

**GALLIA COUNTY LOCAL SCHOOL DISTRICT
Registration Form**

The custodial parent must enroll the student.

Are you the custodial Parent? Yes _____ No _____

Pupil's Name _____ Grade _____ Date _____

(First Last Middle)

Sex _____ Age _____ Birth Date ____/____/____ SS# _____

Student's Mailing Address _____

Home Telephone _____ County of Residence _____

Number of Brothers* _____ Number of Sister* _____

Circle One: **Tuition Student:** Yes _____ No _____ **Open Enrollment:** Yes _____ No _____

Citizen Status: US Citizen _____ Exchange Student _____ Other Non-US Citizen _____

Ethnic Background: Am. Indian _____ Asian _____ Black _____ Hispanic _____ Multiracial _____ White _____

Special Program Status: Yes _____ No _____ List Number _____

1. Talented/Gifted/Honors 2. Multihandicapped (other than Deaf-Blind) 3. Deaf-Blind 4. Hearing Handicapped
5. Visually Handicapped 6. Speech Handicapped 7. Non-Specific Disability (preschool program age 3-5)
8. Orthopedically Handicapped 9. Other Health Handicapped 10. Severe Behavior Handicapped
11. Developmentally Handicapped 12. Specific Learning Disabled

School Attended Last _____

Mailing Address _____

Father's Name _____ Home Phone _____

Address _____

Occupation _____ Place of Employment _____ Work Phone _____

Living _____ Separated _____ Divorced _____ Deceased _____

Education: Elementary 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6

Mother's Name _____ Home Phone _____

Address _____

Occupation _____ Place of Employment _____ Work Phone _____

Living _____ Separated _____ Divorced _____ Deceased _____

Education: Elementary 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6

**Guardian's Name (if any) _____ Telephone _____

Mailing Address _____

Name of Road Student Lives On _____

Bus Driver _____ Bus Number _____

If you are not available, who may we call in case of an accident:

Name _____ Relationship _____ Phone _____

Any allergies that we should know about? _____ If yes, what _____

*PLEASE LIST NAMES OF BROTHERS AND SISTERS ON THE BACK OF THIS SHEET.

** IF YOU ARE THE GUARDIAN A SECOND FORM, OBTAINED AT THE SCHOOL OFFICE, MUST BE COMPLETED. A COPY OF THE LAST COURT DOCUMENT MUST ACCOMPANY.