

**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 TWO PROOFS OF RESIDENCY

Student \_\_\_\_\_ Date \_\_\_\_\_  
(Circle name called) First Middle Last

Grade for Which Enrolling \_\_\_\_\_ Student is applying for admission for the \_\_\_\_\_ school year.

SS# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Country of Birth (If not U.S.) \_\_\_\_\_ First Date of Entry to U.S. School \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Primary Language in Home \_\_\_\_\_ First Language Spoken \_\_\_\_\_

Ethnicity: Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Indian \_\_\_\_\_ Multi-racial \_\_\_\_\_ White \_\_\_\_\_

Street & Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Child lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other, specify \_\_\_\_\_

If other, provide proof of guardianship and complete information below as guardian.

If divorced or separated, which parent has custody? (Attach certified copy of custody order) \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Brothers/Sisters (Names & Ages) \_\_\_\_\_

Current or last school attended \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

Withdrawal Reason \_\_\_\_\_

List all schools student has attended. \_\_\_\_\_

List any health concerns. \_\_\_\_\_

Has student ever been retained or placed? If yes, explain. \_\_\_\_\_

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

Where did your child attend PreK? Georgia PreK (Public) \_\_\_\_\_ Georgia PreK (Private) \_\_\_\_\_ Public-Title I \_\_\_\_\_  
Head Start \_\_\_\_\_ Other Public School \_\_\_\_\_ Private-not for profit \_\_\_\_\_ Private-for profit \_\_\_\_\_ Did not attend PreK \_\_\_\_\_

Has your child ever been placed in in-school suspension or out-of-school suspension? If yes, explain. \_\_\_\_\_

Has your child been adjudicated? If yes, explain. \_\_\_\_\_

How many days was your child absent from school last year? \_\_\_\_\_

If more than 10 days, list the reason(s). \_\_\_\_\_

List any parent of child that attended and graduated from Bremen City Schools.

Name (at time of graduation) \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name (at time of graduation) \_\_\_\_\_ Graduation Year \_\_\_\_\_

Explain why you wish to enroll your child in the Bremen City School System. \_\_\_\_\_

I certify that the information provided is correct to the best of my knowledge. I understand that providing false information may prevent my child from being accepted as a resident student or could result in mandatory withdrawal.

**Legal Guardian Enrolling Student** \_\_\_\_\_ **Relationship** \_\_\_\_\_