

Carver Elementary 478-252-5762  
Louisville Academy 478-625-7794  
Wrens Elementary 706-547-2063

# Jefferson County Schools Registration Forms

Jefferson Co Middle School 478-625-7764  
Jefferson Co High 478-625-9991

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?  Yes  No

Does the student have a first language other than English?  Yes  No Does the student speak a language other than English most of the time?  Yes  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](mailto: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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Cell Phone Number

\_\_\_\_\_  
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 \_\_\_\_\_





# 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 camión. 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	
ARENT/GUARDIAN Nombre de padres o guardián	RELATIONSHIP Relación al estudiante	1st CONTACT PHONE # Teléfono de Casa		2nd CONTACT PHONE # Teléfono de Emergencia
EMAIL ADDRESS, (ie Apt or Street Name and Number) Dirección de Correo Electrónico			SCHOOL YEAR Nombre Del Vecino u Apartamento	
SCHOOL YOUR CHILD ATTENDS Escuela	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.

I, 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.

	TODAY'S DATE Fecha de Hoy	STUDENT'S SIGNATURE Firma del Estudiante

Please return this form to your Bus Driver

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

## 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

**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 \_\_\_\_\_





**JEFFERSON COUNTY MIDDLE SCHOOL**

**3232 HWY 296 Stapleton, Ga 30823**

**Phone: 478-625-7764**

Principal: Ms. Moya Pope, EdS.

Asst. Principals: Mr. Demetris Jenkins & Mrs. Rebecca Argoe, EdS.

**The following are the items needed for registration**

**-Parent license**

**-Social Security Card**

**-Birth certificate**

**-Last report card**

**-Proof of residence**

**If you do not have these documents physically, please email them to Ms. Mayle the school counselor**

**[maylej@jefferson.k12.ga.us](mailto:maylej@jefferson.k12.ga.us)**

# 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.)

School District: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Occupational Survey**

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
- 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", check all that applies:

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 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

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

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

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer

