



# 2024-2025

## Fulton County Schools Registration Form

(Please Print)



Student Information			
Last Name:		First Name:	
Middle:		Race:	
Nickname:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade:		Date of Birth:	
Mailing Address:		Email:	
City:		State:	Zip:
Physical Address:		City:	State:
Home Phone:		Mother's Cell #:	Father's Cell #:
My child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other: _____			
Health Information			
Does your child have any health problems of which we should be aware, such as:			
<input type="checkbox"/> Bee Sting	<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Skin Disorder	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Orthopedic Problem	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Food Allergy (specify):		<input type="checkbox"/> Convulsions (Epilepsy)	<input type="checkbox"/> Urinary Problems
Physician's Name:		Phone #:	
Parent/Legal Guardian Information			
Father's/Legal Guardian's Name:		Place of Employment & Work Phone Number:	
Mother's/Legal Guardian's Name:		Place of Employment & Work Phone Number:	
Brothers/Sisters Attending Fulton County Schools			
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:
Name:	Grade:	Name:	Grade:
Bus/Car Information			
Bus #:	Address your child will ride to:		Bus Driver:
<input type="checkbox"/> My child will ride the bus to and from school.		<input type="checkbox"/> My child will ride the bus to school only.	
<input type="checkbox"/> My child will ride the bus from school only.		<input type="checkbox"/> My child will not ride the bus.	
The following person(s) other than parents listed above have permission to pick up my child from school.			
Name of Person	Relationship to Child	Home Phone Number	Cell Phone Number
1.			
2.			
3.			
Additional Information for NEW Enrolling Students Only			
Previous School Information			
School Name:		Student's SS Number:	
Address:		City:	State:
Phone Number:		Fax Number:	
Has your child received special education/special classes within the last year? If yes, check those that apply:			
<input type="checkbox"/> Speech	<input type="checkbox"/> Gifted	<input type="checkbox"/> Resource Room	<input type="checkbox"/> Title I Reading
<input type="checkbox"/> Self Contained	<input type="checkbox"/> Title I Math	<input type="checkbox"/> OT/PT	<input type="checkbox"/> ESL
For Office Use Only			
Non-Resident: Y    N    District:		Date Received:	