

**BREMEN CITY SCHOOLS
504 LAUREL STREET
BREMEN, GEORGIA 30110**

CITY RESIDENT ~ NEW STUDENT REGISTRATION

COMPLETE THIS FORM IF YOUR LEGAL RESIDENCE IS WITHIN THE CITY LIMITS OF BREMEN
YOU MUST PROVIDE PROOF OF RESIDENCY

Name: _____ Name called: _____
 First Middle Last

Date of Birth: ____ / ____ / ____ SS# _____ Grade for Which Enrolling _____

Student's Address: _____
 Street City State Zip County

Home Phone #: _____ Emergency Name and Phone #: _____

Current or last school attended: _____ Phone #: _____

School Address: _____

Reason for withdrawal: _____

Please list all other schools student has attended: _____

Please list any health concerns: _____

Has your child ever been retained or placed? If yes, please explain: _____

Has student received any special services such as special education, counseling, remedial reading/math, Title I, ESOL, or other support services? _____

Has your child ever been placed in in-school suspension or out-of-school suspension? If yes, please explain: _____

Has your child been adjudicated? If yes, please explain: _____

How many days was your child absent from school last year? _____ If more than 10 days, please list the reason(s): _____

Please list the primary language spoken in the home: _____

Does the child have siblings in our school system? Name(s)/Grade(s) _____

I certify that the information provided is correct to the best of my knowledge.
I understand that false representation of residency status will result in my child being withdrawn from Bremen City Schools.

Signature of Parent/Guardian: _____ Date: _____