

Enrollment Instructions

Proof of Student's Age

Present one of the following:

- A certified copy of a birth certificate; or
- A federal, state, county, or school document with date of birth.
Examples include a certified, hospital-issued birth record or birth certificate; military ID; valid driver's license; passport; adoption record; religious record, signed by an authorized religious official; official school transcript; official immigration documentation; or affidavit of age sworn by parent/guardian or other authorized person accompanied by a certificate of age signed by a licensed, practicing physician which states the physician has examined the child and believes the age, as stated in the affidavit, is substantially correct.

For a fee, parents can order a birth certificate for a child born in Georgia through the state's ROVER service. <http://gta.georgia.gov/rover>

Proof of Authorized Person to Enroll

The following persons are authorized to enroll students:

- Parent (natural or adoptive)
- Legal guardian
- Grandparent with a properly executed Power of Attorney for the Care of a Minor Child
- Kinship caregiver with a properly executed Kinship Caregiver Affidavit
- Foster parent appointed by a state agency
- Sponsor for approved International Exchange Program

The person authorized to enroll should present one of the following:

- Driver's license
- State identification card
- Passport
- Other official photo identification

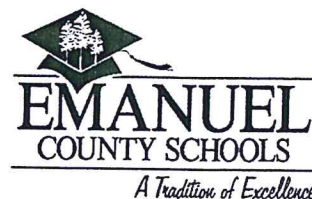
Immunization/Health Certificates

- Valid certificate of immunization (Ga. Health Dept. Form #3231), or a notarized Affidavit of Religious Exemption (Department of Health Form #2208 – available from the local school) is required for enrollment. The certificate of immunization must be completed by the health department of your health care provider. A valid form #3231 must be marked with either "Date of Expiration" or as "Completed for School Attendance." (A certificate marked with a "Date of Expiration" expires on the date indicated. A current certificate must be submitted within 30 days of expiration.) A medical exemption, if applicable, should be noted on Form #3231 with a current date of expiration.
- Vision, Hearing, Dental and Nutrition Screening (Ga. Health Dept. Form #3300, rev.2013), available from the health department or your doctor/dentist. Letters from appropriate healthcare professionals and out-of-state certificates are acceptable, if completed within the last 12 months and stapled to the state form.

Prek only
deadline
30 days
after
school
starts

90 days
after school
starts

Continued on Back



Proof of Residency

(Present one from Column A and one from Column B to show that a family lives in the attendance zone.)

Column A:

Column B:

Present one of the following (must include address):

AND

One of the following

- Non-contingent sales contract
- Current lease/rental agreement
- Most recent income tax return
- Current Paycheck stub
- Current residential property tax statement or bill
- Current warranty or quit claim deed
- Current home purchase agreement
- Current homeowner's insurance policy

- Current gas bill
- Current water bill
- Current electric bill

Only 60 days old

Important information about Proof of Residence documents

- The bill must have the same name and address of the enrolling person.
- A telephone bill is not acceptable.
- Exception: A deed without an address is acceptable if accompanied by two utility bills (excluding telephone bills with same address in attendance zone).
- If utilities included, a statement from landlord may substitute for Column with a piece of mail from a

Residency Affidavit: If the student's family is residing in the home or apartment of another individual, the following is necessary for enrollment:

1. Notarized third-person affidavit of residency (available at school) including:
 - a. Signature of person with who the family is living,
 - b. Signature of/ legal guardian of student, and
 - c. Apartment manager's signature, if applicable.
2. Two Forms of Proof of Residency for person with who family is living (See Proof of Residency section)
3. One piece of business mail in the parent/legal guardian's name with the address of the home or apartment in which the student is residing. (This must be provided within 30 days of enrollment.)



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

- ☒ The following documents are required upon registration at the Emanuel County Schools. Please bring these documents to register your child (ren)
- ☐ Certified copy of student's original birth certificate or other acceptable evidence of age as specified in Emanuel County Board of Education Policy JBC: School Admission.
- ☐ A copy of the enrolling student's Social Security Card.
(Parent may elect to sign a form at the time of registration stating the individual does not wish to provide the Social Security Number, pursuant to O.C.G.A 20-2-150.)
- ☐ Completed Georgia Immunization (Form 3231) and Eye, Ear & Dental (Form 3300).
- ☐ Most recent report card/ transcript from last school attended.
- ☐ Documentation of any health concerns or allergies of which the school should be aware.
- ☐ Proof of residence
 Current lease/ Rental Agreement
 Most recent Income Tax return
 Current paycheck stub
 Current Residential Property Tax Statement or bill
 Current warranty or quick claim deed
 Current home purchase agreement
 Current homeowner's insurance policy

Also, please have the following information available

- ☐ Student/Parent phone numbers, addresses, and email addresses (if applicable)
- ☐ Emergency contact phone numbers
- ☐ Physician name and phone number



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Section 1: Student Information

Student's Legal Name _____

Last First Middle Preferred

Date of Birth _____ SSN _____ Birth Place _____

*Refusal to provide SSN- See bottom of Page 2

Gender _____ Male _____ Female

Birth Country (If not the US) _____ Date Entered US _____

County Currently Residing _____ Date Entered US School _____

Race/Ethnicity

Is Student Hispanic/Latino? Yes _____ No _____

Race/Ethnicity: Check *Only One* of the Following

Races: Check *all* that Apply

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ Asian

_____ Black, Not Hispanic

_____ Black or African American

_____ Hispanic

_____ Native Hawaiian or Other Pacific Islander

_____ American Indian or Alaskan Native

_____ White

_____ Multi-Racial

_____ White, Not Hispanic

Race/Ethnicity Determination: _____ Parent Identified _____ Self Identified _____ Observer Determined

Section 2: Primary Household Information- Where Student Resides

Mailing Address _____ City/State/Zip _____

Physical Address _____ City/State/Zip _____

Head of Household 1 (Guardian)

Name _____

Home No. _____

Cell No. _____

Email _____

Employer _____

Work No. _____

____ Yes, this Parent/Guardian is active duty in US Military

____ No, this Parent/Guardian is not serving in US Military

Head of Household (i.e. Spouse)

Name _____

Home No. _____

Cell No. _____

Email _____

Employer _____

Work No. _____

____ Yes, this Parent/Guardian is active duty in US Military

____ No, this Parent/Guardian is not serving in US Military

MILITARY SERVICE

* If yes, List Branch of Service _____

____ Active Duty, Deployed ____ Active Duty, Not Deployed ____ Inactive

____ Retired ____ Injured ____ Discharged ____ Killed in Action

____ Transitioning out of the Active Duty ____ Student Military ID'd Only ____ Transitioning out of Active Duty ____ Student Military ID'd only

Section 3: Secondary Household Information and Emergency Contacts

(If, applicable, i.e. parents not living at same residence as student)

Name _____ Relationship _____

Cell No. _____ Alternate Number _____

Mailing Address _____ City/State/Zip _____

Physical Address _____ City/State/Zip _____

Emergency Contact and Pick Up Authorization

Emergency Contact 1 _____ Phone Number _____

Emergency Contact 2 _____ Phone Number _____

Emergency Contact 3 _____ Phone Number _____

* Flag: Person(s) NOT eligible to pick up student _____



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Section 4: Additional Household Information

Please provide the names of all students residing in the Primary Household, along with their relationship to each Head of Household Member (i.e. son, daughter, step-son, step-daughter, sister, brother, etc.)

Last Name	First Name	Middle Name	Relationship to Head of Household	Relationship to Head of Household (i.e. Spouse)

In accordance with FERPA, any step-parent(s) residing in the primary household will be afforded full access to the student(s) residing the and full access to the educational records of the student(s) unless specifically prohibited in writing by the parent/legal guardian. If there are custody issues that prevent a natural parent or legal guardian from having access to the student(s) listed above, court documentation must be provided.

Section 5: Enrollment History

Please list previous schools attended, beginning with the most recent.

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
Previous School 4:	School Name	City/State	Dates Attended
If applicable:	School Name	City/State	Dates Attended
	9th Grade Entry Date	School Attending at time of 9th Grade Entry	

Section 6: Special Programs

_____ Yes, student is CURRENTLY participating in special programs such as Special Education, Speech, ESOL, Gifted, IEP, EIP, SST, RTI, 504, etc. Service(s) receiving _____

_____ Student PREVIOUSLY participated in special programs such as Special Education, Speech, ESOL, Gifted, IEP, EIP, SST, RTI, 504 etc. but is no longer receiving services. Services(s) received _____

_____ No, student has never received special services of any kind.

*** Refusal to Provide Social Security Number**

Refusal to provide SSN will result in your child's records, for their entire years of enrollment in Georgia Public Schools, not to be reported under the same Georgia Identification Number that is issued by the State of Georgia. This could hinder him/her from receiving potential state scholarship funds in the future (i.e. Hope Scholarship, etc).

My signature here indicates my refusal to give my child's SSN to the Emanuel County School System.

Parent Signature _____ Date _____

Do not sign here unless refusing to give SSN to school



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Section 7: Parent/Guardian Certifications

Please read and initial the following statements

- _____ I am authorized to enroll this student and understand that, in compliance with OCGA 20-2-780, having enrolled the student,
_____ I am the only person who can withdraw the student, unless a court order applies.
_____ The address listed on the form is the physical location where the student actually resides.
_____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.
_____ 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 school(s) and have been reviewed by appropriate school personnel. This may include, but not limited to, grade placement, class placement, teacher(s) assigned, type of instructional setting, and any other changes the school administration deems necessary.
_____ I agree, upon request of the school, to present additional proof of residency as shall be reasonably required (i.e. electric bill, lease/rental agreement, etc).
_____ I have provided the student's Georgia Certificate of Immunization (Form 3231) OR agree to provide the form within the time specified on the Notification of Waiver form.

Behavior

- _____ This student is NOT currently on suspension or expulsion status from another school.
_____ This student did not withdraw from previous school in order to avoid suspension or expulsion.
_____ This student has NOT been adjudicated guilty of a felony, as that term is defined in Georgia law.

If yes, please supply the following information:

Date of Adjudication _____ Offense Committed _____
Court/County/State of Adjudication _____
Sentence imposed, including probation or other conditions _____

Medical

- _____ In case of an accident or serious illness, I give permission for school personnel to make whatever emergency arrangements necessary, included transporting my child to the nearest medical facility.
_____ School nurse application has been received and completed.

Section 8: Parent/Guardian Signature

If not the parent, supporting documentation must be provided (i.e. court order, Kinship Caregiver Affidavit, etc)

My relationship to this student is as follow:

_____ Parent _____ Person having lawful Court Order
_____ Guardian _____ Other, Kinship Caregiver Affidavit, POA Care for a Minor Child

I hereby certify that all of the information contained on this form is true accurate to the best of my knowledge.
I, as parent/legal guardian or enrolling person, hereby consent that this information may be furnished to other public governmental bodies by the Emanuel County School District. I further understand that it is my responsibility to immediately inform the school district of any changes to the information provided.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date of Registration



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Section 9: School Nurse Services

To be given to the school nurse upon completion

School _____ Year _____ If Applicable: Homeroom _____ Grade _____

Through our school health services program your child will have access to services of a school nurse (LPN) as defined in the Student Handbook. School nurses are member of the screening team that refers appropriate at-risk students to the RN for further evaluation.

Student's Legal Name _____
Last First Middle Preferred

Parent/Legal Guardian _____ Phone _____

Home Address _____ City/State _____

Place of Employment _____ Work Number _____

Emergency Contacts

Name _____ Relationship _____
Cell No. _____ Alternate No. _____

Name _____ Relationship _____
Cell No. _____ Alternate No. _____

Name _____ Relationship _____
Cell No. _____ Alternate No. _____

Does your child have asthma? ☐ Yes ☐ No Name of Inhaler, if applicable _____
Will your child require an inhaler/ breathing treatment at school? ☐ Yes ☐ No

Allergies- check all that apply and explain type of reaction from each

_____ Bee Sting	(Reaction)	_____	Epi-Pen Required	_____
_____ Food	(Reaction)	_____	Epi-Pen Required	_____
_____ Medicine	(Reaction)	_____	Epi-Pen Required	_____
_____ Other	(Reaction)	_____	Epi-Pen Required	_____

Check all that apply and explain, if needed

_____ Seizures	_____
_____ Fainting Spells	_____
_____ Diabetes	_____
_____ Heart Problems	_____
_____ Kidney Problems	_____
_____ Physical Impairment	_____
_____ Other	_____

Family Doctor _____ Phone Number _____

In case of serious illness/injury, school personnel will render first aid as prescribed by School Board Regulations while contacting parent. If no one can be reached, school personnel will transport, or call 911 EMS to transport child to Emanuel Medical Center, if necessary. Fees incurred will be the responsibility of the parent/legal guardian.

Signature of Parent/Legal Guardian _____ Date _____



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Georgia Department of Education

ESOL & Title III Unit

Required Home Language Survey

Dear Parent or Guardian, In order to provide your child with the best possible education, we need to determine how well he/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.

Thank You.

Student Name _____ School _____

Language Background (*Required Information*)

Which language does your child best understand and speak? _____

Which language does your child most frequently speak at home? _____

Which language do adults in your home most frequently use when speaking to child? _____

Language for School Communication (*Not Required*)

In which language would you prefer to receive all school information? _____

Parent/Guardian Signature _____ Date _____

Georgia Department of Education

ESOL & Title III Unit

Encuesta obligatoria en el idioma nativo

Estimado padre o tutor, con el fin de proporcionar a su hijo la mejor educación posible, debemos determinar lo bien que habla y entiende a Inglés. Esta encuesta ayuda a escuela personal para decidir si su Niño puede ser un candidato para soporte adicional de idioma inglés. Calificación final para la ayuda de la lengua se basa en los resultados de una evaluación de idioma inglés. Gracias.

Nombre del estudiante _____

Fondo de la lengua (información requerida)

¿Idioma que entienden y hablan el niño mejor? _____

¿Que el lenguaje su niño más frecuentemente hablan en casa? _____

Lenguaje ¿adultos en su casa con más frecuencia utilizan al hablar al niño? _____

Lenguaje para la comunicación de la escuela (no requerido)

Firma del padre/tutor/otro _____ Fecha _____



Emanuel County Schools
Student Registration Forms

Office Use Only

Homeroom _____
BC _____ Imm Cert. _____ EED _____ SS# _____

Emanuel County Schools
Student Residency Statement
McKinney Vento Education Program

Children living in homeless situations have certain rights under McKinney-Vento Homeless Assistance Act.
Information provided on this form is confidential.

School _____ Date _____
Name of Student _____ Date of Birth _____

Please indicate where the student stays at night

- _____ Sharing the housing of others due to loss of housing, economic hardship, etc. (i.e. eviction, misfortune)
_____ In a motel, hotel, campground, etc. Due to lack of alternative adequate accommodations.
_____ In emergency or transitional shelters such as domestic violence of homeless shelters, or transitional housing through MUST, Center for Family Resources, or other shelter agency.
_____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus station, or similar settings.
_____ In a primary nighttime residence that is a place not designed for, or ordinarily used as, a regular sleeping accommodation for humans.
_____ None of the above

Name of sibling(s)	Date of Birth	School

_____ I am the parent/legal guardian of the student listed above, who is of school age and is seeking enrollment in the Emanuel County School System.

_____ I am NOT the parent/legal guardian of the student and have completed the Kinship Caregiver Affidavit.

As of the following date, our family has not had a permanent residence. Date _____
How long do you anticipate living at the location? _____

Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.

Parent/Legal Guardian/Enrolling Adult Signature _____
Address _____ City/State _____
Phone No. _____ Email _____
Emergency Contact _____ Phone No. _____

If you have any questions regarding McKinney Vento guidelines, please contact our McKinney Vento liaison at the Emanuel County Board of Education at 478-237-6674, or your school counselor.

Signature Parent/Guardian: _____ **DATE:** _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____.			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Georgia's Pre-K Program Roster Information Form

This form is to be completed after school starts, not at the time of registration. Please clearly print the name as it appears on the birth certificate. (Por favor escriba el nombre como aparece en el certificado de nacimiento.)

Legal Last Name (Apellido)		
Legal First Name (Primer Nombre)		
Legal Middle Name (Segundo Nombre)		Name Suffix (Sufijo) (Jr, II, III)
Child's Social Security #	DOB (Fecha de Nacimiento) (M/D/Y)	Gender (Sexo)
		<input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K (M/D/Y)	If different from birth certificate, name student is called	

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? (¿Es Ud. **Hispano/Latino o de Origen Hispano**, sin importar la raza?)

☐ Yes (Si) ☐ No (No) ☐ Decline to Answer (negarse a contestar)

Please select **ONE OR MORE** of the following races regardless of how you answered question one. (**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)

2. Is your child:

☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (**Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o África del Norte.)

☐ b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asiática** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)

☐ c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (**Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)

☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. (**Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes del África o en grupo racial Negro.)

☐ e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. (**Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)

☐ f. **Decline to Answer** (negarse a contestar)

3. What is your child's primary language? (¿Cuál es el idioma primario de su hijo(a)?)

☐ English (Inglés)
☐ A language other than English (Un idioma diferente al Inglés)

4. Was your child born as a: (El parto en que Ud. tuvo a su hijo(a) fue de:)

☐ Single Birth (1) (Un sólo niño)
☐ Twin (2) (De mellizos)
☐ Triplet (3) (De trillizos)
☐ Quadruplet (4) (De cuatrillizos)
☐ Quintuplet (5) (De quintuples)

5. Does your child have an Individualized Education Plan (IEP)? (¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)

☐ Yes (Si) ☐ No (No)

6. Does your child receive any of the following services? (¿Recibe su hijo(a) alguno de estos servicios?)

☐ Childcare and Parent Services (CAPS) (child care subsidy program)
☐ Food Stamps (Cupones de Alimentos)
☐ SSI
☐ Medicaid
☐ Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? (¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)

☐ Yes (Si) ☐ No (No)

Parent/Guardian Signature

Date