



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom
BC Imm Cert. EED SS#

Section 1: Student Information

Student's Legal Name Last First Middle Preferred
Date of Birth SSN Birth Place
*Refusal to provide SSN- See bottom of Page 2
Gender Male Female
Birth Country (If not the US) Date Entered US
County Currently Residing Date Entered US School

Race/Ethnicity

Is Student Hispanic/Latino? Yes No
Races: Check all that Apply
American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander
White
Race/Ethnicity Determination: Parent Identified Self Identified Observer Determined
Race/Ethnicity: Check Only One of the Following
Asian or Pacific Islander
Black, Not Hispanic
Hispanic
American Indian or Alaskan Native
Multi-Racial
White, Not Hispanic

Section 2: Primary Household Information- Where Student Resides

Mailing Address City/State/Zip
Physical Address City/State/Zip

Head of Household 1 (Guardian)

Name
Home No
Cell No.
Email
Employer
Work No.
Yes, this Parent/Guardian is active duty in US Military
No, this Parent/Guardian is not serving in US Military

Head of Household (i.e. Spouse)

Name
Home No
Cell No.
Email
Employer
Work No.
Yes, this Parent/Guardian is active duty in US Military
No, this Parent/Guardian is not serving in US Military

MILITARY SERVICE

* If yes, List Branch of Service
Active Duty, Deployed Active Duty, Not Deployed Inactive
Retired Injured Discharged Killed in Action
Transitioning out of the Active Duty Student Military ID'd Only

Section 3: Secondary Household Information and Emergency Contacts

(If, applicable, i.e. parents not living at same residence as student)

Name Relationship
Cell No. Alternate Number
Mailing Address City/State/Zip
Physical Address City/State/Zip

Emergency Contact and Pick Up Authorization

Emergency Contact 1 Phone Number
Emergency Contact 2 Phone Number
Emergency Contact 3 Phone Number

* Flag: Person(s) NOT eligible to pick up student

Section 4: Additional Household Information

Please provide the names of all students residing in the Primary Household, along with their relationship to each Head of Household Member (i.e. son, daughter, step-son, step-daughter, sister, brother, etc.)

Last Name	First Name	Middle Name	Relationship to Head of Household	Relationship to Head of Household (i.e. Spouse)

In accordance with FERPA, any step-parent(s) residing in the primary household will be afforded full access to the student(s) residing the and full access to the educational records of the student(s) unless specifically prohibited in writing by the parent/legal guardian. If there are custody issues that prevent a natural parent or legal guardian from having access to the student(s) listed above, court documentation must be provided.

Section 5: Enrollment History

Please list previous schools attended, beginning with the most recent.

Previous School 1: _____
 School Name _____ City/State _____ Dates Attended _____

Previous School 2: _____
 School Name _____ City/State _____ Dates Attended _____

Previous School 3: _____
 School Name _____ City/State _____ Dates Attended _____

Previous School 4: _____
 School Name _____ City/State _____ Dates Attended _____

If applicable: _____
 9th Grade Entry Date _____ School Attending at time of 9th Grade Entry _____

Section 6: Special Programs

Yes, student is CURRENTLY participating in special programs such as Special Education, Speech, ESOL, Gifted, IEP, EIP, SST, RTI, 504, etc. Service(s) receiving _____

Student PREVIOUSLY participated in special programs such as Special Education, Speech, ESOL, Gifted, IEP, EIP, SST, RTI, 504 etc. but _____ is no longer receiving services. Services(s) received _____

No, student has never received special services of any kind.

* Refusal to Provide Social Security Number

Refusal to provide SSN will result in your child's records, for their entire years of enrollment in Georgia Public Schools, not to be reported under the same Georgia Identification Number that is issued by the State of Georgia. This could hinder him/her from receiving potential state scholarship funds in the future (i.e. Hope Scholarship, etc).

My signature here indicates my refusal to give my child's SSN to the Emanuel County School System.

Parent Signature _____ Date _____

Do not sign here unless refusing to give SSN to school

Section 7: Parent/Guardian Certifications

Please read and initial the following statements

_____ I am authorized to enroll this student and understand that, in compliance with OCGA 20-2-780, having enrolled the student,
 _____ I am the only person who can withdraw the student, unless a court order applies.
 _____ The address listed on the form is the physical location where the student actually resides.

_____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.

_____ I understand that if this student is being provisionally enrolled without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous school(s) and have been reviewed by appropriate school personnel. This may include, but not limited to, grade placement, class placement, teacher(s) assigned, type of instructional setting, and any other changes the school administration deems necessary.

_____ I agree, upon request of the school, to present additional proof of residency as shall be reasonably required (i.e. electric bill, lease/rental agreement, etc).

_____ I have provided the student's Georgia Certificate of Immunization (Form 3231) OR agree to provide the form within the time specified on the Notification of Waiver form.

Behavior

_____ This student is NOT currently on suspension or expulsion status from another school.
 _____ This student did not withdraw from previous school in order to avoid suspension or expulsion.
 _____ This student has NOT been adjudicated guilty of a felony, as that term is defined in Georgia law.
 If yes, please supply the following information:

Date of Adjudication _____ Offense Committed _____

Court/County/State of Adjudication _____

Sentence imposed, including probation or other conditions _____

Medical

_____ In case of an accident or serious illness, I give permission for school personnel to make whatever emergency arrangements necessary, included transporting my child to the nearest medical facility.
 _____ School nurse application has been received and completed.

Section 8: Parent/Guardian Signature

If not the parent, supporting documentation must be provided (i.e. court order, Kinship Caregiver Affidavit, etc)

My relationship to this student is as follow:

_____ Parent _____ Person having lawful Court Order
 _____ Guardian _____ Other, Kinship Caregiver Affidavit, POA Care for a Minor Child

I hereby certify that all of the information contained on this form is true accurate to the best of my knowledge.
 I, as parent/legal guardian or enrolling person, hereby consent that this information may be furnished to other public governmental bodies by the Emanuel County School District. I further understand that it is my responsibility to immediately inform the school district of any changes to the information provided.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date of Registration



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Section 9: School Nurse Services

To be given to the school nurse upon completion

School Year If Applicable: Homeroom Grade

Through our school health services program your child will have access to services of a school nurse (LPN) as defined in the Student Handbook. School nurses are member of the screening team that refers appropriae at-risk students to the RN for further evaluation.

Student's Legal Name

Last First Middle Preferred

Parent/Legal Guardian Phone

Home Address City/State

Place of Employment Work Number

Emergency Contacts

Name Relationship

Cell No. Alternate. No.

Name Relationship

Cell No. Alternate. No.

Name Relationship

Cell No. Alternate. No.

Does your child have asthma? Yes No Name of Inhaler, if applicable

Will your child require an inhaler/ breathing treatment at school? Yes No

Allergies- check all that apply and explain type of reaction from each

Bee Sting (Reaction) Epi-Pen Required

Food (Reaction) Epi-Pen Required

Medicine (Reaction) Epi-Pen Required

Other (Reaction) Epi-Pen Required

Check all that apply and explain, if needed

Seizures

Fainting Spells

Diabetes

Heart Problems

Kidney Problems

Physical Impairment

Other

Family Doctor Phone Number

In case of serious illness/injury, school personnel will render first aid as prescribed by School Board Regulations while contact-ing parent. If no one can be reached, school personnel will transport, or call 911 EMS to transport child to Emanuel Medical Center, if necessary. Fees incurred will be the responsibility of the parent/legal guardian.

Signature of Parent/Legal Guardian Date



**Georgia Department of Education
ESOL & Title III Unit
Required Home Language Survey**

Dear Parent or Guardian, In order to provide your child with the best possible education, we need to determine how well he/she speaks and understands English. This survey assists school personal in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You.

Student Name _____ School _____

Language Background (Required Information)

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 to child? _____

Language for School Communication (Not Required)

In which language would you prefer to receive all school information? _____

Parent/Guardian Signature _____ Date _____

**Georgia Department of Education
ESOL & Title III Unit**

Encuesta obligatoria en el idioma nativo

Estimado padre o tutor, con el fin de proporcionar a su hijo la mejor educación posible, debemos determinar lo bien que habla y entiende a Inglés. Esta encuesta ayuda a escuela personal para decidir si su Niño puede ser un candidato para soporte adicional de idioma inglés. Calificación final para la ayuda de la lengua se basa en los resultados de una evaluación de idioma inglés. Gracias.

Nombre del estudiante _____

Fondo de la lengua (información requerida)

¿Idioma que entienden y hablan el niño mejor? _____

¿Que el lenguaje su niño más frecuentemente hablan en casa? _____

Lenguaje ¿adultos en su casa con más frecuencia utilizan al hablar al niño? _____

Lenguaje para la comunicación de la escuela (no requerido)

Firma del padre/tutor/otro _____ Fecha _____



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Emanuel County Schools
Student Residency Statement
McKinney Vento Education Program

Children living in homeless situations have certain rights under McKinney-Vento Homeless Assistance Act.
Information provided on this form is confidential.

School _____ Date _____
Name of Student _____ Date of Birth _____

Please indicate where the student stays at night

- Sharing the housing of others due to loss of housing, economic hardship, etc. (i.e. eviction, misfortune)
- In a motel, hotel, campground, etc. Due to lack of alternative adequate accommodations.
- In emergency or transitional shelters such as domestic violence or homeless shelters, or transitional housing through MUST, Center for Family Resources, or other shelter agency.
- In cars, parks, public spaces, abandoned buildings, substandard housing, bus station, or similar settings.
- In a primary nighttime residence that is a place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.
- None of the above

Name of sibling(s)	Date of Birth	School

_____ I am the parent/legal guardian of the student listed above, who is of school age and is seeking enrollment in the Emanuel County School System.
_____ I am NOT the parent/legal guardian of the student and have completed the Kinship Caregiver Affidavit.

As of the following date, our family has not had a permanent residence. Date _____
How long do you anticipate living at the location? _____

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Parent/Legal Guardian/Enrolling Adult Signature _____
Address _____ City/State _____
Phone No. _____ Email _____
Emergency Contact _____ Phone No. _____

If you have any questions regarding McKinney Vento guidelines, please contact our McKinney Vento liaison at the Emanuel County Board of Education at 478-237-6674, or your school counselor.