

This School Registration Form is provided for you to register your child for the 2008-09 school year. (Note: A student entering ninth or higher grade or who is at least 15 years old may complete the form.) **Please return your completed form to the school system during the designated school selection period, March 1-31, 2008. Please note the grades offered in each school.**

Social Security Number _____

Grade Student Entering _____

Student's Last Name _____

Race: Asian Indian
 Black No Response
 Hispanic White

Student's First Name _____

Student's Middle Name _____

Gender: Male
 Female

Student's Email Address _____

Address* _____

Date of Birth** _____

City _____

Primary Language _____

State _____ **Zip Code** _____

Home Phone _____ **Father's Cell Phone** _____ **Mother's Cell Phone** _____

Student Lives With _____

Does parent or guardian live in city limits? Yes No

School Student Attended 2007-2008 _____

Mailing address of student's last school, if other than a Florence City School (below):

Name of School: _____ Address _____

Please indicate your preference by marking an X on the circle beside the name of the school.

<i>Name of School</i>	<i>Grades Offered</i>	<i>Location</i>
<input type="radio"/> Forest Hills	K-4	101 Stovall Drive
<input type="radio"/> Harlan	K-4	2233 McBurney Drive
<input type="radio"/> Weeden	K-4	400 Baldwin Street
<input type="radio"/> Hibbett	5-6	1601 Appleby Boulevard
<input type="radio"/> Florence Middle School	7-8	648 N. Cherry Street
<input type="radio"/> Freshman Center	9	648 N. Cherry Street
<input type="radio"/> Florence High School	10-12	1201 Bradshaw Drive
<input type="radio"/> I will attend school in another school system (please name system):		

* Must provide a street address. Please do not give post office box number or route number.

** Must be 5 on or before September 2, 2008, to enter Kindergarten; must be 6 on or before September 2, 2008, to enter 1st Grade.

Parent/Guardian Information (1)

Last Name _____

Phone Number _____

First Name _____

Relationship _____

Middle Name _____

Employer _____

Address _____

Employer's Address _____

Employer's Phone Number _____

City _____

Extension Number _____

State _____ Zip Code _____

Occupation _____

Email address _____

Parent/Guardian Information (2)

Last Name _____

Phone No. _____

First Name _____

Relationship _____

Middle Name _____

Employer _____

Address _____

Employer's Address _____

Employer's Phone Number _____

City _____

Extension Number _____

State _____ Zip Code _____

Occupation _____

Email address _____

Parent/Guardian Information (3)

Last Name _____

Phone Number _____

First Name _____

Relationship _____

Middle Name _____

Employer _____

Address _____

Employer's Address _____

Employer's Phone Number _____

City _____

Extension Number _____

State _____ Zip Code _____

Occupation _____

Email address _____

MEDICAL INFORMATION ON BACK MUST BE COMPLETED AND SIGNED.

Student Emergency/Medical Information (Please print clearly)

Please list any physical/medical problems of which school personnel should be aware

Please list medications that the student takes regularly which school and/or emergency personnel should be aware

Please list any allergies to food(s) and/or medication(s) of which school and/or emergency personnel should be aware

Name of Student's Doctor _____ **Phone Number** _____

Emergency Contacts (to call if parent/guardian is not available)

Name of Emergency Contact	Relation to Student	Phone Number
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Name of Emergency Contact	Relation to Student	Phone Number
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Name of Emergency Contact	Relation to Student	Phone Number
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Please use the space below to provide a list of the individuals who have permission to check out your child from school and/or pick up your child after school. **No one, except for the individuals listed here, will be able to check out your child from school. Students cannot be checked out from school via note or telephone. In other words, parent(s), guardian(s) and/or other designated individuals must check out students from school in person.**

Name(s)	Relation to student	Phone Number
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Name(s)	Relation to student	Phone Number
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Name(s)	Relation to student	Phone Number
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Name(s)	Relation to student	Phone Number
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Signature of Parent or Guardian _____ Date _____