

Welcome to Pierce County Middle School

To enroll you must have the following information:

- 1. 2 proofs of residency (light, cable, or water bill).***
- 2. Current Georgia 3231 immunization form (if not from GA)***
- 3. Copy of IEP if applicable.***

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PIERCE COUNTY SCHOOLS

Student Registration Form

(Please Print)

Complete one form for each child in the household that is enrolling.

Office Use Only

Date of Initial Enrollment: _____

Date school received form _____

SECTION 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred)
Street Address: _____ City _____ State _____ Zip _____
Student Cell Phone #: _____ Student E-Mail Address: _____ Grade: _____
Date of Birth: _____ *SSN: _____
If not known, may we record the student's SSN if found in the statewide Student Identity system? ☐ Yes ☐ No

**Race (Check all that apply): ☐ American Indian or Alaska Native
**Must check AT LEAST one option. ☐ Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ White

Is this student of Hispanic / Latino ethnicity? ☐ Yes ☐ No

Gender: ☐ Female ☐ Male

SECTION 2: Medical / Emergency Information

Physician Name: _____ Phone Number: _____

Does the student have any medical conditions or serious allergies that the school should be aware of? _____

SECTION 3: Enrollment History

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

If student is in high school, what is the approximate date the student entered 9th grade for the first time? _____

SECTION 4: Pre-K Program Attended

Select one: ☐ Did not attend a Pre-K Program ☐ GA Pre-K Lottery (located at a public K-12 school) ☐ Headstart ☐ Private

SECTION 5: Special Programs

Please check below any programs your student CURRENTLY participates in or PREVIOUSLY participated in:

Check, if applicable		Date Exited (if applicable)	Program
Student Currently Participates	Student Previously Participated		
			Special Education (Primary Disability: _____)
			Speech
			English for Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program / Remedial Services
			504
			RTI
			Other: _____

SECTION 6: Immigrant Information (All info required if born outside US)

*Country of Birth: _____ Date First Entered U.S.: _____ Date First Entered a U.S. School (K-12): _____
If Country of Birth is outside the U.S., has student been enrolled in U.S. schools for less than 36 cumulative months? ☐ Yes ☐ No
Has student attended school(s) outside the U.S. (other than DOD schools) since first time entering into a U.S. school? ☐ Yes ☐ No

SECTION 7: Transportation Information

Morning Transportation: ☐ Car ☐ Bus Pick up address: _____
Morning Bus Number _____
Afternoon Transportation: ☐ Car ☐ Bus Drop off address: _____
Afternoon Bus Number _____
If student is an afternoon car rider, who will pick the student up? _____

SECTION 8: Military Connections

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves?
May list more than one. ☐ Yes ☐ No Name _____ Name _____

Status: ☐ Active/Deployed ☐ Active/Not Deployed ☐ Discharged ☐ Inactive ☐ Injured ☐ Killed in action ☐ Retired ☐ Transitioning out of duty
☐ Military Reserve Branch _____

Active Military Defined: parent or guardian meets one of the following criteria at any point during the school year: 1-Is an active duty member of the uniformed services, including members of the National Guard and Reserve on active duty. 2-Is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement?. 3-Is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.

Active duty indicates full-time duty status in the active uniformed service of the United States, including members of the National Guard or Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211. "Uniformed services" includes the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Commissioned Corps and the National Oceanic and Atmospheric Administration Commissioned Officer Corps.

Military Reserve Defined: parent or guardian who is a member of the military reserves (U.S. Armed Forces, National Guard or Reserve)

SECTION 9: Residency Information

☐ Please check here if any of the following apply to this student's current living arrangements.

- With another family or other person because of loss of housing or as a result of an economic hardship (i.e., foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- Emergency shelter, group home, transitional shelter or housing
- Hotel, motel, camp ground or RV park
- With an adult who is not a parent / guardian, or alone without an adult
- Car, park, public places, abandoned building, street, or any other inadequate living space

☐ Check here if you are interested in speaking to a Homeless Liaison regarding services and assistance for which you may qualify.

SECTION 10: Parent / Guardian Certifications

Please read and initial the following:

_____ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.

_____ The address listed on this form is the physical location where the student actually resides.

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

_____ I agree upon request by the school to present such additional proof of residency (such as electric bill, city water, etc.) as shall be reasonably required. I acknowledge that the Pierce County Board of Education in its operation of the Pierce County School System has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona-fide resident of Pierce County. I also acknowledge that if the proof of residency furnished the Board or as contained in this certificate is not correct, the student will be subject to dismissal.

_____ 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 schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assignment, type of instructional setting, and any other changes that the school administration deems necessary.

_____ In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

SECTION 11: Parent / Guardian Signature

My relationship to the student is:

- ☐ Parent
- ☐ Student (18 Years of Age or Older)
- ☐ Grandparent
- ☐ Legal Guardian
- ☐ Person having lawful Court Order
- ☐ Other

} Relationship to Student: _____
**Please provide court documents establishing guardianship.

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Signature: _____ Printed Name: _____ Date: _____

Additional Notes:





PIERCE COUNTY SCHOOLS
Family Registration Form

Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.

SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address _____ Street Address _____
City _____ State _____ Zip Code _____ Primary Telephone Number _____
(if only cell phones are used, please provide primary number at which you wish to be contacted.)

Primary Household Parent/Guardian 1:
(Relationship to Student) _____

Full Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

Primary Household Parent/Guardian 2:
(Relationship to Student) _____

Spouse Full Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)

Secondary Household Parent/Guardian 1:
(Relationship to Student) _____

Spouse Full Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

Secondary Household Parent/Guardian 2:
(Relationship to Student) _____

Spouse Full Name: _____
(Last) (First) (Middle)
Email Address: _____
Employer: _____ Work Phone: _____
Cell Phone: _____ DOB _____
Pick Up Restrictions: _____

Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.

SECTION 3: Student Information

Please provide the names of **all** students residing in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

SECTION 5: Emergency Contacts / Pick-Up List

The following additional people have permission to pick up my child(ren) from school without further contact from me: *(If registering more than one student and emergency contacts differ, please see Registrar.)*

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Full Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: _____

Printed Name: _____

Date: _____

Additional Notes:



RESIDENCY REGISTRATION AND DOCUMENTATION CHECKLIST TO BE COMPLETED BY PARENT, GUARDIAN OR OTHER ADULT

Name of Student: _____

Name of Parent, Guardian, Or Other Adult: _____

Parent/Guardian/Other Adult Address: _____

TO BE COMPLETED BY THE SCHOOL DISTRICT

Documents provided to me by Parent/Guardian/Other Adult/or Student: (Minimum of two required)

- _____ 1. Filed Homestead Exemption Application Form
- _____ 2. Mortgage Documents or Property Deed
- _____ 3. Apartment or Home Lease/Rental
- _____ 4. Utility Bills
- _____ 5. Pierce County Representative Personal Visit
- _____ 6. Other Documentation _____
(describe)

Date _____

School Personnel

NOTICE OF PENALTIES AND LIABILITY:

I understand that:

1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. 20-2-133(a). _____ (initial).
2. If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same. _____ (initial)
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1. _____ (initial)
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forger in the second degree, pursuant to O.C.G.A. 16-9-2. _____ (initial)
5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. 16-10-20. _____ (initial)
6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71. _____ (initial)
7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I hereby certify that the information given above on this form is a true and correct statement of my legal residence. Should my legal residence change while the above listed student is enrolled in the above cited school system, I will promptly notify the appropriate officials of this school system. Further, I understand that a pupil is not legally enrolled until the form is completed and signed by the parent, guardian, or other adult with whom the student may be living. If it is found that I misrepresented my residency information, my child will be withdrawn from school.

Signature of Parent, Guardian, or Other Adult _____

Date _____

Telephone Number _____

STATE OF GEORGIA
COUNTY OF PIERCE

AFFIDAVIT OF RESIDENCY

COMES NOW, _____, and after being duly sworn by the undersigned attesting officer hereby makes the following affidavit:

1) My name is _____. I am _____ years of age. I am of sound mind and otherwise competent to give this affidavit.

2) I am the parent or legal guardian of the following students currently enrolled or enrolling in the Pierce County School System:

Students Name

Date of Birth

School Attending

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Each child listed in this affidavit resides with me full time in Pierce County, Georgia at the following address:

4) I understand that I must immediately notify the Pierce County School System if I change residence or if any child listed in this affidavit changes residence.

5) I understand that representative(s) of the Pierce County School System may visit my home to verify residency.

- 6) I understand that a student enrolled in the Pierce County School System under falsified information is illegally enrolled and will be immediately withdrawn from school.
- 7) I understand that false swearing (O.C.G.A. § 16-10-71) is a felony under the laws of the State of Georgia, punishable by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.

Respectfully submitted, this _____ day of _____, 20____.

AFFIANT

Sworn to and subscribed before me
this _____ day of _____, 20____.

Notary Public
My Commission Expires:

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth: _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	☐ 0	☐ 1	☐ 2	☐ 3
Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
Little interest or pleasure in doing things	☐ 0	☐ 1	☐ 2	☐ 3
Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		Yes	No
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	☐	☐	☐
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐	☐
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐	☐
7. Has a doctor ever told you that you have any heart problems?	☐	☐	☐
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐	☐

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐	☐
10. Have you ever had a seizure?	☐	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	☐	☐	☐
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	☐	☐	☐
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐	☐

PREPARTICIPATION PHYSICAL EVALUATION **PHYSICAL EXAMINATION FORM**

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: ☐ Y ☐ N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	☐	
Eyes, ears, nose, and throat - Pupils equal - Hearing	☐	
Lymph nodes	☐	
Heart* Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	☐	
Lungs	☐	
Abdomen	☐	
Skin Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	☐	
Neurological	☐	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	☐	
Back	☐	
Shoulder and arm	☐	
Elbow and forearm	☐	
Wrist, hand, and fingers	☐	
Hip and thigh	☐	
Knee	☐	
Leg and ankle	☐	
Foot and toes	☐	
Functional Double-leg squat test, single-leg squat test, and box drop or step drop test	☐	

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

****The below information has been added by Pierce County School System****

PARENTS PLEASE FILL OUT THE BELOW:

Proof of Insurance

_____ I wish to purchase school insurance for my child. I understand that I can purchase insurance to cover my child during school hours and while participating in school sponsored activities, or I can purchase 24 hour insurance which provides year-round accident insurance protection anytime, anywhere.

_____ I do NOT wish to purchase insurance provided by the school because my child is covered under the company/policy listed below.

Name of Insurance Company: _____ Policy #: _____

I understand that if my child is uncovered by some form of insurance he/she cannot participate in the above sport.

I hereby give my permission for my child to participate in the above named sport. I, the undersigned, being the parent or legal guardian of the above named child, and having the legal right to consent to medical treatment for said named child, do hereby agree that in extreme case of emergency where I, as parent or legal guardian, cannot be reached, that our child's coach shall have the authority to obtain medical assistance and to consent to medical treatment on behalf of my child while my child is under the direct supervision of said coach.

Parent Signature: _____

Student Signature: _____

Date: _____

