

A.R. Johnson Health Science and Engineering Magnet School

2022-2023 Student Information Form

Please print and complete entire form legibly. Write LEGAL name as it appears on Birth Certificate.

Student's Name _____
Last Suffix (Jr, II, III) First Full Middle Name

Grade Entering: _____ Date of Birth ____/____/____ Name or Nickname Used: _____

SSN _____ - _____ - _____ or SSN Waiver has been completed? **Yes** or **No**

Student's City of Birth _____ State _____

Student's Country of Birth _____

Special Services Received

Please circle all that apply.

Gifted RTI
504 Special Education
None of the above

If other than US: Date Entered US: _____ Date 1st Entered US School: _____ Date 1st Entered GA School: _____

Ethnicity: (must circle answer) Hispanic? **Yes** or **No** Gender: **Male** or **Female**

Race: (Please circle all that apply 1-5)

1) Native American/Alaskan Native 2) Asian 3) Black/African American 4) Native Hawaiian/Other Pacific Islander 5) White

Current school _____ City _____ State _____

Last Richmond County school attended: _____ Last Year Attended: _____ Grade(s): _____

Sibling Information: Complete this section if sibling(s) attend or has/have attended a Richmond County School. Please use back if more space is needed.

Sibling Name _____ R.C. School _____ Last Year Attended _____

Sibling Name _____ R.C. School _____ Last Year Attended _____

Family Information: Student lives with: **Mother Father Both Other** _____ (relationship to student)

If other than parent, have your brought written legal custody documentation (required)? **Yes** or **No**

Is either parent/guardian active duty Military? **Yes** or **No**

Home Address _____ City _____ Zip _____

Home Phone Number _____

Name and contact information for the student's parents/guardians:

Name _____ Email Address _____

Relationship to the student: **Mother Father Step-Mother Step-Father Grandmother Grandfather Other** _____

Cell Phone _____ Work Phone _____ Does student **reside** with this person? **Yes** or **No**

Name _____ Email Address _____

Relationship to the student: **Mother Father Step-Mother Step-Father Grandmother Grandfather Other** _____

Cell Phone _____ Work Phone _____ Does student **reside** with this person? **Yes** or **No**

Emergency Contacts: Please list 2 contacts **other than listed above**. Local numbers are needed.

Name _____ Relationship to Student _____

Day time phone numbers: Cell _____ Home _____ Work _____

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New Applicants: This registration is conditional upon the student maintaining an 80 final average in each academic subject area and conduct (grade 6) for the remainder of the current school year. Notice: The Richmond County School System is currently operating under Federal Court Order requiring adherence to strict attendance zones. To be enrolled, a pupil must reside with a parent or LEGAL GUARDIAN in Richmond County. The Federal Court's interpretation of legal guardian for the purpose of the court order means legal adoption.

I certify that the above information is true and correct. This form has been completed by a parent or legal guardian of above named student.

Signature of Parent/Guardian: _____ Date: _____ Relationship: _____