

## Household Registration Packet

	SECTION 1: 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 [☐*Legal Guardian <i>(*Must provide</i>		randparent(s) egal Papers)	☐Ward of Court			
	With whom does the child primarily live?:						
	☐ Both Parents ☐ Father Only ☐ *Legal Guardian (*Must provide			☐Mother & Stepfather			
	Primary Household Information - Where student normally sleeps on a nightly basis						
	Physical Address						
	(Street Number)	,	7in:				
	City: State: Zip:  Mailing Address (If different then physical address)						
				_			
	City:	State:	7in·				
	,		p				
	Mail should be addressed to (as I						
		isted below):  Leg	al Guardian One				
	Mail should be addressed to (as I  Primary Phone: ( Note: the primary phone number will	isted below):  Leg  - I be utilized for commu	al Guardian One				
	Mail should be addressed to (as I	isted below):  Leg  - I be utilized for commu	al Guardian One				
	Mail should be addressed to (as I  Primary Phone: ( Note: the primary phone number will	isted below):  Leg  - I be utilized for commu	al Guardian One				
	Mail should be addressed to (as I  Primary Phone: ( )  (Note: the primary phone number will  Primary Household Parent / Le	isted below): Leg  - I be utilized for commu  gal Guardian 1:  (First)	al Guardian One	☐ Legal Guardian Two			
	Mail should be addressed to (as I  Primary Phone: ( )  (Note: the primary phone number will  Primary Household Parent / Le	Leg  be utilized for community  gal Guardian 1:  (First)  er, Father, Grandpa	al Guardian One inications.)  (Middle) rent, Guardian, etc	Legal Guardian Two  Suffix (Jr, Sr, II, III, etc.)			
	Mail should be addressed to (as I  Primary Phone: ( (Note: the primary phone number will)  Primary Household Parent / Le  (Last)  Relationship to Student(s): (Moth  E-Mail Address:	Leg  be utilized for community  gal Guardian 1:  (First)  er, Father, Grandpa	al Guardian One inications.)  (Middle) rent, Guardian, etc	Legal Guardian Two  Suffix (Jr, Sr, II, III, etc.)			
	Mail should be addressed to (as I  Primary Phone: ( (Note: the primary phone number will)  Primary Household Parent / Le  (Last)  Relationship to Student(s): (Moth  E-Mail Address:	isted below): Leg  Leg  Be utilized for community  Gal Guardian 1:  (First)  er, Father, Grandpa	al Guardian One inications.)  (Middle) rent, Guardian, etc	Legal Guardian Two  Suffix (Jr, Sr, II, III, etc.)			
	Mail should be addressed to (as I  Primary Phone: ( )	isted below): Leg  - I be utilized for community  gal Guardian 1:  (First)  er, Father, Grandpa	al Guardian One Inications.)  (Middle)  rent, Guardian, etc.  Work phone # (	Legal Guardian Two  Suffix (Jr, Sr, II, III, etc.)			
	Mail should be addressed to (as I  Primary Phone: ( )	isted below): Leg  Leg  Be utilized for community  Gal Guardian 1:  (First)  er, Father, Grandpa	al Guardian One Inications.)  (Middle)  rent, Guardian, etc.  Work phone # (	Legal Guardian Two  Suffix (Jr, Sr, II, III, etc.)  )   )			



## Household Registration Packet

(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	anguage Spoken Correspondence Langu				
Translation Services Needed	☐ Active Duty in US Armed Forces (including National Guard & Reserve Force				
CTION 2: Secondary Hou	ısehold				
Snould this address receive written co	uld this address receive written correspondence? ☐ Yes ☐ No				
Should this address receive written co	correspondence?				
		cctc			
Physical Address(Street Number)	•				
Physical Address(Street Number)	(Street Name)				
City:	(Street Name) _ State:	Zip:			
City:	(Street Name) _ State:	Zip:			
City: Mailing Address (If different then p	(Street Name)  State:  physical addres	Zip: ss)	-		
City:	(Street Name)  State:  physical addres	Zip: ss)	-		
City: Mailing Address (If different then p	(Street Name)  State:  physical addres  State:	Zip: SS) Zip:	-		
City: Mailing Address (If different then p City:  Secondary Household Parent / I	(Street Name)  State:  physical addres  State:	Zip: SS) Zip:	-		
City: Mailing Address (If different then positive content the positive content the co	(Street Name)  State:  Chysical addres  State:  Legal Guardia  (First)	Zip:  Zip:  Zip:  (Middle)	Suffix (Jr, Sr, II, III, etc)		
City: Mailing Address (If different then positive content of the positive	(Street Name)  State:  Ohysical addres  State:  Legal Guardia  (First)  er, Father, Gran	Zip: Ss)  Zip:  in 2:  (Middle)  Indparent, Guardian, etc) _	Suffix (Jr, Sr, II, III, etc)		
City: Mailing Address (If different then positive in the	(Street Name)  State:  Chysical addres  State:  Legal Guardia  (First)  er, Father, Gran	Zip: Ss)  Zip:  nn 2:  (Middle)  ndparent, Guardian, etc) _	Suffix (Jr, Sr, II, III, etc)		
City: Mailing Address (If different then positive in the	(Street Name)  State:  Chysical addres  State:  Legal Guardia  (First)  er, Father, Gran	Zip: Ss)  Zip:  nn 2:  (Middle)  ndparent, Guardian, etc) _	Suffix (Jr, Sr, II, III, etc)		
City:	(Street Name)  State:  Chysical addres  State:  Legal Guardia  (First)  er, Father, Gran	Zip: Ss)  Zip:  m2:  (Middle)  ndparent, Guardian, etc) _  Work phone # (  Portal	Suffix (Jr, Sr, II, III, etc)		



## Household Registration Packet

SECTION 3: Emergency Contacts								
Emergency Contacts		e permission to pick up my child(ren) from school without further contact of an emergency when the Parent/Legal Guardian cannot be reached.						
Emergency Contact 1:		Relationship						
Cell #	Home #	Work #						
Emergency Call Sequen	ce Portal	Primary Home Language						
Emergency Contact 2:		Relationship						
Cell #	Home #	Work #						
Emergency Call Sequen	ce Portal	Primary Home Language						
Emergency Contact 3:		Relationship						
Cell #	Home #	Work #						
Emergency Call Sequen	ce 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						
Last Name	First Name	Age Relation to Student School						
Last Name	First Name	Age Relation to Student School						
Last Name	First Name	Age Relation to Student School						
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 4: Signatu	re							
Name of Parent/Leg	Name of Parent/Legal Guardian completing Form (print):							
Signature		Date:						