

ELBERT COUNTY SCHOOL DISTRICT

2011-2012 School Year

50 Laurel Drive, Elberton, Georgia 30635
Telephone: 706-213-4000 FAX: 706-213-4073

SCHOOL TRANSFER APPLICATION

Forms may be faxed, mailed or hand delivered to the Board of Education, Personnel Office, 50 Laurel Drive. Please use one form per student

Under HB 251 (O.C.G.A. 20-2-2131) parents/legal guardians may request a transfer to another public school within their local school district.

Date: _____

Student Name _____ Grade _____ Birthdate _____ Age _____
2011-2012

Name of Custodial Parent/Legal Guardian requesting transfer: _____

Home Address: _____

City _____ State _____ Zip Code _____ Phone _____ Email _____

School Student Attended 2010-2011: _____

Elbert County School the student is zoned to attend 2011-2012: _____

Does this child receive Special Educational Services? Yes () No () If yes, which program _____

CONDITIONS OF TRANSFER:

- Students who transfer under HB 251 are eligible to complete the highest grade of the school without applying again each year.
- The transfer school must have available classroom space.
- Parents/guardians are responsible for transportation to and from the school.

TRANSFER REQUEST:

I am requesting that my child attend one of the following other schools in the district. I fully understand that my child may only receive my first choice of schools if space is available at the time this request is approved by the local school district:

1. _____
2. _____
3. _____

Parent/Guardian Signature

Date

Elbert County School District Official's Signature:

Superintendent or Designee

Date

**ELBERT COUNTY PUBLIC SCHOOL SYSTEM
TRANSFER REQUEST
(K - 5th grade)**

Child's Last Name _____ **First** _____ **Middle** _____ **Called By** _____

Date _____ **Social Security #** _____ **Birthdate** _____

Country of Birth _____ **Birth Certificate (Yes) (No)**
If Not U.S.A., date of entry into U.S.A. School _____ **U. S. Citizen (Yes) (No)**

Please Check Grade:
 _____ Pre-K _____ Kindergarten _____ First _____ Second _____ Third _____ Fourth _____ Fifth

Has child attended a Pre-K Program? _____ If yes, where? _____
 Has child attended school in Elbert County before? _____ If yes, which school? _____

Please Check Sex & Ethnic Code:
 _____ Male _____ Asian _____ American Indian or Alaskan
 _____ Female _____ Black, Non-Hispanic _____ White, Non-Hispanic
 _____ Hispanic _____ Multi-racial

Street Address _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **City** _____ **State** _____ **Zip** _____

e-mail address _____

Directions to Home _____

Parent/Guardian/Father's Name _____ **Place of Work** _____ **Work #** _____ **Cell#** _____

Parent/Guardian/Mother's Name _____ **Place of Work** _____ **Work #** _____ **Cell#** _____

Additional Contacts: (Please list two people at different addresses)
 1. Name/Relationship _____ Phone _____
 2. Name/Relationship _____ Phone _____

List Other Siblings In Family:
 1. _____ 3. _____
 Name/Birthdate Name/Birthdate
 2. _____ 4. _____
 Name/Birthdate Name/Birthdate

Transportation
 How will your child come to school? Car Rider _____ Bus Rider _____
 Will he/she go home the same way? _____ If not, how? _____

SCHOOL HEALTH PROGRAM-ILLNESS HISTORY

(Please check items that apply to your child)

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Lung problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Marfan Syndrome |
| <input type="checkbox"/> Blood diseases | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Menstrual problems |
| <input type="checkbox"/> Bone diseases | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Skin Conditions |
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Kidney/Urinary infections | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Cystic Fibrosis | | |

If any of the above are checked, please list specific treatments or medicines, if any are needed at school.

Please list any other conditions not listed above.

Will they prevent the child from participating in regular school activities?

I GIVE PERMISSION FOR MY CHILD _____ TO HAVE VISION, HEARING, AND DENTAL CHECKS ANY TIME IT IS DEEMED NECESSARY BY THE ELBERT COUNTY SCHOOL SYSTEM.

In case of accident or serious illness, I request the school contact me. If unable to reach me, I hereby authorize the school to call the doctor below. If unable to contact him, the school may take whatever steps necessary for the welfare of my child. I will be responsible for any cost incurred.

FAMILY DOCTOR _____

(Name)

(Address)

(Phone)

Do you have health insurance? yes no If yes, name of company _____

PARENT'S SIGNATURE _____

Elbert County School District
Home Language Survey

School _____ Grade Level _____

Student Name _____ Date of Birth _____ Gender: M F
(Circle one)

Student Address _____ Student Telephone # _____

1. What language was first learned or acquired by the student? _____
2. What language or languages is/are used at home by family members? _____
3. What language or languages is/are most used by the student outside of the home? _____

(If any language other than English is the answer to any of the previous questions, please complete the following information with the parent/guardian and send a copy to BOE.)

Language Minority Student Educational Profile

U.S. Entry Date: _____ Date Entered District: _____

English Speaking Contact Name and Telephone Number: _____

Did the student attend school in his/her country? _____ Yes _____ No
If yes, what grade levels? K 1 2 3 4 5 6 7 8 9 10 11 12

Did the student study English before coming to the US? _____ Yes _____ No
If yes, how many years? _____

In the first language, can the student: Read: Yes or No Write: Yes or No
(Circle one) (Circle one)

Has the student attended another school in the United States? _____ Yes _____ No
If yes, where? _____

Has the student attended an ELL or Bilingual Program in the US? (Circle one) Yes or No
If yes, where? _____ How long? _____

Has the student been dismissed from an ELL or Bilingual Program? (Circle one) Yes or No
If yes, when? _____

Has the student repeated any grade? Circle all that apply: K 1 2 3 4 5 6 7 8 9 10 11

Would you like your child to be evaluated and considered for ELL services? (Circle one) Yes or No

Parent Signature _____ Date _____

Elbert County reserves the right to determine a child's level of English proficiency through observation and assessment.

Retain in Student's Permanent Record.

**Elbert County School District
Home Language Survey**

School _____ Grade Level _____

Student Name _____ Date of Birth _____ Gender: M F
(Circle one)

Student Address _____ Student Telephone # _____

1. What language was first learned or acquired by the student? _____
2. What language or languages is/are used at home by family members? _____
3. What language or languages is/are most used by the student outside of the home? _____

(If any language other than English is the answer to any of the previous questions, please complete the following information with the parent/guardian and send a copy to BOE.)

Language Minority Student Educational Profile

Fecha de llegar a los Estados Unidos: _____ Fecha de llegada al Distrito: _____

Nombre y Número de Teléfono de Persona que Habla Inglés: _____

¿Asistió a la escuela el estudiante en su país? _____ Sí _____ No
Si, es cierto, ¿qué nivel? K 1 2 3 4 5 6 7 8 9 10 11 12 _____

¿Estudió el estudiante el inglés antes de venir a los EEUU? _____ Sí _____ No
Si es cierto, ¿cuántos años? _____

En su primer lengua, ¿puede el estudiante: Leer: Sí o No Escribir: Sí o No
(Marque uno) (Marque uno)

¿Ha asistido el estudiante a otra escuela en los EEUU? _____ Sí _____ No
Si es cierto, ¿Dónde? _____

¿Ha asistido un programa de ELL o ESOL en los EEUU? (Marque uno) Sí o No
Si es cierto, ¿Dónde? _____ ¿Por cuanto tiempo? _____

¿A sido despedido de un programa de ELL o un programa bilingüe? (Marque uno) Sí o No
Si es cierto, ¿Cuándo? _____

¿Ha repetido algún nivel el estudiante? Marque todo que aplica: K 1 2 3 4 5 6 7 8 9 10 11

¿Le gustaría que su hijo sea examinado para servicios de ELL? (Marque uno) Sí o No

Firma de Padre _____ Fecha _____

Elbert County reserva el derecho para determinar el nivel de habilidad en hablar el inglés por la manera de observaciones y exámenes.

Retain in Student's Permanent Record.



School System: _____

Parent Occupational Survey

Please complete this form to determine if your children qualify to receive additional services under Title I, Part C

Has your family moved in order to work in another city, county, or state, in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Name of Students	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
Please return this form to the school

The answers to this survey will help determine if your children are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: when both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to Migrant Education Agency (MEA) serving your district

For additional questions regarding this form, please call the MEA serving your district:
 Region 1 – Live Oak MEA (Brooklet) 1- 800-621-5217; Fax (912) 842-5440
 Region 2 – Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251
 Region 3 – Piedmont MEA (Clarksville) 1-800-648-0892; Fax (706) 754-3594



Sistema Escolar: _____

Encuesta Ocupacional para Padres
Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias!
Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: when both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to Migrant Education Agency (MEA) serving your district

For additional questions regarding this form, please call the MEA serving your district:

- Region 1 – Live Oak MEA (Brooklet) 1- 800-621-5217; Fax (912) 842-5440
- Region 2 – Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251
- Region 3 – Piedmont MEA (Clarksville) 1-800-648-0892; Fax (706) 754-3594

Consent to Release Information

I hereby authorize:

Previous School: _____

Address: _____

City, State and Zip Code: _____

To release: Cumulative Records _____
Health Records _____
Psychological Records _____

For: Student's Name _____

Date of Birth _____

Grade _____

Please forward this information to school transferring to:

Name of School: _____

Address of School: _____

City, State, Zip Code _____

Signature: _____

Relationship: _____

Date: _____

Elbert County School District Official's Signature:

Superintendent or Designee

Date

ELBERT COUNTY SCHOOL DISTRICT

RESIDENCY REGISTRATION AND DOCUMENT CHECKLIST TO BE COMPLETED BY PARENT, GUARDIAN, OR OTHER ADULT

Name of Student _____
(A separate form is requested for each pupil)

Name of Parent, Guardian, or Other Adult _____

Parent/Guardian/Other Adult Address _____
(A P.O. Box number is not acceptable for an address: if route,
Give physical location directions on back.)

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above-cited school district, I will promptly notify the appropriate officials of this school district. Further, I understand that a pupil is not legally enrolled until this form is completed and signed by the parent, guardian, or other adult with whom the student may be living. I understand that a pupil admitted under false information is not legally enrolled.

Signature of Parent/Guardian/or Other Adult _____ Date _____ Telephone Number _____

TO BE COMPLETED BY THE SCHOOL DISTRICT

___ A. Documents provided to me by Parent/Guardian/ Other Adult/or Student:

(Minimum of two required of all students)

- ___ 1. File Homestead Exemption Application Form
- ___ 2. Mortgage Documents or Property Deed
- ___ 3. Apartment or Home Lease
- ___ 4. Utility Bills
- ___ 5. Driver's License
- ___ 6. Voter Precinct information
- ___ 7. Automobile Registration
- ___ 8.a. Affidavit of Residency
- ___ b. District Representative Personal Visit
- ___ 9. Other Documentation _____

(Describe)

___ B. Student is living with legal guardian and a certified copy of the Court Decree or petition, if pending, was received declaring the district resident to be the legal guardian of the student and, further, declaring that the guardianship was formed for a purpose other than establishing residency for school district attendance purposes.

___ C. Student is living with an adult other than parent or legal guardian and the adult has provided a sworn affidavit stating his/her relationship to the student, and that the student will be living in his/her home full time and fully explaining the reasons (other than school attendance zone or district preference) for this arrangement and the Board of Trustees, or its designee, has made the necessary factual determination under 11.1 © (2) of the State Residency Verification Procedures.

Date

Representative – School District