



Greene County Schools

"NO EXCUSES!"

Student Census Registration Form 2008-2009

*** PLEASE PRINT ***

For Office Use Only

Date of Enrollment: _____ Start Date: _____
 School: _____ Grade: _____ Room: _____
 Teacher/Counselor: _____ Track/Team: _____
 Session: AM PM Permit Code _____ Bus# _____
 GSID #: _____

Student Information

Legal Name from Birth Certificate: _____ Nick Name: _____
 Last First Middle (full)
 Grade: _____ Gender: M F Social Security Number / Green Card: _____
 Date of Birth: _____ Country of Birth _____ Date first entered US school _____
 MM / DD / YYYY
 Physical Address: _____
 City: _____ County: _____ State: _____ Zip: _____

Ethnicity

Y N - Are you Hispanic / Latino? - A person of "Spanish Origin" - Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 Please check ALL that apply
 - American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), who maintains a tribal affiliation or community attachment.
 - Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - Black (not of Hispanic origin) - A person having origins in any of the original peoples of the Black racial groups of Africa.
 - Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii or the Pacific Islands.
 - White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Previous School

Has the student attended another Greene County School District school? Y N
 If Yes, School _____ Grade(s) _____ School Year(s) _____
 Last school attended outside the Greene County School District:
 School _____ City _____ State _____ Grade _____ School Year _____
 Is your child presently under an expulsion order from any other school district? Y N
 Is your child presently under consideration for expulsion? Y N
 Is your child presently involved in the Juvenile Justice system? Y N

ESL

Does the student speak a language other than, or in addition to, English? Y N
 What language(s) does the student speak / understand? _____
 Is a language other than English regularly used by the student's parents/guardians? Y N
 What language is primarily spoken in the home by the parent/guardian? _____

Special Services

Is your child currently on an Individual Education Plan for Special Services? Y N
 Has your child received any previous testing, evaluations or services in any of the following areas?
 Learning Disabilities Counseling Gifted & Talented
 Speech/Language Psychological Remedial Reading (Title 1)
 Physical Therapy Behavioral Difficulties 504 Services
 Occupational Therapy Hearing ILP
 Visual Impaired Other _____



Parent/Guardian Signature: _____ Date: _____



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Household Information Registration Form 2008-2009

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Student's Name: _____
Last First Middle

School: _____ Grade: _____

Teacher/Counselor: _____ Room #: _____

GSID #: _____

Household Info.

Physical Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Household Telephone: (_____) _____ Unlisted? Y N

Is this number a landline or a cell? Landline Cell Other _____

Parent and Guardian Information

Name: _____ Relationship to Student: _____
Last First Middle

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different above)

Phones: **Home** (landline):(_____) _____ **Cell:** (_____) _____ **Work:** (_____) _____

Pager: (_____) _____ Email Address: _____ **Employer:** _____

Student lives at this address with this parent/guardian: Y N Part-Time

**Legal Guardian: Y N **Step-Parent: Y N Full Custody: Y N Joint Custody: Y N

Name: _____ Relationship to Student: _____
Last First Middle

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different above)

Phones: **Home** (landline):(_____) _____ **Cell:** (_____) _____ **Work:** (_____) _____

Pager: (_____) _____ Email Address: _____ **Employer:** _____

Student lives at this address with this parent/guardian: Y N Part-Time

**Legal Guardian: Y N **Step-Parent: Y N Full Custody: Y N Joint Custody: Y N

Name: _____ Relationship to Student: _____
Last First Middle

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different above)

Phones: **Home** (landline):(_____) _____ **Cell:** (_____) _____ **Work:** (_____) _____

Pager: (_____) _____ Email Address: _____ **Employer:** _____

Student lives at this address with this parent/guardian: Y N Part-Time

**Legal Guardian: Y N **Step-Parent: Y N Full Custody: Y N Joint Custody: Y N

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Note: ***Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Other Children

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County



Parent/Guardian Signature: _____

Date: _____



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Transportation & Emergency Information Registration Form 2008-2009

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Student's Name: _____		
Last	First	Middle
School: _____	Grade: _____	
Teacher/Counselor: _____	Room #: _____	
GSID #: _____		

Transportation

How will your child come to school? Bus (Bus Number): (# _____) Car (by: _____) Walk

How will your child go home? Bus (Bus Number): (# _____) Car (by: _____) Walk

Please list any persons **who have permission** to pick your child up from school (other than parents or guardians)

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Name: _____ Relationship to child: _____ Phone: (____) _____

Please list anyone who **CANNOT** pickup your child: _____



Parent/Guardian Signature: _____ **Date:** _____

Note: *If there are applicable legal documents, such as custody papers, a copy should be provided to the school.
*Also, Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

A Parent or Guardian will always be the first point of contact in the case of an emergency. However, if a parent or guardian cannot be reached, who might we contact?

***** Please provide at least one (1) local emergency contact that we can contact if the Parent/Guardian cannot be reached.**

Emergency Contact Information (Other than Parent/Guardian)

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones: **Home** (landline):(____) _____ **Cell:** (____) _____ **Work:** (____) _____

Does this person have your permission to pick your child up from school? Y N

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones: **Home** (landline):(____) _____ **Cell:** (____) _____ **Work:** (____) _____

Does this person have your permission to pick your child up from school? Y N

Name: _____ Relationship to Student: _____

Additional Information: _____

Phones: **Home** (landline):(____) _____ **Cell:** (____) _____ **Work:** (____) _____

Does this person have your permission to pick your child up from school? Y N

I authorize, by my signature below, that if parent/guardian or any of the above emergency contact people cannot be reached, school personnel are authorized to use their best judgment in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment.



Parent/Guardian Signature: _____ **Date:** _____



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Health Information Registration Form 2008-2009

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For Office Use Only

Student's Name: _____
Last First Middle

School: _____ Grade: _____

Teacher/Counselor: _____ Room #: _____

GSID #: _____

Health Information

Is your student taking any medicine(s) at home Y N or at school Y N ?

List _____

If your student needs to take any medicine(s) at school, the "Medication Authorization Form" is available at the school office. These forms must be completed for any and all medication a student will need to take during school hours.

Does your student have any known allergies? Y N (If "Yes", please check applicable boxes):

Medicine _____ Reaction: _____ **Food** _____ Reaction: _____

Insect Sting Reaction: _____ **Seasonal** _____ Reaction: _____

Latex Reaction: _____ **Other** _____ Reaction: _____

Other health issues, which may be a concern at school. (Please check applicable boxes and explain below):

History of Cancer Heart Problems Hearing Impaired

History of Seizures Asthma or Respiratory Ailments Visual Impaired

Diabetes Physical handicaps or activity limitations Wears glasses and/or contacts

Sickle Cell Disease Head injury or significant bump to head Other: _____

Did your child receive any immunizations last year? (List type, date) _____

Please explain any item(s) marked above and/or list any other medical conditions the school should be aware of:

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

★ Parent/Guardian Signature: _____ Date: _____

Non-Prescription

I, the parent/guardian give permission to the school nurse to dispense any needed over the counter (non-prescription) medicine to my child if necessary. This medicine is for minor problems and may include Tylenol, Neosporin, Tums, or Advil, for example. In doing so, I agree to take full responsibility of any possible side effects/adverse reactions and will not hold the Greene County School System or nurse liable.

(Circle) YES NO

★ Parent/Guardian Signature: _____ Date: _____

Doctor

Doctor's (full) Name: _____ Phone: (____) _____ Fax: (____) _____

Address: _____

Release of Info.

School nurses have my permission to contact my child's physician for further medical information. This information may be shared with school personnel if needed. In case of a serious illness/injury, the school will contact Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child.

★ Parent/Guardian Signature: _____ Date: _____

Acknowledgement

The information on this form is collected under the *Authority of the Education Act and Regulations* for the purpose of maintaining students records and administer schools. The information is to be used by principals, teachers, nurses, support staff, and supervisory officers of the Greene County School District.

I hereby certify that the information on this enrollment form is correct to the best of my knowledge.

★ Parent/Guardian Signature: _____ Date: _____

For Office Use Only
Information has been verified and updated in the school's student information system.

Staff Signature: _____ Date: _____