



**ATHENS CITY SCHOOLS**  
**2018-19 STUDENT REGISTRATION FORM**

Required documents upon registration: Proof of Residency,  
Birth Certificate, Immunization Record, and Physical

Homeroom Teacher: _____	Bus #: _____
School: _____	Grade: _____
Locker #: _____	Enrollment Date: _____
Tuition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Updated: _____

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Student's Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Student's Gender: Male Female Grade: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Student's Race (circle all that apply): White Black/African-American Asian Pacific Islander American Indian

Student's Ethnicity (circle one): Not Hispanic Hispanic

Student's Address: \_\_\_\_\_  
Street Apt. #

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

List Other Children (and age) in the Family: \_\_\_\_\_

<b>Where does the child stay at night:</b>
____ Home/Apartment owned/rented by the parent/guardian
____ With a relative or friend
____ In a shelter _____ In a motel
____ In an automobile _____ Other
____ In housing that is inadequate (no electricity, running water)

**PARENT OR GUARDIAN INFORMATION:** (If any phone number or address listed changes, please contact us immediately)

Relationship: \_\_\_\_\_  
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes  No

Do you have custody? Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

Does the parent presently serve in the: Active Military  National Guard Military  Reserve Military

Relationship: \_\_\_\_\_  
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes  No

Do you have custody? Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY CONTACT:** 1 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(Other than Parent) 2 \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

SchoolCast Numbers: 1 \_\_\_\_\_  
2 \_\_\_\_\_

*Used for school communication by voice/text.  
Providing us with this information gives ACS  
permission to contact you using SchoolCast. If you  
have changes or wish to be removed notify the school.*

Date first enrolled in U.S. Schools: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Has student ever attended ACS? Yes  No

Last School Attended: \_\_\_\_\_

Address/City/State \_\_\_\_\_ Phone \_\_\_\_\_

Does student have an IEP? Yes  No

Special Services Received (circle all that apply):  
Resource Speech OT/PT

List specific health problems: \_\_\_\_\_

The following are **NOT** authorized to pick up student:

\_\_\_\_\_  
\_\_\_\_\_

List individuals who **MAY** pick up student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_