

**Social Circle City Schools Registration-- Student and Household Information
COMPLETE ONE FORM PER HOUSEHOLD**

Name (**Head of Household**): _____

Physical (911) Address: # and Street: _____ City: _____ Zip: _____ County: _____

Household Phone Number: _____ Is home in the city limits of Social Circle? **Yes No** Is Home in Zone 5: **Yes No**

Mailing Address (If different from the Physical Address):

P. O. Box _____ City _____ or Street: _____ City: _____ Zip: _____

Information for **ALL** persons residing in household including students:

	Last Name	First Name	Middle Name	Suffix (Jr. etc)	Relationship to Head of Household	Work Phone Number	Cell Phone Number	Email Address
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Emergency Contacts: Non-household Relationships that **do not live** at the physical address

Last Name	First Name	Middle Name	Suffix (Jr. etc)	Relationship to Head of Household	Work Phone Number	Cell Phone Number	Email Address