

Student's Name _____
Last First

Physician: _____ Phone # _____

If entering from another school, complete this section:

Name of last school attended: _____ Grade: _____

Address/Location of School: _____ Phone: _____

Date of Withdrawal: _____

Has the student previously attended Cartersville City Schools at any time? _____ YES _____ NO

If yes, what school & grade & year: _____

What preschool did the student attend? (Name of institution, city & state): _____

State-funded Georgia
Pre-K (no parent fees)

Private for profit
(Such as Day Care)

Private, non-profit
(Such as church-sponsored)

Has student received any of these services:

Gifted

ESOL

SST / RTI

Special Education

Speech

504

Has the student ever been retained? Yes No If yes, what grade(s)? _____

Language of the student:

What was the first language student learned to speak? _____

What language does the student speak most often? _____

What language is most often spoken in your home? _____

If student is not originally from the United States:

Date student entered this country? _____ Number of years school in native country? _____

Has student ever attended school in the U.S. Yes No

If yes, what date did student first enroll in a U.S. School? _____

Is a language other than English used in the home? Yes No

Did student have a first language other than English? Yes No

Is the student currently on suspension or expulsion from another school or school system?

Yes No If yes, explain: _____

Has student ever been convicted of a felony crime (armed robbery, assault or battery, rape, carrying a deadly weapon, felony drugs, etc.)?

Yes No If yes, explain: _____

High School Students Only:

Date entered 9th grade: _____

Driver's License #: _____

I certify that I have legal custody/guardianship of the above named student and have the authority to enroll this student in the Cartersville City Schools.

Signature of Custodial Parent or Legal Guardian

Date

The Cartersville City Schools reserves the right to verify all information requested on the registration form.

Office Use Only

Records requested by: _____ Date: _____