

**2025–2026 TRION CITY SCHOOLS
STUDENT APPLICATION FOR ENROLLMENT**

PLEASE READ CAREFULLY. IT IS MANDATORY THAT ALL INFORMATION IS COMPLETED AND THE FORM IS SIGNED BY THE CUSTODIAL PARENT/GUARDIAN.

Current School: _____ Grade Applying For: _____ Homeroom Teacher: _____

Student Legal Name: _____
(LAST) (FIRST) (MIDDLE)

Preferred Name: _____ Gender (M/F): _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
MONTH/DAY/YEAR CITY, STATE OR COUNTRY

If Born Outside of U.S. Date of Entry into U.S. School: _____

Language Background:
In which language would you prefer to receive all school information? _____
Has student received ESOL instruction before? _____
If yes, School System: _____ School _____

Ethnicity: Hispanic/Latino Origin? _____ Yes _____ No

Race: (Indicate one or more of the following. Check all that Apply.)
_____ Black or African American _____ White _____ Asian _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

STUDENT LIVES WITH (CIRCLE THE ONE THAT APPLIES)

*If someone other than the biological mother or father has custody, please provide proof of guardianship

Biological Mother/Father Biological Mother Biological Father Biological Grandparent(s)
Biological Mother/Stepfather Biological Father/Stepmother *Guardian/Other

STUDENT INFORMATION

Physical Address: _____
(Not a Post Office Box) (City) (State) (Zip Code)

Mailing Address: _____
(City) (State) (Zip Code)

City/County of Residence: Trion City Chattooga County Walker County
 Floyd County Other: _____

Student Cell Phone: _____ Personal Email: _____

PARENT(S)/GUARDIAN(S) INFORMATION

Is any Parent(s)/Guardian(s) on ACTIVE duty in the U.S. Armed Forces, including National Guard?
_____ Yes _____ No

Is any Parent(s)/Guardian(s) a member of the military RESERVES in the US Armed Forces, including National Guard?
_____ Yes _____ No

PRIMARY CONTACT:

Name: _____ Relationship: _____
(First) (Last)

Address: _____
(Street Address – Not a Post Office Box) (City) (State) (Zip Code)

Phone Land Line: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Employer: _____ Work Department/Shift: _____

Student Name: _____
(LAST) (FIRST) (MIDDLE)

SECONDARY CONTACT:

Name: _____ **Relationship:** _____
(First) (Last)

Address: _____
(Street Address – Not a Post Office Box) (City) (State) (Zip Code)

Phone Land Line: _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer: _____ **Work Department/Shift:** _____

EMERGENCY CONTACT (in case PRIMARY or SECONDARY cannot be reached):

Name: _____ **Relationship:** _____
(First) (Last)

Address: _____
(Street Address – Not a Post Office Box) (City) (State) (Zip Code)

Phone Land Line: _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer: _____ **Work Department/Shift:** _____

SIBLING INFORMATION

Name: _____ Age: _____ Home/School Attending: _____

MEDICAL INFORMATION

Doctor's Name: _____ **Phone Number:** _____

Dentist's Name: _____ **Phone Number:** _____

Medical History/Conditions (Check all that apply):

Vision Aid__ Hearing Aid_ Diabetes__ Asthma__ Heart Disease__ Seizures__ Insect Allergy (Specify)____

Food Allergy (Specify)_____ Other (Please specify):_____

Medications Taken on a Regular Basis:

Name of Medication: _____ Dosage: _____ Purpose: _____

Name of Medication: _____ Dosage: _____ Purpose: _____

Name of Medication: _____ Dosage: _____ Purpose: _____

Special Instructions or Explanation:

**Please contact the school immediately should further explanation
and/or clarification be necessary for the safety of your child.**

Student Name: _____
(LAST) (FIRST) (MIDDLE)

PERMISSION TO PICK-UP AND/OR CHECK OUT OF SCHOOL

Primary/Secondary/Emergency contacts will be contacted first unless otherwise noted.

Only individuals listed on this form will be allowed to pick up or check out your child from school.
Any changes must be made in person by the custodial parent/guardian at the school office.

NAME	RELATIONSHIP	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

FOR NEW APPLICANTS ONLY

Last School Attended: _____ School Phone: _____

School Address: _____

Has the student previously attended/enrolled in a Georgia Public School?

Yes _____ No _____

List all schools attended: _____

Has student ever received any services such as Special Education, Gifted, Remedial/EIP, ESOL, etc? If yes, explain: _____

IMPORTANT NOTICE FOR ALL PARENTS AND/OR GUARDIANS

All parents/guardians must complete and sign this application. Your signature assures Trion City Schools that all information is accurate. Your signature also signifies an understanding that should any of the information supplied to the school system change, the school will be contacted immediately.

PARENT/GUARDIAN SIGNATURE(S): _____

DATE: _____