

# GALLIPOLIS CITY SCHOOLS

## STUDENT REGISTRATION FORM

School Year \_\_\_\_\_  New Student Student ID Number \_\_\_\_\_  
 Grade Entering \_\_\_\_\_  Open Enrollment Start Date \_\_\_\_\_  
 GAHS  GAMS  Green Elementary  Rio Grande Elementary  Washington Elementary

### STUDENT'S LEGAL NAME

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

### DEMOGRAPHICS

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age  Male  Female \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ City of Birth \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**CITIZENSHIP STATUS:**  US Citizen  Foreign Exchange  Other Non-US  
 Asian/Pacific Islander  Hispanic  White  African American  Multiracial  American Indian/Alaskan Native

**NATIVE LANGUAGE** (Required under Federal Civil Rights Laws) \_\_\_\_\_

**LANGUAGE SPOKEN AT HOME** (if other than English) \_\_\_\_\_

**PARENTAL STATUS**  Married  Separated  Divorced  Never Married  Widowed

**CHILD RESIDES WITH**  Both Parents  Mother (has custody)  Father (has custody)  Legal Guardian  
 Grandparent (legal guardian)  Mother & Stepfather  Father & Stepmother  Foster Parent (complete SF-14)

Is your child in Special Education  Yes  No Does s/he have a 504 Plan  Yes  No

Does your child now or has s/he ever received gifted services  Yes  No

Has your child ever been retained  Yes  No Which grade \_\_\_\_\_ Last grade completed \_\_\_\_\_

Do you have a student(s) enrolled in one of the other GCSD buildings? If yes, where?

GAHS  GAMS  Green Elementary  Rio Grande Elementary  Washington Elementary

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

Last School Student attended \_\_\_\_\_ Grade Level \_\_\_\_\_

School Address \_\_\_\_\_ Last Date Attended \_\_\_\_\_

### CONTACT INFORMATION FOR RESIDENTIAL PARENT / GUARDIAN

\_\_\_\_\_ Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Father's Occupation \_\_\_\_\_ Father's e-mail \_\_\_\_\_

\_\_\_\_\_ Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Mother's Occupation \_\_\_\_\_ Mother's e-mail \_\_\_\_\_

### EMERGENCY CONTACT (if parent cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date Entered in DASL \_\_\_\_\_ Date Contacts Entered in DASL \_\_\_\_\_