



**Jefferson City Schools**  
**Student Registration Form**  
(Please Print)

Complete one form for each child in the household that is enrolling.

**OFFICE USE ONLY**

Household \_\_\_\_\_  
School \_\_\_\_\_  
Date Enrolled \_\_\_\_\_ Grade \_\_\_\_\_  
GTID \_\_\_\_\_  
Teacher: \_\_\_\_\_ JCS Employee \_\_\_\_\_

**SECTION 1: Student Information**

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (Name Called)  
Grade: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_ Race: (Check all that apply): \_\_\_ American Indian or Alaska Native  
\_\_\_ Black or African American  
\_\_\_ Asian  
\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_ White

Is the student of  
Hispanic / Latino ethnicity?  
\_\_\_ Yes \_\_\_ No

**SECTION 2: Household Information**

<p><b>Who has Legal Custody?</b>  <input type="checkbox"/> Both Parents  <input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Guardian(s)  <input type="checkbox"/> Ward of Court</p> <p><b>Student Lives With....</b>  <input type="checkbox"/> Both Parents  <input type="checkbox"/> Father  <input type="checkbox"/> Mother  <input type="checkbox"/> Step Parent  <input type="checkbox"/> Grandparent(s)  <input type="checkbox"/> Guardian(s)  <input type="checkbox"/> Agency/Social Services  <input type="checkbox"/> Foster Parent(s)  <input type="checkbox"/> Alone  <input type="checkbox"/> Student's Spouse/Partner  <input type="checkbox"/> Other Relative(s)</p>	<p><b>Primary Physical Address</b> : Is this address in city limits? _____  City _____ State _____ Zip _____  Home Phone Number: _____  Email Address: _____  <b>Mailing Address:</b> <i>(if different from physical address)</i>  City _____ State _____ Zip _____</p> <p><b>Name of Parents/Guardian living in the household:</b>  <b>Name:</b> _____  Relationship to student: _____  Work Phone: _____ Cell Phone: _____  Email Address: _____  <b>Name:</b> _____  Relationship to student: _____  Work Phone: _____ Cell Phone: _____  Email Address: _____</p>
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Siblings attending Jefferson City Schools

Name: _____	Grade _____	Name: _____	Grade _____
Name: _____	Grade _____	Name: _____	Grade _____
Name: _____	Grade _____	Name: _____	Grade _____

**OFFICE USE ONLY: DOCUMENTS RECEIVED**

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> GA Immunization	<input type="checkbox"/> Proof of Address (In City Limits)
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Proof of Legal Guardianship	<input type="checkbox"/> CRCT Scores
<input type="checkbox"/> Social Waiver	<input type="checkbox"/> Legal Documentation	<input type="checkbox"/> ACT <input type="checkbox"/> SAT
<input type="checkbox"/> Out of District Application	<input type="checkbox"/> ELL Documentation	<input type="checkbox"/> GHS GT _____ Date enter 9th grade

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**SECTION 3 : Secondary Household Information**

**Name of Parents/Guardian NOT living in the primary household:**

Only list Parents/Guardians that are authorized to have contact with student,  
but do not live in student's primary household.

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SECTION 4 : Previous School Information**

Last School Attended: \_\_\_\_\_ Grade \_\_\_\_\_

Has your child ever been retained? Yes or No If yes, what grade? \_\_\_\_\_

Has student attended pre-school? Yes or No If yes, check one of the following:

GA PK-Public School     Private Non-Profit PK     Public Sponsored PK (Title 1)     Private For Profit PK  
 Head Start     Other Public School     GA PK Private School

List other schools student has attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received any of the following services? If yes, check all that apply.

Special Education\*     Gifted     Speech\*     ESOL  
 EIP Reading/Math     Remedial     OT/PT\*     504

\*If student receives special education including speech or OT/PT, do you have a copy of a current IEP or IAP? Yes or No

**SECTION 5: Student Pick-Up Information**

My child may only be picked up from school by the following: (List parents and others that are allowed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is NOT permitted to leave with the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial: I understand my child will not be permitted to  
\_\_\_\_\_ leave with anyone who is not listed.

**SECTION 6: Home Language Survey**

Parent or Guardian must complete.

First Language learned by student? \_\_\_\_\_ Language student uses at home? \_\_\_\_\_

Language student uses most often? \_\_\_\_\_ Country of Origin? \_\_\_\_\_

Date entered US schools: \_\_\_\_\_

**Section 7: Residency Affidavit**

**Jefferson City Schools  
RESIDENCY AFFIDAVIT**

This form is to be completed by the student's parent or legal guardian and signed/witnessed by a school district employee OR Notary Public. You must submit a separate Residency Affidavit for each child enrolled in the district.

**A. Student Information**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**B. Student lives with: Print name(s) and check relationship to student:**

Parent or Guardian's Name \_\_\_\_\_  
 mother  stepmother  guardian  foster parent  grandmother

Parent or Guardian's Name \_\_\_\_\_  
 father  stepfather  guardian  foster parent  grandfather

**C. Address Information:**

**Please note that post office box is not acceptable as a residence address.**

Address \_\_\_\_\_  
Street Address City State Zip

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I moved outside the district, appropriate forms will also be required. I understand that an interdistrict transfer may not be accepted by the district.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; (a) revocation of student enrollment; (b) being held liable to reimburse the district for expenses incurred to educate this student; and/or (c) civil action resulting from fraud, negligent misrepresentation and negligence.

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

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Official School District Signature OR Notary Public Signature

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Emergency Contact Information**

**Emergency Contact: In the event that parents are unable to be contacted, please list other persons who are allowed to be contacted.**

- 1) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ 1
- 2) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ 2
- 3) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ 3
- 4) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ 4

**Medical Information**

**Does your child have any health problems of which we should be aware of? Check all that apply.**

- |                                     |                                       |  |  |
|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Asthma     | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Nose Bleeds   | <input type="checkbox"/> Heart Condition         |
| <input type="checkbox"/> Migraines  | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Kidney/Bladder Problems |
| <input type="checkbox"/> ADD/ADHD   | <input type="checkbox"/> Other _____  |  |  |

If you have checked any of the above, please specify: \_\_\_\_\_

Does your child require an EPI PEN? \_\_\_\_\_ Where should pen be located? \_\_\_\_\_

Does your child take any prescribed medications routinely? List \_\_\_\_\_

Is Medication required during school hours? Yes No **If yes, please complete the necessary authorization form from the school nurse.**

Other important health information: \_\_\_\_\_

Child's Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

**School clinic personnel have my permission to contact my child's physician for further medical information. I also give permission for the school clinic personnel to perform screenings and/or rescreens throughout the year as needed (hearing, vision, dental, and scoliosis) as well as participate in the growth and development presentation. The above screenings are required by law, unless I otherwise request an exemption in writing to my child's school clinic personnel.**

**In case of serious illness/injury, the school will telephone 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 Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*NOTE: Parent/Guardian is responsible for bringing meds such as Inhalers, Epi-pens, Benadryl, etc. to treat asthma, allergic reactions, or other medical conditions, etc. to the school.**

**\*\*The school does NOT keep any medications in stock for students.\*\***



If medication is to be administered at the school please follow instructions below:

\*Medications must be in the original labeled containers (no baggies, foil, etc)  
Pharmacists will usually provide a duplicate prescription labeled container for the school doses if parent requests.

\*Permission forms must be completed with parent/guardian signature before any medicine can be administered.

\*Parent/guardian must provide specific instructions along with the medication and any related equipment to the clinic personnel (such as nebulizer machines, Diabetic glucose monitors, etc).

\*It is the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new permission form is completed and a newly labeled container is provided.

\*The only medications allowed on the bus are inhalers.

\*If the student brings any medication (ex. Tylenol, Motrin, etc.) to school, it must be brought to the office or clinic immediately upon entering the school building.

\*Students are not allowed to carry medicine home on the bus (except for inhalers).

\*Medications must be age appropriate for the student. School personnel cannot administer larger doses than the ones on the label's instructions unless accompanied by a note from the child's physician.

\*Any unused medications will be disposed of if not picked up by the last day of school. This includes inhalers, epi-pens, etc.

*I understand the above Jefferson City School regulations in regards to my child receiving any medication at the school.*

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_