

Entry Date ___/___/20__	Entry Code _____	Grade Level _____
School Name _____	HR Teacher _____	
Student ID# _____	Entered 9 <sup>th</sup> Grade ___/___/20__	(HS Only)
Records Requested ___/___/20__		
Records Received: Immunization <input type="checkbox"/> EED <input type="checkbox"/> Birth Cert. <input type="checkbox"/> SS Card <input type="checkbox"/> SPED <input type="checkbox"/> Transcript <input type="checkbox"/> HS <input type="checkbox"/> MS <input type="checkbox"/>		

### Putnam County Charter School System Registration Form

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

Physical

Address: \_\_\_\_\_ P.O.Box \_\_\_\_\_

Mailing Address if different from physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_/or

Wavier \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_ Male \_\_ Female Ethnicity: Is the student of Hispanic or Latino ethnicity? \_\_ Yes \_\_ No  
If yes, select one or more races from the five racial categories. If no, please check the student's race below.

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	

Pre-K School/City/State: \_\_\_\_\_

Student lives with: \_\_ Both Parents \_\_ Mother \_\_ Father \_\_ Guardian \_\_ Foster Parent \_\_ Other

Transportation: \_\_ Bus# \_\_\_\_\_ \_\_ Walk \_\_ Car Rider

Housing: \_\_ Rent/Own \_\_ Friend/Relative \_\_ Motel/Hotel \_\_ Shelter \_\_ RV/Campground \_\_ Other

### Parent/Guardian Contact Information

Home email address: \_\_\_\_\_

Mother: \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work place: \_\_\_\_\_ Work ph#: \_\_\_\_\_

Father: \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Work place: \_\_\_\_\_ Work ph#: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

(if not same as above)

Legal Guardian Relationship: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home ph#: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Last School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Withdrawal Date: \_\_\_/\_\_\_/\_\_\_ At last school, was student receiving services? \_\_ Gifted \_\_ Speech \_\_ SST/RTI \_\_ 504  
\_\_ Sp.Ed. \_\_ ESOL \_\_ Other \_\_\_\_\_

Is the student currently suspended? \_\_ Yes \_\_ No

Has student ever been enrolled in Putnam County Schools? \_\_ No \_\_ Yes If yes, which school? \_\_\_\_\_

Has student ever received FREE or REDUCED Lunches? \_\_ No \_\_ Yes

In which country was student born? \_\_\_\_\_ Month/Year student entered US School \_\_\_/\_\_\_ (mm/yyyy)

What language did the student speak first? \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

What language does the student speak most often? \_\_\_\_\_

I \_\_\_\_\_, affirm that the above information is true and correct.  
(Parent/Guardian Signature)

Date Signed: \_\_\_\_\_