

Rome City Schools Registration Form

FOR SCHOOL USE ONLY

Grade: _____
Teacher: _____
Date: _____

FOR SCHOOL USE ONLY

Residency Confirmed: YES NO

Tuition: _____

STUDENT'S NAME: _____ Social Security Number: _____
Last First Middle (Either a copy of Social Security Card or a Social Security Waiver)

STUDENT'S ADDRESS: _____
Street City State Zip

SEX: _____ Male _____ Female EXACT DATE OF BIRTH: _____ BIRTH COUNTRY: _____

RACE: (Select All that apply)

- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Asian

ETHNICITY: Is the student of Hispanic/Latin Ethnicity

- Yes
- No

STUDENT RESIDES WITH: (select ALL that apply)

- Both Mother and Father
- Mother
- Father
- Step Father
- Step Mother
- Legal Guardian
- Sponsor Family

PARENT / GUARDIAN INFORMATION AND RESIDENCY REQUIREMENT

It is the responsibility of the custodial parent/guardian to notify the school if there is an address or contact information change.

Please complete all that are applicable—Leave Blank if not

MOTHER NAME: _____ EMAIL: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

FATHER NAME: _____ EMAIL: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

STEP MOTHER NAME: _____ EMAIL: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

STEP FATHER NAME: _____ EMAIL: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

OTHER: LEGAL GUARDIAN _____ SPONSOR FAMILY _____

NAME: _____ EMAIL: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMPLOYER: _____

EMERGENCY CONTACT AND CHECK-OUT INFORMATION

In the case of an emergency the school's first contact will be with parents/guardians listed above. **Please provide information below for anyone else the school may contact or who may check your child out of school.** Please know they will need photo id and must be 18 years old or older. **In addition to person(s) listed above this person(s) will have permission to check out your child from school.**

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					
5					
6					
7					

OTHER CHILDREN RESIDING IN THE HOME

Please list the names and dates of birth of other children living in your home.

	Other Child #1	Other Child #2	Other Child #3	Other Child #4
Name				
Date of Birth				
School this child attends				

DISABILITIES AND SPECIAL SERVICES

Check any disabilities: Physical Speech Learning Behavioral Vision Hearing Other _____

Describe any disabilities you checked above: _____

Has your child ever been served by any of the following programs? Special Education Gifted ESOL/ELL 504

PRIOR SCHOOLS

(if other than Rome City Schools please provide copy of last report card)

Name of last school attended: _____

City and State of the last school attended: _____

LANGUAGE INFORMATION

What language do you prefer "school to home" communications be in? _____

ACTIVE MILITARY SURVEY

Does either parent/guardian/step-parent with who the student resides meet any of the following:

Is an active member of the uniformed services? Yes _____ No _____

Is currently a member of the military reserves in the US Armed Forces, National Guard or Reserve? Yes _____ No _____

Is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement? Yes _____ No _____

Parent/Step parent was a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty? Yes _____ No _____

By signing below, I certify that I am the student listed above or the custodial parent/legal guardian of the student listed above. I further certify that I am a resident of the City of Rome, or that I have made arrangements to enroll in Rome City Schools as a tuition student. I understand that false information on this form may result in termination from school with credit for any school work earned. I also understand that it is my responsibility to keep the school informed of any changes in the above information.

Parent's Signature

Date