



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
Name			
Phone #s			
Relationship to student			

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.

_____ Consent for authorized school nurse to administer a Georgia Department of Public Health Form 3300 Certificate of Vision, Hearing, Dental, and Nutrition Screening.

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