					
Military Status (if applicable): Unit and Unit		#:	Works on Federal Property?		Lives on Federal Property?					
) i		100 0177 02010	☐ Yes	□ No			
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Last Name:	First Name:		Relationship:	Home Pi	none:	Cell Phone:				
Last Name:	First Name:		Relationship:	Home Pl	hone: Cell Phone:					
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Contact Last Name:	First Name:		Relationship:	Home Pl		Cell Phone:				
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Contact Last Name:	First Name:		Deletionship			0.11.57				
Contact Last Marile.	First Name:	•	Relationship:	Home Pl	none:	Cell Phone:				
Contact Last Name:	First Name:		Relationship:	Home Pl	none:	Cell Phone:				
	PAR	ENT/LEGAL GU	ARDIAN SIGNA	TURE						
I understand that a student admitted					ed from the Say	annah-Chatha	am			
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 make										
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 s	chool district of any chang	jes to the info	ormation provid	ed.				
n		~ ·				_				
Parent/Guardian Signature		Date	Parent/Guardian Signatu	re		Date				

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)

CR FORM #100-620-0002 REVISED 5/2/2016

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