

GREEN HILLS SCHOOL REGISTRATION FORM

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

STUDENT INFORMATION

GRADE ENTERING _____ START DATE: _____

STUDENT NAME:

_____ LAST FIRST MIDDLE PREFERRED

*HOME ADDRESS: _____ STREET CITY STATE ZIP

MAILING ADDRESS: _____ STREET CITY STATE ZIP

HOME PHONE#: () _____ ETHNIC: _____ WHITE _____ AFRICAN-AMER. _____ HISPANIC _____ ASIAN
 _____ AMERICAN INDIAN OR ALASKAN NATIVE
 _____ HAWAIIAN NATIVE/PACIFIC ISLANDER

BIRTH DATE: _____ GENDER: M F

PLACE OF BIRTH (City): _____ (State) _____

FIRST ENTRY DATE INTO A U.S. SCHOOL SYSTEM: _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

CHILD'S NATIVE LANGUAGE: _____

PREVIOUS SCHOOL

ATTENDED: _____ CHILD WAS ON: _____ Grade Level
 _____ Above Grade Level
 _____ Below Grade Level

Out of district
 registration – list
 school attending.

NAME _____
 STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE: _____ FAX _____

DOES YOUR CHILD HAVE AN IEP (INDIVIDUAL EDUCATION PLAN/504) ON FILE? _____ YES _____ NO

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME: _____ LAST FIRST

ADDRESS: _____ STREET CITY STATE ZIP

HOME PHONE: _____ I HAVE CUSTODY OF CHILD: _____ YES _____ NO _____ SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ NAME ADDRESS

U.S. MILITARY SERVICE: _____ NO _____ FULL TIME ACTIVE _____ NATIONAL GUARD _____ RESERVE

FATHER'S NAME: _____ LAST FIRST

ADDRESS: _____ STREET CITY STATE ZIP

HOME PHONE: _____ I HAVE CUSTODY OF CHILD: _____ YES _____ NO _____ SHARED

OCCUPATION: _____ WORK PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ NAME ADDRESS

U.S. MILITARY SERVICE: _____ NO _____ FULL TIME ACTIVE _____ NATIONAL GUARD _____ RESERVE

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 CITY STATE ZIP PHONE

SIBLINGS

(Include Applicant & High School Students)

BIRTH DATE	NAME	GENDER	SCHOOL	GRADE/ HOMEROOM

EMERGENCY INFORMATION (PLEASE LIST BELOW THE NAMES OF TWO PEOPLE THAT LIVE NEARBY THAT YOU WOULD LIKE US TO CONTACT, IF YOU CANNOT BE REACHED AND YOUR CHILD IS ILL OR THERE IS AN EMERGENCY CLOSING DURING SCHOOL.)

1. EMERGENCY CONTACT: _____ HOME: _____
 LAST FIRST RELATIONSHIP CELL: _____

2. EMERGENCY CONTACT: _____ HOME: _____
 LAST FIRST RELATIONSHIP CELL: _____

Parent Email: _____
 (FOR ELECTRONIC MAILINGS OF SCHOOL WIDE NEWS)

Name of Email Contact: _____

PARENT/GUARDIAN SIGNATURE DATE

**RESIDENCY POLICY 5111
 Proof of Eligibility**

The district shall accept a combination of any of the following or similar forms of documentation from persons attempting to demonstrate a pupil's eligibility for enrollment in the district:

1. Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, tenancy or residency;
2. Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location;
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;
7. Documents pertaining to military status and assignment; and