



Haralson County Schools Student Registration Form

(Please Print Clearly)
This form must be
completed for each child in
the household that is
enrolling.

OFFICE USE ONLY

School _____

Date Enrolled _____ Grade _____

Student ID _____

Homeroom _____

Bus # or Car Rider: _____

SECTION 1: Student Information

Student's Legal Name _____ Gender: M F
(First Middle Last)

SSN _____ Date of Birth _____ Place of Birth _____ Grade _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Primary Phone Number _____ Text message number _____
(This can be landline or cell, but a number where automated messages/attendance calls can be left.)

Previous School Attended _____ City _____ State _____ Zip _____

Has student ever attended Haralson County Schools before? Yes No

What kind of pre-school did the student attend (Pre-K):

Home Private Day Care Pre-K Program Lottery Funded

Name of Facility: _____ City _____ State _____

Country of Birth _____ Date first entered U.S. School, if born outside U.S. _____

If registering for grades 9-12, date student completed 8th grade _____

SECTION 2: Special Programs (Please initial in one of the spaces below)

_____ Initial here if student is CURRENTLY participating in any special program listed below

_____ Initial here if student PREVIOUSLY participated in any special program listed below

_____ Initial here if student HAS NEVER participated in any special program listed below

Please indicate which Special Programs student is/has been in:

Special Education IEP Speech ESOL Gift SST RTI 504 Plan

Has your student ever been retained? Yes No If so, what grade? _____

SECTION 3: Ethnicity/Race

Is this student of Hispanic/Latino Ethnicity?

Yes No



*Race (Check all that apply): **You MUST check AT LEAST one option**

American Indian or Alaska Native Black or African-American

Asian Native Hawaiian or Other Pacific Islander White

SECTION 4: Medical Information

List any medical conditions of the student _____

Does this student have any life-threatening food, nut, or insect allergies? _____

Does this student have any medically documented restrictions that would prevent participating in PE?

Yes (must provide a doctor's statement) No

SECTION 5: Custody and Parent/Guardian Information

Student lives with . . .

- Both Parents Father Mother Grandparent(s) Guardian(s) Foster Parent(s)
 Alone Other Relative(s) Other, please explain _____

Enrolling Parent/Guardian is: Married Divorced Separated Widowed Single

(Copy of court order or other legal documents may be required.)

Primary Household Parent/Guardian 1:

Name _____ Cell Phone _____
(First Middle Last)

Employer _____ Work Phone _____

Preferred Email Address _____ Landline Phone _____

Active member of military: Yes No **OR** Member of military reserves: Yes No

If you answered yes to either question which branch of the military? _____

Primary Household Parent/Guardian 2:

Name _____ Cell Phone _____
(First Middle Last)

Employer _____ Work Phone _____

Preferred Email Address _____ Landline Phone _____

Active member of military: Yes No **OR** Member of military reserves: Yes No

If you answered yes to either question which branch of the military? _____

Secondary Household Information, if applicable (**Applies to parent(s) not living at the same residence as students**)

Secondary Household Parent/Guardian 1:

Name _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

This person is allowed to pick up student from school and can be contacted in the event of an emergency: Yes No

Active member of military: Yes No **OR** Member of military reserves: Yes No

If you answered yes to either question which branch of the military? _____

Secondary Household Parent/Guardian 2:

Name _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

This person is allowed to pick up student from school/can be contacted in the event of an emergency: Yes No

Active member of military: Yes No **OR** Member of military reserves: Yes No

If you answered yes to either question which branch of the military? _____

Street Address _____ Apartment # _____

City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Primary Telephone Number _____ (If only cell phones are used, please provide primary number at which you wish to be contacted)

SECTION 6: Student Information (Include new students enrolling and currently enrolled students)

Please provide the names of all students residing in the primary household, along with the date of birth and relationship to each Parent/Guardian (that is, son, daughter, stepson, stepdaughter, grandchild, sister, brother, etc.).

First Name	Middle Initial	Last Name	DOB	Relationship to Primary Household Parent/ Guardian 1	Relationship to Primary Household Parent/ Guardian 2	Relationship to Secondary Household Parent/ Guardian 1	Relationship to Secondary Household Parent/ Guardian 2

**If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

SECTION 7: Emergency Contacts

The following people have permission to pick up my child from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached.

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Name			
Relationship			
Cell Phone			
Work Phone			
Landline Phone			

**SECTION 8: Parent/Guardian
Certifications**

Please read and initial the following:

- _____ I am authorized to enroll the student, and I understand that I must give permission for anyone else to withdraw a student, except in circumstances permitted by State authority or by court order.
- _____ The address listed on this form is the physical location where the student actually resides.
- _____ I have provided the school with the required Proof of Residency to show evidence of my residency in the Haralson County School District.
- _____ Residency Notice: To be enrolled in Haralson County Schools, students must reside full-time within the Haralson County School District with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time Haralson County residents for the entire period of enrollment in Haralson County Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in Haralson County, and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in Haralson County, but does not reside in Haralson County, is not considered a resident for the purpose of this policy. (Exception: student is the child of a school system employee)
- _____ I have provided the student's Georgia Certificate of Immunization (Form 3231). I have also provided the Hearing, Dental, Vision, and Nutrition Form 3300, required by the state of Georgia, a copy of the birth certificate, and social security card or waiver. For students enrolling from out of state, immunization records must be provided; however, a 30-day grace period is granted to submit Form #3231 and Form #3300.
- _____ This student is NOT currently suspended, expelled, or assigned to an alternative education program by any school or school system. Additionally, the student is NOT currently subject to a disciplinary order from any school or school system that requires suspension, expulsion, or assignment to an alternative education program.
- _____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools.
- _____ I understand that if this student is being provisionally enrolled in school without all required documentation, this student is receiving educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher(s) assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- _____ I have received a copy of the Haralson County Schools' Student Handbook for the current school year. I understand that it is my responsibility to review this handbook with my student, including the code of conduct, attendance policy, and student dress code. After reviewing, I understand that I am required to return the signed receipt of the Student Handbook to the school.
- _____ False information may result in the loss of a student's athletic eligibility for one calendar year. (Middle and High school only)
- _____ I understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided on this form, including, but not limited to, phone numbers, address, change in custody, etc.
- _____ I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Haralson County Schools upon discovery. I also understand that a person who knowingly and willfully 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 for not less than one, nor more than five years, or both (OCGA 16-10-20).

SECTION 9: Parent/Guardian Signature

My relationship to the student is:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Person having lawful Court Order (copy required) |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other (Kinship Caregiver Affidavit required) |
| <input type="checkbox"/> Legal Guardian (documentation needed) | <input type="checkbox"/> Self/Student (must be 18 years or older) |

I hereby certify that I am either a full-time resident of Haralson County, or am an employee of Haralson County Schools and affirm that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name _____ Date _____

Signature _____

Communications Preference: _____ Text/phone call # _____
_____ Email Address: _____
_____ U.S. Postal Service _____

FOR SCHOOL USE ONLY

Enrollment Documents Received:

- Birth Certificate
- Immunization Form 3231
- Hearing, Dental, Vision, Nutrition Form 3300
- Social Security Card
- SSN Card/Waiver
- Parent ID
- Discipline Record
- Custody Documentation
- Report Card
- Withdrawal Form
- Court Documentation of Guardianship
- Grandparent Power of Attorney
- Kinship Caregiver Affidavit

Residency Proof: All items must have same address and show enrolling parent's name:

- Lease or Mortgage Statement **OR**
- Utility Bill (LAND line phone, water, electricity, gas)

Affidavit of Residence

- Owner Lease or Mortgage Statement
- Utility Bill

Parent is HCSD Employee

Conditional Enrollment:

- No
- Yes, until _____

Transportation:

- Bus Route # _____
- Car Rider
- Day Care Bus
- After-School Program

Previous HCSD Student?

- No Yes

Infinite Campus Information -- Does Student Household already exist?

- Yes (Enroll your new student only)
- No—Enroll student and enter household information: Parents, Address, Contacts

Occupational Survey:

Parent must complete Parent Occupational Survey (these will stay in the school) and Home Language Survey (send to Shelley Slay, D.O.)

If student has medical conditions or takes prescription medicine, parent must fill out the medical form, Once completed it will go to the nurse.

Location _____

Transcript/Records

Request Date _____

Transcript/Records

Received Date _____

Verified 9th Grade Cohort _____