



SCHLEY COUNTY SCHOOLS

Student Registration Form

2023-2024

(Please Print)

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

SECTION 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred)

Physical Address: _____ City: _____ Zip: _____

Student Cell Phone #: _____ Student E-Mail Address: _____

Grade for 23-24 School Year: _____ Date of Birth: _____ SSN: _____

County of Residence: _____ Gender: _____ Female _____ Male

Does this student have a parent/guardian who is active in the US Armed Forces, including the National Guard or Reserves? _____

***If you do not wish to provide your child's SSN, please request a Parent Objection of Use of Student Social Security Number form.*

****Race (Check all that apply):** ☐ American Indian or Alaska Native

☐ Black or African American

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ White

***Must check AT LEAST one option.*

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

SECTION 2: Medical / Emergency Information

Physician Name: _____ Address: _____ Phone Number _____

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

SECTION 3: Enrollment History

Previous School : _____
(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

Please choose one:

☐ Did not attend a Pre-K Program ☐ GA Pre-K Lottery (located at a public K-12 school) ☐ Head Start Program ☐ Private-Not for profit (including church-based programs)
☐ Bright From the Start Program ☐ GA Pre-K Lottery (located at private Pre-K center) ☐ Private-For profit

SECTION 5: Special Programs

Please check any programs in which your student **CURRENTLY** participates:

_____ Special Education (Primary Disability: _____)

_____ Speech

_____ English Language Learners (ELL)

_____ Gifted Program

_____ Early Intervention Program/Remedial Services

_____ Student Support Team

_____ Section 504 Plan

_____ Home School Part Time Enrollment, 6th-12th only (Dexter Mosley Act)

Other (please specify): _____

SECTION 6: Emergency Contacts / Pick Up List

1) Name _____

Phone _____

Relationship to Child: _____

2) Name _____

Phone _____

Relationship to Child: _____

3) Name _____

Phone _____

Relationship to Child: _____

SECTION 7: Custody Information

Who has legal custody of this child?

_____ Both Parents _____ Mother _____ Father _____ Grandparent(s)* _____ Guardian(s)* _____ Ward of the Court * _____ Self Supporting*

**Copies of court orders or other legal documents may be required*

Student lives with...

_____ Both Parents _____ Mother _____ Father _____ Grandparent(s) _____ Guardian(s) _____ Foster Parent(s) _____ Alone _____ Other Relative(s)

_____ Other (please explain): _____

SECTION 8: Transportation Information

Morning Transportation: ☐ Car ☐ Bus Afternoon Transportation: ☐ Car ☐ Bus

If student is an afternoon car rider, who will pick the student up? _____

The following people MAY NOT pick up my child: _____

SECTION 9: Residency Information

____ Please check here if any of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- 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, campground 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

SECTION 10: Home Language

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel 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.

1. Which language does your child most frequently speak at home? _____
2. Which language do adults in your home most frequently use when speaking with your child? _____
3. Which language(s) does your child currently understand or speak? _____
4. Does Parent/Guardian read English? ☐ Yes ☐ No

SECTION 11: Immigrant Information

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

____ 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 Schley County Board of Education, in its operation of the Schley 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 Schley 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 and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of 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 included, but is not limited to, grade placement, class placement, teacher assigned, 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 13: Parent / Guardian Signature

My relationship to the student is:

- ☐ Parent
- ☐ Self (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:** _____