|  |  |  |
| --- | --- | --- |
|  **School Yr Grade School** |  |  |
|  |  |  |  |  |
| **Student Information** |  |  |  |  |
| **Student's Legal Name:** |  |  |  |  |
|  |  |  |  |
|  (Last) (First) (Middle)**Address: Apt/Lot# City: Zip:** **Mailing Address** *(if different)* **City: Zip:** **Birth date: Birthplace: Social Security *#***  |  |  |  |
| **Gender** *Male Female* **Date first entered US school:** **Is the student Hispanic or Latino?** \_**Yes** \_**No****You must select at least one race, but more than one may be chosen.****Race:**  \_\_\_American Indian/Alaska Native \_\_Asian \_\_Black or African American \_\_White \_\_Native Hawaiian or Other Pacific Islander |  |  |  |

Circle one

**Mother/Step-Mother/Guardian's Name:**

**Work Phone: Employer:**

**Cell Phone: Email:**

Circle one

**Father/Step-Father/Guardian's Name:**

**Work Phone: Employer:**

|  |
| --- |
| **Please list all school age brothers and sisters living in the home**.**Name Relationship to student Date of Birth** |
|  |
|  |
|  |
|  |
|  |
|  |
| **Transportation Information: Please check all that apply** |
| Morning: \_\_Bus \_\_\_Car \_\_WalkerAfternoon: \_\_Bus \_\_\_Car \_\_WalkerNO Transportation changes will be made over the phone; you must notify your school in writing. | In case of unexpected early release day, my child will get Home: \_\_Same way as listed \_\_Other (Please Specify) |
|  |
| Emergency Contact: |

|  |  |  |
| --- | --- | --- |
| **Cell Phone:** | **Email:** |  |
|  |  |

**Household Information: Please circle**

**Student lives with:** Both Parents Mother Father Joint Custody Foster Parent Legal Guardian

**Home Phone:**

**Is either Parent currently serving in Active Military?\_\_Yes \_\_No, Which Parent**

**Does the student participate in any special programs such as Special Education, speech, EIP, SST/504? \_\_Yes \_\_No**

**Does student have an I E P? \_\_Yes \_\_No**

**List services received** *(if known)*

**Does the student participate in Gifted Programs? \_\_Yes \_\_No**

**Authorized Check Out List:**

 **(If you are the parent/guardian the student lives with you do not have to be on sign out list below. This list is also used if parent/guardian can’t be reached and your child needs to be picked up from school due to illness etc.)**

**Special Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Enrollment History** |  |  |  |
| **Student's Previous School:** |  | **City:** | **State:** |
| **List any Chattooga County Schools attended:** |  |  |  |
| **Did this student attend Pre K? ❑Public** | **❑Private** | **Name of Pre K** |  |
| **Name of person enrolling student:** |  |  |  |

**Name** **Relationship Contact Number Contact Number**

**\*Only the people you list can pick your child up, if you need to make changes you must go to your school. If you DO NOT want a person to be able to get you child, DO NOT put them on the list.**

Parent's Signature: Date:

Please Fax or Mail: ALL REGULAR EDUCATION RECORDS INCLUDING:

Withdrawal Form Birth Certificate Social Security Card Attendance

Current Transcript Immunization Certificate EED Summer School Grades

Discipline Records w/ notes Transfer Grades SST Records ESOL Records

Standardize/ State Test Scores Health Records Report Cards from previous school terms
Documentation related to commission of any felony offenses

 School: Chattooga High School Attention: Terri Abernathy Foley

Phone# 706-857-2402 Address: 989 Hwy 114

Fax# 706-857-2565 Summerville, Ga. 30747

I have received notice that the records indicated above have been requested or released and that the information regarding the suspension/ expulsion and designated felony acts is correct.

Parent /Guardian Signature Date

My Child is currently being served in the following areas,

 \_\_Special Ed \_\_Gifted \_\_Speech \_\_EIP \_\_504 \_\_RTI \_\_SST

Is this student currently suspended or expelled from his/her previous school? \_\_Yes \_\_No has this student been adjudicated guilty of the following designated felony act(s): \_Yes \_No

* Arson in the first degree □Arson in the second degree
* Aggravated assault □Aggravated battery □Robbery □Armed robbery not involving a firearm
* Battery □Attempted murder □Attempted kidnapping or kidnapping
* Weapons possession □Explosives □Motor Vehicle Theft
* Alcohol □Vandalism □Sexual Battery □Sexual Offenses
* Drugs except alcohol or trafficking in cocaine, illegal drugs, marijuana, or methamphetamine.
* Other:

**CHATTOOGA COUNTY SCHOOLS
AUTHORIZATION TO OBTAIN RECORDS/ NOTICE OF RELEASE OF RECORDS**

Student's Full Name Last School Attended

Student's Grade School Address

Student's Date of Birth City State Zip

School Phone # Fax #

**Office use only: Do not write below this box**

NOTE: According to Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within 10 calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees

Please Send: ALL SPECIAL EDUCATION RECORDS TO:

Chattooga County Schools Special Education Department 206 Penn St

Summerville, Georgia 30747 Phone # 706-822-9902

Fax # 706-822-9906

**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_**

**Release of Student Directory Information**

Under current federal law, all schools **Must**, if requested, provide student directory information (names, addresses, and telephone numbers) of high school students to U.S. military recruiters. Within that same requirements, parent/guardians may exclude their child’s information from this annual distribution of student information to various branches of the armed forces.

\_\_\_Yes, You have my permission to release my child’s information.

\_\_\_No, You do not have my permission to release my child’s information.

**Open Campus**

During mid-term and final exams students may leave campus when they are finished testing and released by administration. If they have permission there is no other check out procedure or correspondence necessary.

\_\_\_I do not wish for my student to participate in open campus.

\_\_\_I give permission for my student to participate in open campus.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Guardian Signature: Date:

**Handbook Acknowledgement:**

My child and I have read, understand, and agree to comply with all rules and procedures set forth in the Chattooga County School District student handbook. This can be found at [www.chattooga.k12.ga.us](http://www.chattooga.k12.ga.us) if you do not have access to the internet the school will provide you with a copy.

**Attendance:**

The student and parent/guardian signatures below reflect their receipt and understanding of the compulsory school attendance law and the importance of regular school attendance as stated in the handbook.

**Internet Use:**

I acknowledge that I have read, understand and agree to all terms as outlined in the Internet Acceptable Use

Policy as stated in the handbook.

 My child may use e-mail and Internet while at school according to the rules outlined.

 My child may not use e-mail and Internet while at school.

**Publications:**

Occasionally, your child's teacher my want to publish student's picture for projects on web or in the paper. Student last name will never be published.

 I give my permission for my child's picture /project to be published on the web/paper.

 I do not wish for my child's picture/project be published at this time.

Parent/Guardian’s Signature: Date:

Student’s Signature: Date:

**Chattooga County School District
Student Yearly Update Form**

**Corporal Punishment:**

Corporal punishment is a disciplinary response option for administrator's discretionary use. Only administrators will use corporal punishment for discipline.

A faculty member will witness the use of corporal punishment by the administrator. After corporal punishment is administered, the administrator will notify the parent or guardian of its use.

As Parent/Guardian of , I authorize the use of corporal punishment to

discipline my child.

YES NO Comment:

**Chattooga County Schools**

**Medical Authorization Form**

Student's Name: School: DOB

Home Room Teacher: Grade Level:

**The principal or his/her designee will dispense medicine to students according to the following guidelines:**

* The parent/guardian should complete and sign the Medication Authorization Form. Medicine cannot be given without written permission and instructions for the parent/guardian.
* The parent/guardian should bring medicine and related equipment to the principal or his/her designee. Please do not send medicine to the school by way of the student.
* **NO MEDICATION CAN BE TRANSPORTED ON THE BUS!**
* Most all medications will be kept in the school office with the exception of life saving medications such as rescue inhalers and Epi Pens that may be kept with the student according to individual severity (in an emergency seconds count).
* Prescription medicine must be in the original labeled container. The label must include the student's name, the name of the medicine, instructions for dispensing the medicine, and the doctor's name. Pharmacists can provide a duplicate labeled container with only the dosage to be given at school.
* Over-the-counter medicine must be in the original container and marked with the student's name.
* A new Medication Authorization Form must be completed whenever a new medicine or dosage is to be given to the student.
* At no time can the school accept out of date medications, if your student's medication has expired it is your responsibility to supply a new prescription. The school will notify you if your stock of medication has expired. All medications should be picked up at the end of the school year; any medications not picked up at the end of the school year will be discarded.

**I also understand that in the event of an emergency and I cannot be reached the school will have my child transported to the hospital via EMS/911 services to receive appropriate treatment.**

**Parent Signature: Date:**

**Parent Signature Date**

**Parent Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child's Name**

Please circle any medication your child **CANNOT TAKE.** (No over the counter cold meds will be given)

|  |  |  |  |
| --- | --- | --- | --- |
| **Acetaminophen (Tylenol)** | **Antifungal Cream** | **Ibuprofen (Advil)** | **Antacid (Maalox, Rolaids, Tums)** |
| **Calamine** | **Antibiotic Ointment** | **Throat Lozenge** | **Hydrocortisone Cream** |
| **Benadryl Liquid** | **Benadryl Cream** | **Orajel** | **Cough Drops** |

**Does student have an Epi-Pen? YES NO \*At school? YES** \_**NO**

**Does student have Asthma?** \_**YES** \_**NO \*Type of Asthma: MILD MODERATE SEVERE (circle one) Does student have Inhaler at school?** \_**YES** \_**NO \*Date of last episode?**

**List all medications student is currently taking:**

**At Home:**

**At School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of medical coverage does your child have?** \_**Medicaid** \_**Private** \_**Peachcare** \_**None Does your child have dental insurance?** \_**YES** \_**NO**

**Does your child wear eye glasses or contacts?** \_**YES** \_**NO**

**My child may receive hearing and vision screening at school.** \_**Yes** \_**NO**

**My Child can receive over the counter medications?** \_**Yes** \_**NO**

**What happens when allergic reaction occurs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child's Physician: Phone:**

**Health History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies?** \_**YES NO (medicine, food, stings or etc.) *If yes please explain***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name |  |  |  | School *Escuela* |  |
| *Nombre del Estudiante*Student's Date of birth *Fecha de Nacimiento* |  |  |  |
|  |  |  |  |

Date Student first entered U.S. Schools

*Fecha en que el estudiante ento por primera vez a las escuelas de Estado Unidos.*

**Original: Permanent Record DO NOT DISCARD**

**Office Staff: Provide copy to ESOL teacher for screening**

**Chattooga County Schools - Home Language Survey**

**Escuelas del Condado de Chattooga — Encuesta sobre el Idioma en el Hogar**

1. **What was the language the student first learned to speak?***Cual fue el idioma que el estudiante aprendio hablar primero?*
2. **What language does the student speak at home?** *Cual idioma habla el estudiante en casa?*
3. **What language does the student speak most often?***.Cual idioma habla el estudiante mas seguido?*

**Has the student received English to Speakers of Other Languages services before?**

***El estudiante*** *ha recibido instrucciones de Ingles Para hablantes de Otros Idiomas (ESL/ESOL)?*

If yes, Name & location of school

*Si ha recibido las instrucciones, favor de escribir el nombre y la direccion de la escuela donde la recibio.*

|  |  |
| --- | --- |
| Parent /Gurardian Signature: Date:*Firma del los padres/ Guardian Fecha* |  |

**\*\*\* NOTE:** *If* the answer to any of the above questions is a language other than English, your child may qualify for the English of Other Languages (ESOL) Program after being administered a test for English language proficiency.

*\*\*\*NOTA: Si la respuesta a cualquiera de las preguntas anteriores es otro idioma que no sea ingles, su hijo(a) puede cal Vicar para el Programa de Inglis pars Parlantes de Otros Idiomas (ESOL), despues que se le haya administrado un examen de suficiencia en sus conocimientos del ingles.*



Richard Woods, Georgia’s School Superintendent

School District: Chattooga County Date Completed:

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive additional services under**

**Title 1, 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 Student(s) |  | 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 child(ren) are eligible to receive supplemental services from the Title 1 Part C Program.***

Note for the school/district:. When both "yes" **and** one or more of the boxes from I 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:

GaDoe Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415

Toll Free (800) 621-5217 Fax (912) 842-5440

GaDoe Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637

Toll Free (866) 505-3182 Fax (229) 546-3251

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)
An Equal Opportunity Employer

Date McKinney-Vento Liaison Signature

* Parent/Guardian received copy of rights of McKinney-Vento Act

|  |  |  |
| --- | --- | --- |
| I. Is your current address a temporary living arrangement? \_\_\_\_\_ Yes \_\_\_\_\_ No2. Have you lost your housing due to economic or other hardship (eviction, fire, or other emergency)?\_\_\_\_Yes \_\_\_\_ No |  |  |
|  |
|  |  |  |  |

**Chattooga County Schools**

Student Residency Questionnaire

**Name of School: Grade:**

**Name of Student: Gender: M** or **F**

Last First Middle

**Date of Birth: Age: Social Security #:**

Month Day Year (or FTE #)

This questionnaire is **intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency
information help determine the services the student may be eligible to receive.**

**If you answered YES to the above questions, please complete the remainder of this from. If you answered NO, please sign below.**

Where is the student presently living? (Check on Box)

* In a motel
* In a shelter
* With more than one family in a house or apartment
* Moving from place to place
* In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
* Placed in state care or custody
* Unaccompanied youth
* Other living situation (please explain):

Name of Parent(s)/ Legal Guardian (s) Address

Telephone Number

Other children (newborn - age 17) also living with this student:

Name Date of Birth Name of School/Preschool/Daycare

Presenting a false record of falsifying records is an offense under OCGA 16-10-20.

**Signature of Parent/Legal Guardian Date**

Office use only

I Certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Zip Code

Alternate Telephone Number (s)