

**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\* \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_

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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.