



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:** _____



SCHLEY COUNTY SCHOOLS
Household 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 _____ Physical 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:

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:

Spouse _____ (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)

Mailing Address _____ Physical Address _____
City _____ State _____ Zip Code _____ Primary Telephone Number _____

Secondary Household Parent/Guardian 1:

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:

Spouse _____ (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 4: Migrant Information

Has your family moved in order to work in another city, county, or state in the last three years? ☐ Yes ☐ No

If so, what is the date your family arrived in the city/town in which 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 years?

(Check all that apply)

☐ Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
☐ Planting, growing, or cutting trees (pulpwood)/raking pine straw
☐ Processing/packing agricultural products
☐ Dairy/Poultry/Livestock
☐ Meatpacking/Meat processing/seafood
☐ Fishing or Fish Farms
☐ Other (Please specify occupation) _____

SECTION 5: 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 6: Emergency Contacts / Pick-Up List

The following 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
Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: _____

Printed Name: _____

Date: _____

Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
Communication Preferences This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.	Parent Communication Language (Required) <ul style="list-style-type: none">In which language would you prefer to receive school communication? _____
Identification of Potential English Learners These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program. When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	Home Language Survey (Required) <ol style="list-style-type: none">Which language does your child <u>best</u> understand and speak? _____Which language does your child <u>most</u> frequently speak at home? _____Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
Additional Information from Multilingual Families If you indicated that your child and other adults in the home understand and use English and another language or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency. If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language. <ul style="list-style-type: none"><input type="checkbox"/> My child understands and uses only the home language and no English.<input type="checkbox"/> My child understands and uses mostly the home language and a little English.<input type="checkbox"/> My child understands and uses the home language and English equally.<input type="checkbox"/> My child understands and uses mostly English and only a little of the home language.<input type="checkbox"/> My child understands and uses only English.

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, [Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10](#).

² The Home Language Survey should be given to first time enrollees to United States public schools.

Encuesta de Georgia sobre el idioma en el hogar

Obligatorio: enero del 2024 | Opcional: enero del 2023 – diciembre del 2023

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a¹ recopilar sus respuestas a² las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea. Esta pregunta es solo con fines informativos. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	Idioma de comunicación de los padres y tutores (Favor de contestar.) <ul style="list-style-type: none">¿En qué idioma prefiere recibir la comunicación escolar? _____
Identificación de posibles aprendices de inglés Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma. Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.	Encuesta sobre el idioma en el hogar (Favor de contestar.) <ol style="list-style-type: none">¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
Información adicional para familias multilingües Si indicó que su hijo/a y otras personas adultas en su hogar entienden y utilizan el inglés y otro(s) idioma(s) , las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a. Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.	Información adicional para familias multilingües. (Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.) <ul style="list-style-type: none"><input type="checkbox"/> Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, no el inglés.<input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y un poco de inglés.<input type="checkbox"/> Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés por igual.<input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el inglés y solo un poco del idioma que se habla en el hogar.<input type="checkbox"/> Mi hijo/a entiende y utiliza solo el inglés.

¹ Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas (*Dear Colleague Letter*): *Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

² La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

CLINIC RECORD

Name: _____ Homeroom: _____
Mailing _____ Date of Birth: _____
Address _____

IN CASE OF EMERGENCY

Mother _____ Home # _____ Work # _____
Cell # _____
Father _____ Home # _____ Work # _____
Cell # _____

If a parent cannot be reached, I authorize Schley County Schools to call the person listed below. I also authorize those listed to sign out my child.

Name Relationship Phone numbers

1. _____
2. _____

Doctor _____ Dentist _____

Brothers/Sisters in this school system:

1. _____ 2. _____
3. _____ 4. _____

GENERAL HEALTH

	Yes	No		Yes	No
Asthma	_____	_____	Heart Problems	_____	_____
Allergies	_____	_____	Kidney Problems	_____	_____
List any allergies that your child has and			Menstrual Problems	_____	_____
Describe what type of reaction occurs			Seizures	_____	_____
_____			Sickle Cell	_____	_____
_____			Contacts	_____	_____
Diabetes	_____	_____	Glasses	_____	_____
Fainting Spells	_____	_____	Physical handicaps	_____	_____
OTHER: _____					
List Medications _____					

School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will render first aid as prescribed by the School Board regulations while contacting the parent or designated other. If neither parent nor the designee can be reached and situation is very serious, the school will telephone the Schley County Emergency Medical Service for immediate transportation to an emergency treatment hospital. Fees for services will be the responsibility of the parent / guardian.

Parent/Guardian Signature _____ Date _____

*** The parent must complete this section for any student receiving medication or any treatment at school by the nurse.**

PLEASE FILL OUT BOTH SIDES OF THIS FORM!

Schley County School System

CONSENT FOR MEDICAL TREATMENT

_____ **YES**, I give permission for my child to be seen by the school nurse/personnel for any health problem that may arise at school.

_____ **NO**, I do not wish for my child to be seen by the school nurse/personnel for any health problem that may arise at school. (I will be **responsible** to come treat my child myself.)

If needed, I am authorizing the school nurse to give: (Please **check**)

- _____ Tylenol (headache, fever, pain)
- _____ Motrin (headache, fever, pain)
- _____ Antacid available (stomach ache)
- _____ Neosporin (topical cream for cuts and scrapes)
- _____ Cough drops / Lozenges (sore throat, cough)
- _____ Eye drops, Saline Irrigation
- _____ Orajel / Anbesol (toothache and mouth sores)
- _____ Benadryl (allergy, congestion)
- _____ Claritin (non-drowsy allergy medication)
- _____ Zyrtec(non-drowsy allergy medication)
- _____ Nutritional, dental, vision, and hearing screening
- _____ Zarbee's (Honey cough syrup)

Parent/Guardian Signature _____ Date _____

*Reminder: All school nurse supplies and medications listed above are **donated** and therefore limited. Children needing the above medication on a **regular** basis will need to **provide** the medicine to the school. The medicine should be labeled properly with the child's name and homeroom.

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 email, always through the DOE's Portal, 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, Rose McKeehan
Phone: 470-763-1137
rmckeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ Sí ☐ No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ Sí ☐ No

Si la respuesta es "sí", marque todo trabajo que aplique:

- ☐ 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- ☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- ☐ 3. Procesando/Empacando productos agrícolas
- ☐ 4. Trabajo en lechería, polleras o ganadería
- ☐ 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- ☐ 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- ☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.

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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 email, always through the DOE's Portal, 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, Rose McKeehan
Phone: 470-763-1137
rmckeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



SCHLEY COUNTY SCHOOLS

If the person you reside with moves please call 229-937-2405 to report the move.

PROPERTY OWNER/TENANT AFFIDAVIT 2022-2023

FALSE SWEARING NOTICE (O.C.G.A. § 16-10-71)

- a. A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.
- b. A person convicted of the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.

RESIDENCY NOTICE (SCBOE POLICY JBCA[1])

To be enrolled in Schley County Schools, students must reside full-time in Schley County with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time Schley County residents for the entire period of enrollment in Schley County Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in Schley County and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county, but does not reside in the county, is not considered a resident for the purpose of this policy.

FURTHER NOTICE TO PARENTS, GUARDIANS AND LEGAL CUSTODIANS

1. A child can only attend a school in Schley County if:
 - a. The child is living with his or her parents in Schley County;
 - b. The child is living with the child's legal guardian;
 - c. The child is living with the child's legal custodian;
 - d. The child is homeless and living in Schley County;
 - e. The child is an emancipated minor living in Schley County; or
 - f. The child is an eligible tuition paying student accepted by the Schley County Board of Education.
2. Proof of residence is required when a child initially enrolls in a school and whenever a change of residence occurs. The principal or designee will accept the following records as proof of residency:
 - a. A valid residential written lease or rental agreement, and two current residential utility bills (gas, water, electric or cable). Said documents must contain the name and address of the parent/guardian/legal custodian,
OR
 - b. A current residential property tax statement or deed to the home, and two current residential utility bills (gas, water, electric or cable). Said documents must contain the name and address of the parent/guardian/legal custodian,
OR
 - c. Execution of a third person affidavit.
3. A child admitted under falsified documentation is illegally enrolled and will be dismissed from the Schley County Public Schools if discovered. A parent, legal guardian, person or government agency that has legal custody of said child is legally responsible for tuition for a child illegally attending the Schley County School System. If past tuition is collected by an attorney, the parent(s)/guardian(s)/legal custodian(s) shall pay for all expenses and attorney's fees incurred by the Board of Education in the collection of the same.
4. I understand that this affidavit will be in effect until I provide proof of residence as required by the Schley County Board of Education, but no longer than the end of the 2022-2023 school year.

Read, fill out and sign, after being sworn, the following affidavit:

-OVER-

If the person you reside with moves, please call 229-937-2405 to report the move.

PROPERTY OWNER/TENANT AFFIDAVIT

Personally appeared before the undersigned officer duly authorized to administer oaths, _____, who after first being sworn, deposes and states under oath the following:

1. I am competent to testify and to issue this affidavit.
2. All the facts contained herein are based upon my personal knowledge and are true and correct.
3. I have read and understand all Notices given on the opposite side of the affidavit.
4. I understand that it is the residence policy of the Schley County School District to admit only students living within its boundaries who actually reside with a parent, legal guardian, or a person or government agency that has legal custody of said child by valid Court Order.
5. I understand that a child admitted under falsified information is illegally enrolled and will be dismissed from the Schley County Schools if discovered.
6. I understand that false swearing is a violation of the criminal codes of the State of Georgia and that I could be prosecuted if I provide false information in this affidavit.
7. I am the owner or the authorized tenant located at the following address:
 - a. I own my residence at: _____
 - b. I rent/lease my residence at: _____
8. A true and correct copy of my Proof of Residency is attached hereto and consists of: _____
9. My home telephone number is _____ (Cell) _____ (Wk) _____
10. That _____, the parent/guardian/legal custodian of: _____
(name of child) resides at said residence on a full-time basis.
11. That _____ (name of child) resides at said residence on a full-time basis.
12. That _____ (name of child) resides at said residence on a full-time basis.
13. That _____ (name of child) resides at said residence on a full-time basis.
14. That _____ (name of child) resides at said residence on a full-time basis.
15. I hereby consent to representatives of the Schley County School System visiting said address to verify that the parent/guardian/legal custodian and said child live at said address on a full-time basis.
16. I agree to notify the Schley County School System within five (5) working days if the parent/guardian/legal custodian or said child named above moves out of the residence located at the above-stated address.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS, THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

UNDER PENALTY OF LAW I SWEAR THAT THE
INFORMATION GIVEN ABOVE IS TRUE AND CORRECT
THIS, THE _____ DAY OF _____, 20____.

PROPERTY OWNER

AUTHORIZED TENANT

PROOF OF RESIDENCE SUMMARY INFORMATION SHEET

✕ Application Date: _____

For School Year: 2023-2024

✕ Are you relocating due to: Natural Disaster/Fire ☐

Foreclosure/Eviction ☐

Domestic Violence ☐

Other ☐

Applicant Name:

Name of Property Owner/Lessor:

✕ _____

✕ _____

I/D Check: _____ D/L _____ State _____ Other _____

I/D Check: _____ D/L _____ State _____ Other _____

✕ Student Name(s):

School/Grade:

Evidence Provided:

Contact Notes:

Ownership Proofs:

_____ All in Order _____ Flag

_____ Property Deed _____ Property Tax Notice

✕ Previous School District: _____

_____ Settlement Statement _____ Lease

✕ Parents Previous Address: _____

_____ Other: _____

Utility Proofs:

_____ Gas _____ Electric _____ Water _____ Cable _____ Sanitation _____ Other _____

Affidavit Completed by: _____

✕ Do you own or rent an apartment or house in Schley County or another county besides the address listed above under applicant name/address? _____ yes _____ no If Yes...Please list the address below?