

# Chilton County Schools

## SECONDARY STUDENT REGISTRATION FORM

School Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

Student Last Name (goes by)	First Name	Middle Name	Legal Last Name	Present Grade	Sex
Social Security No. *	Birthdate	Birthplace		Home Phone ( ) Check if unlisted _____	
Have you previously graduated from another high school?			Ethnic Category (Check One)		
Name of School _____			_____ I-American Indian	_____ B-Black	_____ A-Asian
Address _____			_____ W-White	_____ H-Hispanic	
Home Language _____			Date your student first attended a school in the USA (Mo/Yr). _____		

### PRIMARY HOUSEHOLD INFORMATION: Name(s) of person(s) WITH WHOM STUDENT IS LIVING.

Use page 2 to supply information concerning other parent(s) and/or guardian(s).

Living With: (Check one)

1-Both Parents   
  2-Mother Only   
  3-Father Only   
  4-Self   
  5-Agency  
 6-Guardian   
  7-Mother/Stepfather   
  8-Father/Stepmother   
  9-Stepfather/Stepmother   
  0-Other(Specify)

Last Name Title(circle): Mr. Mrs. Miss Ms.	First Name	Work Place/City	Bus. Phone ( ) Cellular/Pager: ( )	Ext.
Last Name Title(circle): Mr. Mrs. Miss Ms.	First Name	Work Place/City	Bus. Phone ( ) Cellular/Pager: ( )	Ext.

Parent/Guardian Mailing Address	City	Zip
Parent/Guardian Street Address (if different than above)	City	Zip

### EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to Student	Address	Daytime Phone ( )	Ext.
Name	Relationship to Student	Address	Daytime Phone ( )	Ext.

Enter the name of your family physician who may be contacted by school staff member when parent cannot be reached and medical assistance is indicated. Please note that when Fire Department Medical Unit responds they will contact available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Family Doctor	Phone Number ( )	Ext.
Family Dentist	Phone Number ( )	Ext.

We occasionally receive requests from news media to take photographs or videotape in the classroom. Please indicate below whether or not you agree to allow your child to appear in media products.

- Yes, I agree to allow my child to be photographed or videotaped by the media.  
 No, I do not want my child to be photographed or videotaped by the media.

\* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes.

**PREVIOUS SCHOOL INFORMATION:**

Last School Attended	Grade	Address of Former School, City, State, Zip
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Has your child ever attended the \_\_\_\_\_ Chilton County School District? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes: School Attended \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

Has your child ever been enrolled in a special program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify: \_\_\_\_\_

CIRCLE THE GRADE LEVEL BELOW OF OTHER CHILDREN IN THE HOME

PRE-KINDGN    KDGN    1    2    3    4    5    6    7    8    9    10    11    12

**SECOND HOUSEHOLD INFORMATION:** Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.

Last Name	First Name	Relationship to Student	Work Place/City	Bus. Phone No.	Ext.

Home Phone Check if Unlisted \_\_\_\_\_ Should school mailings be sent to this household also? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Mailing Address	City	State	Zip
Parent/Guardian Street Address	City	State	Zip

Additional Comments that will assist us in caring for your student (daycare, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESIDENCY VERIFICATION:** The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Student ID#	Dist Stu #	School Entry Date	Entry Code	Att. Code	F.T.E.
Faculty #	Room #	Faculty Name			Birth Certificate
					_____ Yes _____ No
	AM Bus Route	AM Bus Stop	PM Bus Route	PM Bus Stop	Records Requested:

DATE OF IMMUNIZATION & STATUS												
DPT/DT/Td			POLIO			MEASLES			RUBELLA		MUMPS	
St	Mo	Day Year	St	Mo	Day Year	St	Mo	Day Year	St	Mo	Day Year	

If you wish to bring your voting registration up to date, the school secretary will help you.