



Savannah-Chatham County Public School System  
**Student Registration Form**

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USE BLACK INK ONLY • SHADED AREA FOR OFFICE USE ONLY

Entry Date:	GTID Number:	Grade:	Homeroom:	Advisor/Teacher:
Restricted Released?	Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> GA EED <input type="checkbox"/> Proof of Address <input type="checkbox"/> Restricted Release Court <input type="checkbox"/> Social Security Card <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Transcript <input type="checkbox"/> Proof of Legal Guardianship			Special Services: <input type="checkbox"/> ECE* <input type="checkbox"/> Gifted <input type="checkbox"/> EIP* <input type="checkbox"/> REP*
Admin. Code(s):				Verified by:

**STUDENT INFORMATION**

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
<sup>1</sup> Social Security Number :			Nickname:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade:	Birth Date:	State of Birth:	Country of Citizenship: (if not USA)	Home Phone:	
<sup>3</sup> Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		<sup>3</sup> Race (Check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native		Does Student Have an IEP*? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Student Been in ELL/ESOL* Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<sup>2</sup> Home Address: (include apartment no.) <input type="checkbox"/> Federally Subsidized Housing		City:		State:	Zip Code:
Mailing Address: (if different from above)		City:		State:	Zip Code:
What language did/does the student... first learn to speak: _____ speak at home: _____ speak most often: _____					

**STUDENT HISTORY**

Previous School Attended:	<input type="checkbox"/> Attended SCCPSS Before <input type="checkbox"/> Home Study Program <input type="checkbox"/> Private School		
Previous School Address (City/State/Zip Code):	Last School Year Attended:	Last Grade Attended:	Date Withdrawn:

**SIBLING INFORMATION**

Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:

<sup>1</sup>Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the **Social Security Number Waiver Form** located at [www.sccpss.com](http://www.sccpss.com), Pupil Personnel Office, or at a school's main office. Please note, a social security number is required for HOPE scholarship/grant consideration.

<sup>2</sup>If the student is residing with another family, in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney-Vento Homeless Assistance Act of 2001. Please fill out the **Student Residency Questionnaire** for eligibility located at [www.sccpss.com](http://www.sccpss.com), Pupil Personnel Office, or at a school's main office.

<sup>3</sup>Ethnicity and race are both required for processing.

IEP - Individualized Education Plan  
 ECE - Exceptional Child Education

ELL - English Language Learners  
 EIP - Early Intervention Program

ESOL - English Speakers of Other Languages  
 REP - Remedial Education Program

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Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
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**PARENT/LEGAL GUARDIAN INFORMATION**

Student lives with: *(If other than parent, legal documentation is required.)*  
 Both Parents     Mother     Father     Legal Guardian     Foster Parent     Other *(Specify Relationship)* \_\_\_\_\_

**PARENT/LEGAL GUARDIAN 1**

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Address: <input type="checkbox"/> Same as student		<sup>4</sup> Email Address:		
Home Phone:	Work Phone:	Cell Phone:	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status (if applicable):	Unit and Unit #:	Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PARENT/LEGAL GUARDIAN 2**

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____		
Address: <input type="checkbox"/> Same as student		<sup>4</sup> Email Address:		
Home Phone:	Work Phone:	Cell Phone:	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Status (if applicable):	Unit and Unit #:	Works on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REGISTERING PARENT(S)/ GUARDIAN(S) WITH WITHDRAWAL AUTHORITY**

Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:

**EMERGENCY CONTACTS (Other than Parent/Legal Guardian)**

Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:
Contact Last Name:	First Name:	Relationship:	Home Phone:	Cell Phone:

**PARENT/LEGAL GUARDIAN SIGNATURE**

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from the Savannah-Chatham County Public School System upon discovery. Further, I understand that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment as allowed by criminal statute O.C.G.A 16-10-20. False information may also result in loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes to the information provided.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_      Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>4</sup>Email address is used to support online registration and parent portal.

**NOTE:** If you do not wish for your child to participate in school based clubs or organizations please, fill out the Opt-Out Notification Form, located at [www.sccpss.com](http://www.sccpss.com), Pupil Personnel Office, or at a school's main office.

The information provided shall be entered and maintained in the Student Information System (SIS)