

# Georgia Academy for the Blind Registration Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: Hispanic \_\_\_\_\_ Non Hispanic \_\_\_\_\_ Race: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Guardian # 1 Name:** \_\_\_\_\_ **Role (circle one):** Mother    Father  
Home Phone \_\_\_\_\_ Foster Parent    Grandparent    Other  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Parental Guardian # 2 Name:** \_\_\_\_\_ **Role (circle one):** Mother    Father  
Home Phone \_\_\_\_\_ Foster Parent    Grandparent    Other \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Student Cell Phone** \_\_\_\_\_ **Student email:** \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following persons have permission to pick-up my student (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

County/ School System where student resides \_\_\_\_\_  
Student's home school \_\_\_\_\_