

Jefferson County Schools Registration Forms

Student's FULL LEGAL Name: _____ Date: _____

Nickname: _____ Social Security Number: _____ Grade: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Has student attended Jefferson Co Schools before? Yes No Dates: _____

Name of Prior School _____ Enrolled in: Special Ed Gifted

PreK: Did your child attend: Ga. PK Program Head Start Publicly Sponsored PK Other Public School Private Non-Profit PK
 Private For Profit Did not attend PK

Home Address _____
Street City County Zip

Mailing Address: _____
Street City County Zip

Home Telephone: _____ Parent Email Address: _____

Federal Data: Ethnicity: Hispanic/Latino descent Race: (choose 1 or more even if Hispanic/Latino Ethnicity is chosen.) African American/Black
 Caucasian/White Am Indian/Alaskan Asian Hawaiian/Pacific Islander

Father's Name: _____ Legal Custody: Yes No

Father's Address: _____
Street City County Zip

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Legal Custody: Yes No

Mother's Address: _____
Street City County Zip

Place of Employment: _____ Work Phone: _____

Student Lives with: _____ Legal Custody: Yes No

Relationship: _____ Phone Number: _____

Place of Employment: _____ Work Phone: _____

Name & Grade of any other sibling or other school age relatives living in the household: _____

Emergency Contact #1: Name: _____ Relationship: _____

Address: _____ Phone: _____
Street City Zip

Emergency Contact #2: Name: _____ Relationship: _____

Address: _____ Phone: _____
Street City Zip

Family Doctor: Name _____ Phone: _____

*Preferred Hospital: Name: _____ Phone: _____

***Unless otherwise listed, preferred hospital will be Jefferson County Hospital**

Allergies or Other Medical Information: _____

Language Background: (required by Federal Law) Student's birth country: _____
If not the U.S., what date was student first enrolled in a U.S. school? _____ Is a language other than English used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a first language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student speak a language other than English most of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above what is the language? _____

Is the student currently on suspension or expulsion from another school or school system? Yes No

If yes, explain: _____

Has student ever been convicted of a felony crime (armed robbery, aggravated assault or battery, rape, carrying a deadly weapon, felony drugs)?
 Yes No

If yes, explain: _____

Is the student a dependent of an active member of the United States Armed Forces? Yes No

**Jefferson County School System
Release of Information for Records**

**Jefferson Co. Middle School
3232 Ga Hwy 296
Stapleton, GA 30823
(478) 625-7764 – phone
478-625-3120 - fax**

I, _____ give my permission for _____
(parent/guardian please print) (previous school attended)

in _____, _____ to release all confidential and cumulative
information for _____ born _____ to Jefferson County
(student's full name)

Middle School.

(parent/guardian please signature)

(Date)

Please include any of the following records that may apply:

- Full academic transcripts
- Most current grades
- Standardized Test Scores
- Attendance Reports
- Discipline Tracker (if applicable)
- Birth Certificate
- Social Security Card
- Certificate of Immunizations
- Special Services Records...gifted or special education
- Response to Intervention (RTI) and/or SST Records
- Psychological Reports
- Health Records
- Any Department of Family Services or court issued records

All information may be faxed or e-mailed to

**Jeanettea Mayle, School Counselor
3232 GA Hwy 296
Stapleton, GA 30823
478-625-3120 (fax)
maylej@jefferson.k12.ga.us**

Please call if there are issues that would prevent the release of the student's records.

Cell Phone Use Contract

In order to use my cell phone at school, I must agree to and meet the following conditions:

1. While at school, I will only use my phone during designated days, times, and at designated places.
2. I will only use my phone for positive purposes. I will not send or post anything negative, derogatory or hateful to ANYONE. I will not access inappropriate material as outlined in the "Student Internet Safe and Responsible Use Policy" and Administrative Regulation #6163.4 Student Use of Technology.
3. I will not take or post pictures of others, including school staff, without their permission.
4. I will not create a fake account or impersonate someone else.
5. I will counter any negative, derogatory or hateful posts in a respectful way.
6. I will immediately report any posts that encourage or show illegal acts or that encourage or anyone to hurt or harm themselves or others in any way, or show anyone hurting or harming themselves or others.
7. I will not let others borrow or use my cell phone.
8. I will behave respectfully, without arguing, and cooperate when a staff member gives me direction or makes a request, including to turn over my cell phone or electronic device.
9. I understand that I am responsible for my cell phone and that neither the school, nor its staff are liable if my phone is lost, damaged or stolen. No chargers allowed.
10. I will follow the cell phone policy at all other times that are not designated to use my cell phone and understand that I will be subject to the discipline outlined in the student handbook.
11. I understand that if I violate any part of this contract or the cell phone policy, I will lose the privilege to participate during the designated cell phone use time.
12. I understand that I must get parent permission to use my cell phone during designated days, times, and places, by obtaining their signature.
13. I understand that I have a signed contract and am permitted to use my phone ONLY during designated times and places and which must be on my phone in order to use it.
14. I must provide my cell phone number, which will be kept confidential, and will not posted or made public.

Printed Student Name

Student Signature

Date

Student Cell Phone Number

Printed Parent Name

Parent Signature

Reminder: All medications must be turned into the school office.

**JEFFERSON COUNTY SCHOOL SYSTEM
SCHOOL HEALTH SERVICES PERMISSION FORM 2021-22**

Student's Name: _____ Address _____ S.S. _____

Grade _____ Homeroom Teacher _____ Birthdate _____ Sex: M ___ F ___ School _____

*** Type of Health Care: *Check one:* Medicaid ___ PeachCare ___ Insurance ___ No insurance ___

Insurance Company Name _____

Medicaid/Insurance Company Number _____

Student's Health History (Please check all that apply)

ASTHMA	SEIZURES/EPILEPSY	CYSTIC FIBROSIS	SCOLIOSIS
HEART PROBLEMS	KIDNEY PROBLEMS	BLEEDING TENDENCIES	ADD/ADHD
SICKLE CELL DISEASE	STOMACH PROBLEMS	FREQUENT NOSE BLEEDS	DEPRESSION
HEADACHES	SKIN DISORDERS	DIABETES	OTHER BEHAVIOR
OTHER MEDICAL PROBLEMS _____			PROBLEMS LIST

Does your child require special seating in the classroom? Specify _____

Does your child wear glasses/contacts/hearing aid (please circle)? _____

Does your child have any condition that would limit physical activities? List _____

Please list any surgeries or hospitalizations? _____

Please list any medications your child routinely takes and times _____

Child's Healthcare Provider _____ Phone No. _____

Child's Dentist _____ Phone No. _____

ALLERGIES

Is your child allergic to any medications? ___ Please List _____

Does your child have any food allergies? ___ Please List _____

Has your child had an allergic reaction to any bee/insect stings? If yes, what type of reaction occurs? _____

Will your child need an Epi-pen at school? Yes ___ No ___ Will your child need an inhaler at school? Yes ___ No ___

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Phone (Home) _____ Cell _____

Phone (Work) _____

Mother/Guardian _____ Phone (Home) _____ Cell _____

Phone (Work) _____

IF PARENTS CANNOT BE REACHED. LIST TWO NEARBY PERSONS TO WHOM YOU GIVE PERMISSION TO ASSUME CARE OF YOUR CHILD

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICATIONS TO BE GIVEN BY SCHOOL PERSONNEL: (Whenever possible medication should be taken at home)

ONLY PRESCRIPTION MEDICINE ORDERED BY YOUR CHILD'S DOCTOR AND ACETAPMINAPEHN AND IBUPROFEN (like Tylenol and Advil) APPROVED AND PROVIDED BY PARENTS WILL BE GIVEN DURING THE SCHOOL DAY BY SCHOOL PERSONNEL.

NO MEDICATIONS WILL BE ADMINISTERED WITHOUT THIS SIGNED PERMISSION FORM FROM THE PARENT

I hereby grant the school permission to give necessary minor treatment and/or non-prescription medications to my child. I authorize the school to discuss and share appropriate and necessary information with other health agencies and my child's primary care physician for the purpose of follow-up as needed. I also grant the school permission to conduct routine health screening (vision, hearing, dental, etc.) for my child and notify me of any abnormal results.

In case of serious illness/injury, the school will provide first aid and parents will be contacted. If neither the parent nor designee can be reached and the situation is very serious, the student will be transported to the nearest emergency room and/or EMS will be contacted for immediate transportation to the emergency room. Fees for transportation and medical services will be the responsibility of the parent or guardian.

___ I agree for my child to receive school health services. I will notify the school of any change in my child's health status.

___ I DO NOT want my child to receive school health services.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

August July 2021

Parent/Student Internet Access Agreement for Students

Please read the following carefully before signing this document. This is a legally binding document.

Due to the nature of the Internet, it is neither practical nor possible for the Board of Education to enforce compliance with user rules at all times. Accordingly, parents and students must recognize that students will be required to make independent decisions and use good judgment in their use of the Internet. Therefore, parents must participate in the decision whether to allow their children access to the Internet and must communicate their own expectations to their children regarding its use. Available precautions will be taken to restrict access to controversial materials. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information, but we believe the valuable information and interaction available on this worldwide network for outweighs the possibility that users may procure materials that are not consistent with the educational goals of the school system.

As a parent/guardian of this student, I have read the Internet Appropriate Use regulations and this Internet Access Agreement that is located at <http://www.jefferson.k12.ga.us/Page/1344> :

- I understand that Internet access is designed for educational purposes and that the school will attempt to discourage access to objectionable materials and communications that are intended to exploit, harass or abuse students. The Jefferson County School System uses a firewall on the network to prevent access to questionable material. However, I recognize it is impossible for the Jefferson County School System to restrict access to all objectionable material, and I will not hold the school responsible for materials acquired or contact made on the network.
- I understand that a variety of inappropriate and offensive materials are available over the Internet and that it may be possible for my child to access these materials if he/she chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill-intended individuals to communicate with my child over the Internet, that there is no practical means for the school to prevent this from happening, and that my child must take responsibility to avoid such communications if they are initiated. While I authorize the staff to monitor any communications to or from my child on the Internet, I recognize that it is not possible for the school to monitor all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risks.
- I understand that the Board makes no assurances of any kind, whether expressed or implied, regarding any Internet services provided. The Jefferson County School System or individual schools in the system will not be responsible for any damages the student/user suffers. Use of any information obtained via the Internet is at the student's own risk. The school system specifically denies any responsibility for the accuracy or quality of information or software obtained through its services.
- I understand that any conduct by the below-named student that is in conflict with these responsibilities is inappropriate, and such behavior may result in the termination of Internet access and possible disciplinary action.
- I understand that the school system maintains a website at <http://www.jefferson.k12.ga.us/>, and would like to recognize students on the website, particularly for outstanding accomplishments. Many times the student's picture will be on the website, but sometimes it is desirable to include the name. At no time will the student's age, address, or telephone number be listed.
- I agree to compensate the school for any expenses or costs it incurs as a result of my child's violation of the Internet Appropriate Use regulations.
- I understand and will abide by the attached Internet Appropriate Use regulations.

STUDENT:

Student's Name (please print): _____

Student's Signature: _____

PARENT/GUARDIAN:

As the parent/guardian of the above named student, I request that he/she be allowed to access the Internet for educational purposes.

Signature of Parent/Guardian

Phone Number

Date

The Jefferson County School System has permission to photograph and video the above named child and incorporate his/her picture on the Jefferson County website or other publications. I understand that he/she will only be identified by first and last name, and no age, address, or telephone number will be provided.

Signature of Parent/Guardian

Date



Safe Rider Program

Jefferson County School District Transportation Department Safe Rider Contract/Emergency Form

If your student is going to take advantage of their bus riding privilege, please complete legibly, and sign the Safe Rider Contract/Emergency Form with your child, then return to your bus driver within 5 days to continue bus rider privilege and receive your child's assign seat.

PLEASE USE A SEPARATE FORM FOR EACH RIDER. THIS INFORMATION IS REQUIRED FOR BUS TRANSPORTATION. THANK YOU! Por favor use una forma para cada estudiante. Esta informacion es requerida para transporte en el camion. Gracias!

STUDENT'S LAST NAME (PLEASE PRINT ALL) Apellido de Estudiante, (Por favor Imprima)		FIRST NAME Primer Nombre	MIDDLE Segundo	MALE OR FEMALE Chico/Chica
HOME ADDRESS, (ie Apt or Street Name and Number) Domicilio, (#de Apartamento)			SUBDIVISION/APT COMPLEX Nombre Del Vecino u Apartamento	
PARENT/GUARDIAN Nombre de padres o guardián	RELATIONSHIP Relación al estudiante	1st CONTACT PHONE # Teléfono de Casa	2nd CONTACT PHONE # Teléfono de Emergencia	
e-MAIL ADDRESS, (ie Apt or Street Name and Number) Dirección de Correo Electrónico			SCHOOL YEAR Nombre Del Vecino u Apartamento	
SCHOOL YOUR CHILD ATTENDS Esuela	GRADE Grado	DATE OF BIRTH Fecha de Nacimiento Del estudiante	BUS NUMBER Numero del Camión	
Additional Information: i.e. Medical Condition, Allergies or Special Instructions				

You must keep ALL YOUR INFORMATION up to date.

The student above and I (signed as Parent) have read the *Safe Rider Policies and Regulations* understanding and agreeing to abide by all bus safety rules. Failure to comply can result in bus suspension and loss of riding privilege if not corrected.

PARENT/GUARDIAN (Please Print)	TODAY'S DATE Fecha de Hoy	STUDENT'S SIGNATURE Firma del Estudiante
PARENT/GUARDIAN SIGNATURE Firma del Padre		

Please return this form to your Bus Driver

Por favor, complete y retorna este contrato a el que Maneja el Camión

JEFFERSON COUNTY SCHOOL SYSTEM
Formal Agreement for Use of School Equipment/Materials
By Parents/Guardians
2022-2023 school year

Parents and/or Guardians: The Jefferson County School System is providing this device for your child to use during the 2022-2023 school year. We are making every effort to ensure that your child has access to all materials as fairly and equitably as possible. We are asking you to be respectful and careful with the device and to be aware of the cost of the device you are checking out for your child.

Student Name _____ Student Barcode: _____

School (lender): JCHS JCMS CES LA WES

Equipment/Materials borrowed: **Chromebook w/charger** Other: _____

Chromebook Serial # and/or Barcode # _____

Value: Chromebook - \$250.00
Keyboard - \$50.00
LCD Panel -\$50.00
Power Cord Adaptor - \$50.00
Wifi Ranger - \$250.00
Verizon Mifi JetPack - \$149.00.

Any loss or damages of the device will be assessed at the time equipment is returned.

Media Specialist Signature _____

Principal Signature _____

Student Signature Requesting Loan _____

FORMAL AGREEMENT:

I understand that I am fully responsible for the loss or damage of the item (Chromebook with charger) which I am borrowing from the Jefferson County Public Schools.

Name and signature of Person Responsible

Name _____

Signature _____ Date _____



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? [] 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): _____

Table with 3 columns: Name of Student(s), Name of School, Grade. Includes four rows 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 I, 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, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251



Notice to Parents and Students Attendance Policy and Law

2022-2023 School Year

The Jefferson County Board of Education's attendance policy for grades K-8 states that students must be present 164 days and miss no more than 16 days. In grades 9-12, teachers shall keep accurate attendance records for each class period and each such class period shall be treated independently. For each semester block in grades 9-12, the student must be present 82 days and may miss no more than eight days per semester. Exceptions may be made upon the recommendation of the principal and the superintendent.

Georgia law now requires the following regulations regarding school attendance:

- Parents will be notified after their child has five days of unexcused absences. Each day's absence from school after this will be treated as a separate offense.
- Any parent, guardian, or other person residing in Georgia who has control or charge of a child or children and is in violation of the mandatory attendance law shall be guilty of a misdemeanor and, upon conviction thereof, shall be subject to a fine not less than \$25.00 and not greater than \$100, imprisonment not to exceed 30 days, community service, or any combination of such penalties at the discretion of the court having jurisdiction.
- After seven unexcused absences, which may or may not be consecutive, by students 14 years old and older, students will be notified that they have only three absences remaining prior to violating the attendance requirement contained in subsection (a.1.) of O.C.G.A. 40-5-22 regarding the denial of driver's permits and licenses.

I have read and understand this attendance notice.

Printed name of parent or guardian

Printed name of student

Signature of parent or guardian

Signature of student

Date _____

Date _____

Jefferson County Schools

HOME LANGUAGE SURVEY

In order to comply with state guidelines, we are required to have a Home Language Survey on file for each student.

Student Name Date

School Grade

1. What was the language(s) the student first learned to speak?

2. What language(s) does the student speak at home?

3. What language(s) does the student speak most often?

PLACE IN PERMANENT RECORD FOLDER

(If any answer contains a language other than English, please send a copy to the designated school staff member.)