



SCHLEY COUNTY SCHOOLS
Household Registration Form



Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.

SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address _____ Physical Address _____
City _____ State ____ Zip Code _____ Primary Telephone Number _____
(If only cell phones are used, please provide primary number at which you wish to be contacted.)

Primary Household Parent/Guardian 1:

Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

Primary Household Parent/Guardian 2:

Spouse _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)

Mailing Address _____ Physical Address _____
City _____ State ____ Zip Code _____ Primary Telephone Number _____

Secondary Household Parent/Guardian 1:

Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

Secondary Household Parent/Guardian 2:

Spouse _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

SECTION 4: Migrant Information

Has your family moved in order to work in another city, county, or state in the last three years? Yes No

If so, what is the date your family arrived in the city/town in which you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time, or temporarily during the last three years?
(Check all that apply)

- Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
 Planting, growing, or cutting trees (pulpwood)/raking pine straw Processing/packing agricultural products Dairy/Poultry/Livestock
 Meatpacking/Meat processing/seafood Fishing or Fish Farms Other (Please specify occupation) _____

SECTION 5: Student Information

Please provide the names of **all students** residing in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

SECTION 6: Emergency Contacts / Pick-Up List

The following people have permission to pick up my child(ren) from school without further contact from me: ***(If registering more than one student and emergency contacts differ, please see Registrar.)***

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: _____ Printed Name: _____ Date: _____