GREEN HILLS SCHOOL REGISTRATION FORM

OFFICE USE:
GHS REG
CHOICE
OUT OF DISTRICT
RECEIVING OUT OF DISTRICT
HEALTH TO NURSE

<u>STUDENT II</u>						
TUDENT NAM	IE:					
	LAST	FIRST	MIDD	LE PREFEI	RRED	
HOME ADDRE	SS:STREET		CITY	STATE		ZIP
MAILING			CIT	STATE		211
ADDRESS:	STREET		CITY	STATE		ZIP
HOME PHONE	#: ()	ETHNIC:		AFRICAN-AMERH DIAN OR ALASKAN N	IATIVE	_ASIA
BIRTH DATE:		GENDER: M F		PROFIC ISLANDER		
PLACE OF BIR	TH (City):		(State)			
IRST ENTRY [DATE INTO A U.S. SCH	IOOL SYSTEM:				
	GUAGE SPOKEN AT H	OME:				
CHILD'S NATI	/E LANGUAGE:					
PREVIOUS SCI	HOOL					
ATTENDED:		CH	IILD WAS ON:	_Grade Level Above Grade Level		
				Below Grade Level		
ut of district egistration – list	STREET					
and a stand a shine of	OITV					
DOES YOUR C	HILD HAVE AN IEP (INI	STATE ZIF		NO		
DOES YOUR C	PHONE: HILD HAVE AN IEP (INI UARDIAN INFORM	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	NO		
DOES YOUR C PARENT/GU PARENT NAME	HILD HAVE AN IEP (INI	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?		NO		
DOES YOUR C	PHONE: HILD HAVE AN IEP (INI UARDIAN INFORM	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	NO	ZIP	
DOES YOUR CL PARENT/GL PARENT NAME	PHONE: HILD HAVE AN IEP (INI JARDIAN INFORM E: LAST	DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	STATE	ZIP	
DOES YOUR C PARENT/GL PARENT NAME ADDRESS: HOME PHONE:	PHONE: HILD HAVE AN IEP (INI JARDIAN INFORM E: LAST STREET	FAX	YESM	STATE _NOSHARED		
POES YOUR C	PHONE: HILD HAVE AN IEP (INI JARDIAN INFORM E: LAST STREET	FAX	YESM	STATE _NOSHARED		
POES YOUR C	PHONE: HILD HAVE AN IEP (INI JARDIAN INFORM E: LAST STREET	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESM	STATE _NOSHARED		
DOES YOUR CI PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER:	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	STATE NOSHARED HONE:		
DOES YOUR CI PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN FIRST F CHILD:YES CELL P DDRESS GUARDRESER	STATE NOSHARED HONE:		
DOES YOUR CL PARENT/GL PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY PARENT NAME	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	STATE NOSHARED HONE:		
DOES YOUR CO PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY PARENT NAME	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN FIRST F CHILD:YES CELL P DDRESS GUARDRESER	STATE NOSHARED HONE:		
PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY PARENT NAME ADDRESS:	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESN	STATE NOSHARED HONE: VE STATE		
DOES YOUR CI PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY PARENT NAME ADDRESS: HOME PHONE:	PHONE:	FAX DIVIDUAL EDUCATION PLAN/504) ON FILE?	YESNFIRST F CHILD:YES DDRESS GUARDRESER FIRST F CHILD:YES	STATE NOSHARED HONE: VE STATE NOSHARED	ZIP	
PARENT/GU PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: PARENT NAME ADDRESS: HOME PHONE: DCCUPATION:	PHONE:	FAX	YESNFIRST F CHILD:YES DDRESS GUARDRESER FIRST F CHILD:YES	STATE NOSHARED HONE: VE STATE NOSHARED	ZIP	
DOES YOUR CI PARENT/GU PARENT NAME ADDRESS: HOME PHONE: DCCUPATION: EMPLOYER: J.S. MILITARY PARENT NAME ADDRESS: HOME PHONE:	PHONE:	FAX	YESNFIRST F CHILD:YES DDRESS GUARDRESER FIRST F CHILD:YES	STATE NOSHARED HONE: VE STATE NOSHARED	ZIP	

IF A PARENT, NOT LIVING WITH THE STUDENT, NEEDS TO BE SENT COPIES OF PROGRESS REPORTS, PLEASE PROVIDE PARENT NAME AND ADDRESS:

PARENT NAME		ADDRESS	CI	ΓY	STATE	ZIP	PHONE				
SIBLINGS (Include Applicant & High School Students)											
(Include Applica BIRTH DATE	Int & High School Student	S)	GENDER	SCHOOL			GRADE/				
							HOMEROOM				
EMERGENC	Y INFORMATION (PLE	ASE LIST BELOW THE I	NAMES OF T	WO PEOPLE	THAT LIVE	NEARBY THAT	YOU WOULD LIKE US				
TO CONTACT, I	F YOU CANNOT BE REAC	HED AND YOUR CHILD	IS ILL OR T	HERE IS AN EN	MERGENCY	CLOSING DUR	ING SCHOOL.)				
1. EMERGENCY	CONTACT:	FIRST		RELATION	SHIP	HOME:					
	LAGT			NELAHON		CELL:					
2. EMERGENCY	CONTACT:					HOME:					
	LAST	FIRST		RELATION	SHIP						
						CELL:					
Doront Ema											
	III: ONIC MAILINGS OF SCI										
		NOOL WIDE NEWS)									
Name of Em	ail Contact:										
PARENT/GUA	RDIAN SIGNATURE		DATE								
RESIDENCY PO	LICY 5111										
Proof of Eligibili											
	l accept a combination of for enrollment in the dist		similar forms	of documenta	ition from p	ersons attempt	ing to demonstrate a				
	rty tax bills, deeds, contra ship, tenancy or residency		tgages, sign	ed letters fron	landlords	and other evide	nce of property				
	egistrations, licenses, pe ment to a particular locati		information	, utility bills, de	elivery rece	ipts, and other	evidence of personal				

- 3. Court orders, State agency agreements and other evidence of court or agency placements or directives;
- 4. Receipts, bills, cancelled checks and other evidence of expenditures demonstrating personal attachment to a particular location, or, where applicable, to support of the student;
- 5. Medical reports, counselor or social worker assessments, employment documents, unemployment claims, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency;
- 6. Affidavits, certifications and sworn attestations pertaining to statutory criteria for school attendance, from the parent, legal guardian, person keeping an "affidavit pupil," adult pupil, person(s) with whom a family is living, or others as appropriate;