

**Wilcox County School System 395 College Street West Abbeville, GA 31001**

<p align="center"><b>Wilcox County Schools</b> <b>Student Registration</b></p> <p>Please complete one form for each child in household that is enrolling.</p>	<p align="center"><b>FOR OFFICE USE ONLY</b></p> <p><b>School:</b> _____ <b>Date:</b> _____</p> <p><b>Staff registering:</b> _____ <b>Grade:</b> _____</p> <p><b>Teacher Assignment:</b> _____</p>
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**Student Information**

**Has student ever attended school in Wilcox County? Y/N**  
**If Yes:** School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student's Legal Name:** \_\_\_\_\_  
 (Recorded on Birth Cert) (Last) (First) (Middle) (Nickname)

**Physical / Street Address where student lives:**  
 \_\_\_\_\_

**Automated Phone number** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ OneCall/Sendit \_\_\_\_\_  
 \*\*\*\*\*

**Mailing Address for student:**  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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**Date of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Were Parents serving in the U.S. Military at time of student's birth: Y/N \_\_\_\_\_

**If country not USA, year student entered the USA :** \_\_\_\_\_

**Is English the student's primary Language? Y/N Other:** \_\_\_\_\_  
 \*\*\*\*\*

**Is the student Hispanic/Latino: Y / N**

**Ethnicity**       American       Black/       White       Asian       Native  
 (Check all that apply) Indian/Alaskan      African      Hawaiian /  
    Native      American      Other Pacific  
                   Islander

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**Whom does child live with?** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Morning Bus:** \_\_\_\_\_ **Afternoon Bus:** \_\_\_\_\_

**Pick Up Restrictions:** \_\_\_\_\_  
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**If the student has registered for grades 6<sup>th</sup> – 12<sup>th</sup> are there any current disciplinary actions being served?** \_\_\_\_\_

**Is your child in any special programs (Gifted, RTI, Special Ed, EIP)? Y/N**  
**Please explain:** \_\_\_\_\_

**Registration Information / Permission**

**Doctor's Name/Location :** \_\_\_\_\_ **Phone: :** ( ) - \_\_\_\_\_

**Date Immunization Expires:** \_\_\_\_\_ **Ear/Eye/Dental: Y / N**

**Health Problems/ Medications:** \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**Parental/Guardian Information**

**Parent / Guardian 1** \_\_\_\_\_  
(Name) (Last) (First) (Middle)

**Relationship to student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Work Phone:** ( ) - \_\_\_\_\_ **Home Phone:** ( ) - \_\_\_\_\_ **Cell Phone:** ( ) - \_\_\_\_\_

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

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**Parent / Guardian 2** \_\_\_\_\_  
(Name) (Last) (First) (Middle)

**Relationship to student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Work Phone:** ( ) - \_\_\_\_\_ **Home Phone:** ( ) - \_\_\_\_\_ **Cell Phone:** ( ) - \_\_\_\_\_

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

**Academic Information**

**Ever attended Pre-School:** Y/N

**If Yes, please check one of the following:**

\_\_\_\_\_ **State funded program (Pre-K, Headstart, etc.)**

\_\_\_\_\_ **Private Daycare**

**Pre-school Name:** \_\_\_\_\_

**Emergency Contact**

**Emergency Contact 1** \_\_\_\_\_  
(Name) (Last) (First) (Middle)

**Relationship to student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** ( ) - \_\_\_\_\_

**Home Phone:** ( ) - \_\_\_\_\_ **Cell Phone:** ( ) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_  
(Last) (First) (Middle)

**Relationship to student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** ( ) - \_\_\_\_\_

**Home Phone:** ( ) - \_\_\_\_\_ **Cell Phone:** ( ) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact 3** \_\_\_\_\_  
(Last) (First) (Middle)

**Relationship to student:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** ( ) - \_\_\_\_\_

**Home Phone:** ( ) - \_\_\_\_\_ **Cell Phone:** ( ) - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I hereby grant permission for the above named child to be photographed or video taped in connection with the daily school activities for the purposes of news releases and reporting. Any such photographs become the property of the Wilcox County School System, and I waive all rights thereto:**

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**All children will participate in age appropriate physical education activities unless medical reasons are stated in writing by physician.**

**Wilcox County High School ONLY**

**What date did your child enter the 9<sup>th</sup> grade for the first time?** \_\_\_\_\_  
(mm/dd/yy/)

**EOCT Test:** \_\_\_\_\_  
List all taken \_\_\_\_\_  
\_\_\_\_\_