

## Chesnut Charter School

Documents needed at time of registration:

- Birth Certificate (original for Pre-k – 1<sup>st</sup>)
- Photo ID (must match parent name on birth certificate AND proof of residency)
- **TWO types of residency, mortgage or lease AND gas or electric bill**
- Hearing, vision and dental (form 3300)
- Immunization (form 3231)
- **In the case of an apartment rental, your name must appear on original lease**

*SECTION I: Primary Household*

**Previous DeKalb County School System**

Yes  No Has any household member already been enrolled in a DeKalb County School?

**Who has legal custody?:**

Both Parents  
  Father  
  Mother  
  Grandparent(s)  
  Ward of Court  
 \*Legal Guardian (\*Must provide school with copy of Legal Papers)

**With whom does the child primarily live?:**

Both Parents  
  Father Only  
  Mother Only  
  Father & Stepmother  
  Mother & Stepfather  
 \*Legal Guardian (\*Must provide school with copy of Legal Papers)

**Primary Household Information** - Where student *normally* sleeps on a nightly basis

Physical Address \_\_\_\_\_  
 (Street Number) (Street Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than physical address)

\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail should be addressed to (as listed below):  Legal Guardian One  Legal Guardian Two

**Primary Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_  
 (Note: the *primary* phone number will be utilized for communications.)

**Primary Household Parent / Legal Guardian 1:**

\_\_\_\_\_  
 (Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc.)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)

**Primary Household Parent / Legal Guardian 2:**

\_\_\_\_\_  
(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)

***SECTION 2: Secondary Household***

**Secondary Household Information** - Where student sleeps on a part time basis.

(Leave blank if this does not apply to your family situation)

Should this address receive written correspondence?  Yes  No

Physical Address \_\_\_\_\_  
(Street Number) (Street Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than physical address)

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Secondary Household Parent / Legal Guardian 2:**

\_\_\_\_\_  
(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)

*SECTION 3: Emergency Contacts*

**Emergency Contacts** – The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Legal Guardian cannot be reached.

**Emergency Contact 1:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

*SECTION 4: Additional Household Members (include all students and additional adults)*

**Additional Household Members & Siblings** - Please list the names of all additional household members and siblings.

Last Name	First Name	Age	Relation to Student	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian not listed on birth certificate, court documentation must be provided.

*SECTION 5: Signature*

Name of Parent/Legal Guardian completing Form (print): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_