



# Elbert County School District

Jon Jarvis, Superintendent

## Student Registration Form

Please print and complete one form for each child in the household that is being enrolled.

### SECTION 1: Student Information

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade \_\_\_\_\_ Gender  M  F Social Security Number \_\_\_\_\_

Race (check all that apply)

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Is this student of Hispanic/Latino ethnicity?  Yes  No Has student attended Elbert County schools before?  Yes  No

### SECTION 2: Previous School

Last School attended outside the ECSD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Is your child presently:

- Under an expulsion order from any other school district
- Under consideration for expulsion
- Presently involved in the Juvenile Justice system?

### SECTION 3: Special Services

Is your child currently served by an Individual Education Plan (IEP) for Special Services?  Yes  No

\*\*\*\*If yes, please provide us a copy of the most current IEP.\*\*\*\*

**Please check below any programs your student CURRENTLY or PREVIOUSLY participated in:**

Currently	Previously	Program	Currently	Previously	Program
		Special Education (Primary Disability: _____)			
		Speech-Language Impairment			Visual
		Physical Therapy			Gifted/Talented Program
		Occupational Therapy			IEP
		Counseling/Psychological			Remedial Reading
		Behavior Difficulties			504 Services
		Hearing			ILP

# SECTION 4: Household Information

**Please Note:**

*\*\*\*Step-parents are not considered legal guardians unless that parent has legal guardianship paperwork which must be provided to the school.*

*When a student does not live with both parents, additional information may be requested.*

*Please provide a copy of any current legal paperwork regarding custody.*

## **Primary Household**

**(the residence/address at which the student primarily or legally resides)**

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian at this address:**

**PARENT 1:**

Name _____
Cell phone _____
Work Phone _____
Email _____
Relationship to student _____
Served in US Armed Forces <input type="checkbox"/> YES <input type="checkbox"/> NO
Status <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPLOYED
Military Branch _____

**PARENT 2:**

Name _____
Cell phone _____
Work Phone _____
Email _____
Relationship to student _____
Served in US Armed Forces <input type="checkbox"/> YES <input type="checkbox"/> NO
Status <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPLOYED
Military Branch _____

**Other children in the primary household**

First Name	Middle Name	Last Name	DOB	Relationship to Student	School attending

## Secondary Household Address

**\*\*\*if applicable – only complete this section if parents live at different addresses\*\*\***

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian at this address:**

**PARENT 1:**

Name _____
Cell phone _____
Work Phone _____
Email _____
Relationship to student _____
Served in US Armed Forces <input type="checkbox"/> YES <input type="checkbox"/> NO
Status <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPLOYED
Military Branch _____

**PARENT 2:**

Name _____
Cell phone _____
Work Phone _____
Email _____
Relationship to student _____
Served in US Armed Forces <input type="checkbox"/> YES <input type="checkbox"/> NO
Status <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPLOYED
Military Branch _____

**Other children in the secondary household**

First Name	Middle Name	Last Name	DOB	Relationship to Student	School attending

## Emergency Contacts/Pick Up List

The following people have permission to pick up my child from school without further contact from me. The school will also contact them in the event of an emergency when I cannot be reached.

	Contact One	Contact Two	Contact Three
<b>Name</b>			
<b>Phone #s</b>			
<b>Relationship to student</b>			

## SECTION 5: Immigrant Information

\*\*\*FOR CHILDREN BORN OUTSIDE OF THE UNITED STATES\*\*\*

Country of Birth \_\_\_\_\_ Date first entered US \_\_\_\_\_

Date first entered a US School (K-12) \_\_\_\_\_

## SECTION 6: Parent/Guardian Certifications

### Please read and initial:

\_\_\_\_\_ ***I am authorized*** to enroll the student and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student without a court order.

\_\_\_\_\_ ***I understand*** that if I have enrolled student without all required documentation (schools records, immunizations), I have 30 days to make sure documentation has been provided to the ECSD.

\_\_\_\_\_ ***I understand*** that if this student is being enrolled without all records, this student is being provided educational services based solely on the information I provide.

\_\_\_\_\_ ***I understand*** that changes may be made to services provided once those records are received.

\_\_\_\_\_ ***The address I have listed*** is the address where the student actually resides and will notify school when/if that changes.

## Attendance Agreement

The partnership between parents and school district regarding attendance is critical to your child's success. When students improve their attendance rates, they improve their academic prospects and chances for graduating.

**The Official Code of Georgia Annotated, 20-2-690, states that parents/guardians are required to send their child to school on a continuous basis and failure to do so is a misdemeanor offense.**

**Violation of the law may result in the following consequences imposed by a court of law:**

***“ ..... a fine not less than \$25.00 and not greater than \$100.00, imprisonment not to exceed 30 days, community service, or any combination of such penalties at the discretion of the court having jurisdiction.”***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature (if over age 10)

\_\_\_\_\_  
Date

# Health Information

**\*\*\*\*All medicines must be registered with the school nurse and remain in that office.  
If your student needs medicine at school, please ask the front office there  
to help you register it with the school nurse\*\*\*\***

Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No

Have you included State of Georgia Immunization Form 3231 in this packet?  Yes  No

Is your student taking any medicine(s) at home?  Yes  No or at school?  Yes  No

Please list medications:

**Does your student have any known allergies?**  Yes  No

If **yes**, please complete below:

- Medicine \_\_\_\_\_
- Insect sting \_\_\_\_\_
- Latex \_\_\_\_\_

- Food \_\_\_\_\_
- Seasonal \_\_\_\_\_
- Other \_\_\_\_\_

**Other health issues – check all that apply:**

- History of Cancer
- Heart Problems
- Hearing Impaired
- History of Seizures
- Asthma or Respiratory Ailments
- Visual Impairment
- Diabetes
- Physical handicaps or activity limitations
- wears glasses and/or contacts
- Sickle Cell Disease
- Head injury or significant bump to head

**Please explain any other medical conditions the school should be aware of:**

**Parent Authorizations – please initial**

\_\_\_\_\_ Health information will be shared with school personnel to provide for the health and safety of your student.

\_\_\_\_\_ The information on this form is collected under the Authority of the Education Act and Regulations for the purpose of maintaining students records and administer schools.

***The information is to be used by principals, teachers, nurses, support staff and supervisory officer of the ECSD.***

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I, the parent/guardian, hereby certify that the information on this enrollment form is correct to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 7: Home Language

The state of Georgia requires our District to collect a Home Language Survey for every new student.

This information is used to identify students who may need English language instruction.

Students whose primary or first language is not English must be screened to determine eligibility.

**Please answer the questions below to help us identify if you child needs to be assessed.**

Which language does your child best understand and speak? \_\_\_\_\_

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_

In which language would you prefer to receive school information? \_\_\_\_\_

## SECTION 8: Residence Information

\*Is your current address a temporary living arrangement?  Yes  No

\*Is this temporary living arrangement due to the loss of housing or economic hardship?  Yes  No

**\*\*\*IF YOU ANSWERED YES TO THE ABOVE QUESTIONS, PLEASE COMPLETE THE REST OF THIS SECTION\*\*\***

Where is the student currently living? Select one:

- Lives with another family or other person because of loss of housing or as a result of an economic hardship (foreclosure, eviction, lost job, divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- Emergency shelter, group home, transitional shelter or housing
- Hotel, motel, campground or RV park
- With an adult who is not a parent/guardian or alone without an adult
- Car, park, public places, abandoned building, street, or any other inadequate living space

How long do you anticipate living at this location? \_\_\_\_\_

## SECTION 9: Parent Occupational Survey

1. Has anyone in your household moved in order to work in another city, county or state in the last three (3) years?

Yes  No

2. Has anyone in your household been involved in one of the following occupations either full or part time or temporarily during the last three (3) years?  Yes  No

If you answer "**yes**" to the above two questions please check all that applies:

- |  |  |
|--|--|
| <input type="checkbox"/> Planting/Picking vegetables or fruits                             | <input type="checkbox"/> Dairy/Poultry/Livestock           |
| <input type="checkbox"/> Planting, growing, cutting, processing trees or raking pine straw | <input type="checkbox"/> Packing/Processing meats          |
| <input type="checkbox"/> Processing/Packing agricultural products                          | <input type="checkbox"/> Other (please specify occupation) |
| <input type="checkbox"/> Commercial fishing or fish farms                                  |  |

## Transportation Information

**This form will give ECSD information about how your child will get to and from school.**

Student Full Name: \_\_\_\_\_

Grade \_\_\_\_\_ Gender \_\_\_\_\_

How will your child come to school?  Bus  Car  Walk

How will your child go home?  Bus  Car  Walk

### **\*\*\*Bus Riders Only\*\*\***

**If you would like your child to ride the bus to and or from school, please complete the following:**

Home address where child lives \_\_\_\_\_

Do you request **morning** bus pick-up?  Yes  No

\*Morning pickup address if different from home address listed above \_\_\_\_\_

Do you request **afternoon** bus drop-off?  Yes  No

\*Afternoon drop off location if different from home address listed above \_\_\_\_\_

#### **Parent/Guardian Agreements (please initial):**

\_\_\_\_\_ I will have my child at the appropriate bus stop in the morning on time.

\_\_\_\_\_ I will be at the bus drop-off to receive my child in the afternoon.

Parent/Guardian Name (**PRINT**) \_\_\_\_\_

Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**DOCUMENT CHECKLIST**

**\*\*To be completed by ECSD representative\*\***

**STUDENT NAME/SCHOOL ID # \_\_\_\_\_**

**RESIDENCY DOCUMENTS – TWO REQUIRED**

- DRIVERS LICENSE WITH CURRENT ADDRESS
- UTILITY BILLS
- LEASE AGREEMENT
- MORTGAGE DOCUMENTS/PROPERTY DEED
- VOTER REGISTRATION CARD
- AUTOMOBILE REGISTRATION
- AFFIDAVIT OF RESIDENCY
- DISTRICT REPRESENTATIVE PERSONAL VISIT
- FILE HOMESTEAD EXEMPTION APPLICATION FORM

**Additional documents provided by parent/guardian**

- Custody Decree or petition
- Non-parental affidavit

\_\_\_\_\_  
*ECSD Representative* *Date*