

# New Student Registration Form

## Crockett County Schools

### Student Information (Please Print):

\_\_\_\_\_  
Last Name First Name Middle Name Grade Gender

\_\_\_\_\_  
Home Language Birth Date (MM/DD/YY) Social Security Number (not Required)

\_\_\_\_\_  
Mother's Maiden Name (Birth Certificate) Student's City/County/State of Birth (Birth Certificate)

### Home Address:

\_\_\_\_\_  
Address City Zip

### Mailing Address (☐ Check if same as home address)

\_\_\_\_\_  
Address City Zip

**Race (Select One):** ☐ White ☐ African American ☐ Hispanic/ Latino ☐ Asian ☐ Other \_\_\_\_\_

**Check all that apply:** ☐ U.S Citizen ☐ Chronic Illness ☐ Migrant ☐ Refugee ☐ Foster Home  
☐ Teen Parent

Did this student receive Special Education Services at the previous school? ☐ No ☐ Unsure ☐ Yes

(If yes what type of services did your child receive?) \_\_\_\_\_

### Parent /Guardian Information:

\_\_\_\_\_  
Mother's Full Name Cell Number Home Number Work Number

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
e-mail address

### Check all that apply:

☐ Lives With ☐ Educational Rights ☐ Contact Allowed ☐ Has Custody ☐ Check-out Authorized

**Parent /Guardian Information, continued:**

<hr/>	<hr/>	<hr/>	<hr/>
Father's Full Name	Cell Number	Home Number	Work Number

<hr/>	<hr/>	<hr/>
Address	City	Zip

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e-mail address

**Check all that apply:**

☐Lives With    ☐Educational Rights    ☐Contact Allowed    ☐Has Custody    ☐Check-out Authorized

**Other Information:**

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Bus to School

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Bus from School

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County in which the family vehicle is registered

**Previous School Information:**

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Name of School

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Address

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Phone

**List Siblings that are also enrolled in Crockett County Schools:**

<hr/>	<hr/>	<u>Friendship</u> <u>Gadsden</u> <u>Maury City</u>
Name	Grade	School Enrolled (Circle one)

<hr/>	<hr/>	<u>Friendship</u> <u>Gadsden</u> <u>Maury City</u>
Name	Grade	School Enrolled (Circle one)

<hr/>	<hr/>	<u>Friendship</u> <u>Gadsden</u> <u>Maury City</u>
Name	Grade	School Enrolled (Circle one)

**Emergency Information (List in the order we should call):**

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Emergency Contact Name

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Phone Number

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Relationship

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Emergency Contact Name

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Phone Number

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Relationship

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Emergency Contact Name

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Phone Number

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Relationship

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Emergency Contact Name

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Phone Number

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Relationship

My signature attests that all information on this registration form is accurate and I am resident of Crockett County or have been officially granted "out-of-district" status.

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Signature

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Date