

Greene County Schools

Information/Registration Card

6.203 Exhibit A
Revised: 4/27/2017

Enrollment Information:

Enrolling School: _____ Enrollment Date: _____ Homeroom: _____ Grade: _____

Last Name _____ First Name _____ Middle Name _____ Suffix _____ Name Student Called _____
(Month/Day/Year) _____ / _____ / _____

Social Security # _____ Birth Date _____ Gender _____ Mother's Maiden Name: _____
Check one: Hispanic Non-Hispanic

Student Place of Birth: _____ City _____ County _____ State _____
Race Category: Mark all that apply. American Indian or Alaskan Native
Asian Black or African American Asian
Native Hawaiian or Other Pacific Islander White

Check box () for each question if true for this student:

Multiple Birth? Ward of State? Special Education? Medical Issues? New to School System?

Who has legal custody? _____ Relationship: _____

Resident School (if not this school): _____ Entry Date: _____

Phone Information:

"X" ONE number for school announcements. Check (✓) individuals who may pick-up your child. Star (*) number(s) for use during the school day.

Type	X	✓	*	Number	Name	Relationship
Home						
Emergency						
Work						
Work (2)						
Cell						
Cell (2)						
Other						

Email(s): _____

Address Information:

House # _____ Street _____ City _____ State _____ Zip Code _____
Mailing Address (list if different than street address) _____

School Information:

AM Bus # _____ PM Bus # _____ Distance from School (miles) _____

Directions to Home: _____

Early Dismissal Instructions (Check (✓) and complete one option):

E.S.P.	Must have application on file with ESP.		
Ride Bus	Bus #	Destination:	
Pick-Up	Name of Person Picking-up:		Relationship:
Other	Explain:		

PLEASE COMPLETE OTHER SIDE

Special Education Services (Complete if Special Education checked (☑) at top):

Last School Attended (if not this school):

School Name	Address	City	State	Zip Code
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Medical Information:

In the case of an emergency, I give permission for school personnel to obtain medical services for my child/children.

Parent Signature: _____ Date: _____

Child's Physician: _____ Physician Phone: _____

Physician Address: _____

Hospital: _____

Directions if medical treatment is needed: _____

List **CURRENT** health conditions **DIAGNOSED BY PHYSICIAN** that school personnel need to know. If you would like a written emergency plan to address these conditions, contact a school nurse at 798-2646. (Complete if Medical Issues checked (☑) at top.

Please check the applying box(es) below, if either parent is serving in the military.

- Active Duty Military National Guard Military Reserve Military