

This page is to be completed by Enrollment center only

Chattooga County Schools Enrollment Center
Enrollment Package- **Kindergarten**

Student Name _____
Grade _____

Enrollment Date—18-19 school year
School _____

Scanned Documents

- ___ Birth Certificate
- ___ Social Security Card
- ___ Proof of Immunization (3231)
- ___ Eye, Ear, Dental Form (3300)
- ___ Custody Papers/ Caregiver form

Proof of Residency

- ___ Power Bill
- ___ Water Bill
- ___ Rent/Lease Receipt
- ___ Settlement Statement
- ___ Residence Affidavit
- ___ Other

FYI.....

- _____
- _____
- _____
- _____
- _____

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

Household Information: Please circle

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

Home Phone: _____

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:** _____

Cell Phone: _____ **Email:** _____

Is either Parent currently serving in Active Military ? ___Yes ___No, Which Parent

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 ___Walker
 Afternoon: ___Bus ___Car ___Walker

NO 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: _____

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: _____

Special Programs

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.)

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: _____

**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: _____

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 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 may want to publish student's picture for projects on web or in the paper.

_____ 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 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:** _____

Child's Physician: _____ Phone: _____

Health History _____

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

What happens when allergic reaction occurs? _____

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

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, Turns) |
| Calamine | Antibiotic Ointment | Throat Lozenge | Hydrocortisone Cream |
| Benadryl Liquid | Benadryl Cream | Orajel | Cough Drops |

Child's Name _____

Parent Signature _____ Date _____

Parent Contact # _____

Chattooga County Schools - Home Language Survey

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

Student Name _____ School _____
Nombre del Estudiante *Escuela*

Student's Date of birth _____
Fecha de Nacimiento

Date Student first entered U.S. Schools _____
Fecha en que el estudiante entro por primera vez a las escuelas de Estado Unidos.

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.*



Georgia Department of Education

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

School District: _____ Date Completed: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) 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? 0 Yes 0 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)

- 01) Agriculture: planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
02) Planting, growing, or cutting trees (pulpwood)/raking pine straw
03) Processing/packing agricultural products
04) Dairy/Poultry/Livestock
05) Meatpacking/Meat processing/Seafood
06) Fishing or fish farms
07) Other (Please specify occupation): _____

Table with 3 columns: Name of student(s), Name of School, Grade. Includes five rows of blank lines for data entry.

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 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 the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office 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, Loma, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

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.

1. Is your current address a temporary living arrangement? ___Yes___No
2. Have you lost your housing due to economic or other hardship (eviction, fire, or other emergency)? ___Yes___No

If you answered YES to the above questions, please complete the remainder of this form.
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 _____ Zip Code _____
Telephone Number _____ Alternate Telephone Number (s) _____

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

Date McKinney-Vento Liaison Signature
 Parent/Guardian received copy of rights of McKinney-Vento Act