

Official Use Only  
**SCHOOL ZONE**

# PUTNAM COUNTY SCHOOLS STUDENT REGISTRATION FORM

(Please Print)

Official Use Only

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

### STUDENT INFORMATION

								<input type="checkbox"/> Male <input type="checkbox"/> Female		
(Last Name)		(First Name)		(Middle Name)		(Preferred Name)				
Social Security Number	Date of Birth	Birth City	Birth County	Birth State	Birth Country	Mother's Maiden Name:				
Physical Address:			Apt/Lot #: (If applicable)	City:	State:	Zip:	Home Phone #: ( )			
Mailing Address: <input type="checkbox"/> Same as above			Apt/Lot #: (If applicable)	City:	State:	Zip:				
Ethnicity:	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian and Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White				
Native Language	First Language Spoken	What language is spoken at home?	What language is spoken most often?	What language is read at home?						
Transportation:	<input type="checkbox"/> AM Bus	<input type="checkbox"/> PM Bus	<input type="checkbox"/> # of Miles from home _____	<input type="checkbox"/> Bus # _____	<input type="checkbox"/> Car Rider	<input type="checkbox"/> Walker	<input type="checkbox"/> SAC	<input type="checkbox"/> Daycare Bus		
Previous School Attended:				District:			State:			

### MEDICAL INFORMATION

What special services, if any, did student receive last year? List: \_\_\_\_\_

Will student receive medication at school?  Yes  No List: \_\_\_\_\_

Allergies?  Yes  No List: \_\_\_\_\_

List any other medical conditions: \_\_\_\_\_

### EMERGENCY INFORMATION

Who has custody of student?  Mother  Father  Both Parents  Other: \_\_\_\_\_

Who does student live with?  Mother  Father  Both Parents  Other: \_\_\_\_\_

Mother			Father		
Name:			Name:		
( )	( )	( )	( )	( )	( )
Home phone #	Cell phone #	Work phone #	Home phone #	Cell phone #	Work phone #
Employer:			Employer:		
Parent/Guardian Email:			Parent/Guardian Email:		

### SIBLING INFORMATION

Name	School	Grade	Name	School	Grade

### LOCAL EMERGENCY CONTACTS

Local Emergency Contact (other than Parent or Guardian):	Relationship:	Home phone #	Cell phone #	Work phone #
		( )	( )	( )
		( )	( )	( )
		( )	( )	( )

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Homeless Survey: Where does your child stay at night? (Please check one.)**

Home/apt. owned or rented by parent/guardian   
  With relative or friend (family does not have residence)   
  In a shelter  
 In a motel   
  In an automobile   
  A campsite   
  In inadequate housing (i.e. no electricity, running water, etc.)  
 Other housing (please explain) \_\_\_\_\_

Revised 03/15/11