

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS  
TO COMPLETE THE REGISTRATION PROCESS**

- “Certified Birth Certificate”** or official evidence of request from the Department of Vital Statistics. (Certificates from hospitals and county courthouses are not acceptable.)
- Certificate of Immunization from a physician or health department
- Social Security Card
- Copy of Well Child Check
- Dental Form

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS  
TO COMPLETE THE PRE-K REGISTRATION PROCESS**

- “Certified Birth Certificate”** or official evidence of request from the Department of Vital Statistics. (Certificates from hospitals and county courthouses are not acceptable.)
- Certificate of Immunization from a physician or health department
- Social Security Card
- Copy of Well Child Check
- Dental Form

## PENDLETON COUNTY SCHOOL STUDENT REGISTRATION FORM

FOR OFFICE USES ONLY:	DATE:	TIME:	INITIALS:
Legal Last Name	First Name		Middle Name
SS Number	Date of Birth	Sex	Home Phone
Birthplace (City and State)			Grade Level
Physical/911 Address Where Student Resides			Last School Attended
Mailing Address			City/State of Last School Attended
Has student ever been enrolled in Pendleton County Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are they currently under expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other _____			
Country of Origin _____		First Language your child began to speak _____	
What language does your child speak at home _____		Primary Language used in the home _____	
<b>PRIMARY HOUSEHOLD INFORMATION: Name Of Person(S) With Whom Student Is Living</b>			
Living with (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian			
<input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Mother or Female Guardian Name	Place of Employment	Work Phone	Cell Phone
Father or Male Guardian Name	Place of Employment	Work Phone	Cell Phone
Does guardian have email address or other contact phone numbers? Please list name of contact and other contact info:			
<b>LIST ALL OTHERS THAT LIVE IN THE HOME</b>			
NAME	RELATIONSHIP TO STUDENT	SCHOOL ATTENDING	GRADE
1.			
2.			
3.			
4.			
<b>Emergency Information: List other persons (other than yourself) usually available during the school day who have agreed to care for and pick up your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.</b>			
Name	Relationship to Student	Home Phone Number	Cell Phone Number
1.			
2.			
3.			
<b>LEGAL CUSTODY INFORMATION</b>			
1. Who has legal custody? (Documentation required) <input type="checkbox"/> Natural father and mother <input type="checkbox"/> Natural Mother <input type="checkbox"/> Natural Father			
<input type="checkbox"/> Joint Custody <input type="checkbox"/> Other, Explain _____ <input type="checkbox"/> Adult or Married Student			
2. Full name of natural parent not living with student:			
3. Where does he/she live?			
4. Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up your child, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No (Documentation Required.)			
5. Is there anyone that CANNOT pick up your child? Please list name and explain:			
<b>IMPORTANT: It is the parent/guardian's responsibility to keep the school informed of any changes of custody by providing the office a current and complete legal document each year and after any changes.</b>			
<b>TRANSPORTATION INFORMATION</b>			
Mode of Transportation	Please complete if child rides the bus.		
How will child arrive in the morning? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker	Morning Pick up location:		
How will the child return home in the evening? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker	Evening Drop off location:		

**OTHER IMPORTANT INFORMATION** - Please list below any medical conditions, allergies, etc. (Students with health problems, food allergies, or taking medications on a regular basis are required to fill out additional forms available in the school nurse's office.)

Physician:		Phone Number:	
Insurance Carrier:		Policy Number:	
Do you give permission for your child to be transported by ambulance to a hospital in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, List hospital preference:			

#### OTHER PERMISSIONS

**Student Directory Release:** Does the school/county have permission to include your child's name in a School Directory? (Name, Age, Grade, Telephone listing, etc.)  Yes  No

**Photo Release:** Your child may be photographed or videotaped for promoting the school system in district publications, websites or in newspapers, magazines, articles, or letters relating to school activities. Does the school/county have your permission to use, duplicate, broadcast and or publish your child's photograph image/likeness for these purposes as determined solely by Pendleton County Schools?  Yes, I give my permission.  No, I do not give my permission.

#### RESIDENCY VERIFICATION

As the parent or legal guardian, I understand it is MY responsibility to notify the school of any move or change of physical address and/or mailing address.  Yes  No

I also affirm that the student currently resides in the school zone for the school in which I am enrolling them.  Yes  No

#### ADDITIONAL INFORMATION

(Please use this area to list any additional information that we may need to know.)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_