

**Johnson County Elementary School
2160 West Elm Street
Wrightsville, GA 31096
478-864-3446**

FOR OFFICE USE :

Date enrolled _____
Grade entering _____
Date school records requested _____
Date school records Received _____

FORMER SCHOOL:

Name _____
Address _____
Tele: (____) _____

STUDENT REGISTRATION

Student Information

Date of Birth _____
Social Security # _____ Gender: ___ Female ___ Male

Student's Name _____
First Middle Last

Student's Address _____
City State Zip

Home Telephone _____

Ethnicity (Choose One) ___ Hispanic/Latino ___ Not Hispanic/Latino

Race (Choose one or more below, regardless of Ethnicity)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Native Hawaiian or Other Pacific Islander
- ___ Black or African American
- ___ White

Does your child ride the school bus? Yes ___ No ___

Bus Driver's Name _____

What county do you reside in? _____

Did your child attend the Johnson County Elementary School Pre-K Program? ___ Yes ___ No

If not, where did the child attend Pre-K? _____

Check the following Living Situations that apply:

- ___ Living in own home, rented home or apartment
- ___ Living with friend or relative temporarily
- ___ Living in a shelter
- ___ Living in a hotel or motel
- ___ Living in other circumstances (Explain) _____

Emergency Contact: (Other than student's parents)

Contact's Name _____	Contact's Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

Does the student have any previous or current medical, physical, emotional or learning problem of which the school needs to know? _____

Is a parent/guardian of this child active duty in the US Armed Forces? Yes ___ No ___

Does the student have any brothers/sisters enrolled in the Johnson County School System? (Please include the name and grade)

Please list names of people authorized to pick student up from school:

Parent / Guardian Information:

Mother's / Guardian's Name Mother's / Guardian's Address City State Zip

Home Phone Cell Phone Work Phone

Mother's / Guardian's E-Mail Address

Father's / Guardian's Name Father's / Guardian's Address City State Zip

Home Phone Cell Phone Work Phone

Father's / Guardian's E-Mail Address

With whom does the child live: _____

Name Relationship
() Both Parents () Father () Mother () Foster Parent () Other-Explain _____

Child's Legal Guardian: _____

Name Relationship
() Both Parents () Father () Mother () Foster Parent () Other-Explain _____

Parent's/Guardian's Signature Date

Information below applies to Pre-Kindergarten only:

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in the Georgia Pre-K Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180 day school year. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

General Release

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers and certain agencies of those entities contracted by Pre-K providers which shall include, but not be limited to , the Department of Early Care and Learning (DECAL), the Department of Education, and colleges/universities.

Parent's/Guardian's Signature Date

For Office Use Only:

- 1. Yes No Certified Birth Certificate
- 2. Yes No Immunization Certificate
- 3. Yes No Eye, Ear, and Dental Certificate
- 4. Yes No Social Security Card