



Newton County School System
Student Registration Packet

Student Registration Checklist



The following documents are required for student enrollment. Your child cannot be enrolled without all of the following information.

Two Proofs of Residency:

Utility Bill, AND

Lease Agreement OR Mortgage Statement

Proof of Custody/Guardianship (if applicable)

Copy of your child's Birth Certificate

Copy of your child's Social Security Card, or signed waiver request

Copy of your child's Immunization Record – GA Form 3231 (obtain from your child's Physician or Health Department)

Georgia Certificate of Vision, Hearing, Dental & Nutrition Screening-GA Form 3300 (obtain from your child's physician or Health Department). Only needed for students entering a Georgia public school for the 1st time or re-entering a Georgia school after being gone for one entire school year

Copy of your child's most recent Report Card

Copy of your child's most recent Withdrawal Form

Copy of your child's Test Score Result Form

Copy of your child's Special Education Records (if applicable)

Copy of your child's most recent Discipline Report (7th - 12th grade only)

Complete the attached Student Registration Packet



Newton County School System

Student Registration Packet

Student's Legal Name: _____
Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc)

Gender: Male Female Date of Birth: _____
mm dd yyyy

Student's Social Security Number: _____

Last school attended: _____ Grade: _____

Services received (check if applicable): ESOL Gifted SpecialEd/IEP RTI/SST 504

Previous Newton County School

Yes No Has this student ever been enrolled in a Newton County School?

If Yes: _____
School Name Grade Year

Ethnicity / Race Information - New Federally Mandated Questions. Please answer both parts.

Part A - Ethnicity: Is the student Hispanic or Latino? (choose only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider this student's race to be.

Part B - Race: What is the student's race? (choose all that apply)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



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Student's Name: _____

Student's **Residence** Address: _____
Number Street Name Apt #
City State Zipcode

Household **Mailing** Address: _____
(if different from above) Number Street Name Apt #
City State Zipcode

Preferred phone number the school should normally use to contact you: _____

PRIMARY HOUSEHOLD INFORMATION - Where student normally sleeps on a nightly basis.

Parent/Guardian: _____
Last Name First Name Middle Name

Parent/Guardian Date of Birth: _____
mm dd yyyy

Relationship to Student: (Mother, Father, Grandparent, Guardian, etc) _____

Email Address: _____

Residence Phone: _____ Work Phone: _____

Cell Phone: _____ Place of Work: _____

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

Parent/Guardian: _____
Last Name First Name Middle Name

Parent/Guardian Date of Birth: _____
mm dd yyyy

Relationship to Student: (Mother, Father, Grandparent, Guardian, etc) _____

Email Address: _____

Residence Phone: _____ Work Phone: _____

Cell Phone: _____ Place of Work: _____

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



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Student's Name: _____

SECONDARY HOUSEHOLD INFORMATION - Where student sleeps on a part time basis. Leave blank if this does not apply to your family situation.

Parent/Guardian: _____
Last Name First Name Middle Name

Parent/Guardian Date of Birth: _____
mm dd yyyy

Relationship to Student: (Mother, Father, Grandparent, Guardian, etc) _____

Email Address: _____

Residence Address: _____
Number Street Name Apt #
City State Zipcode

Residence Phone: _____ Work Phone: _____

Cell Phone: _____ Place of Work: _____

Additional Household Members & Siblings - Please list the names of all additional household members and siblings (under 21 years of age).

Last Name First Name Date of Birth Relation to Student School

Last Name First Name Date of Birth Relation to Student School

Last Name First Name Date of Birth Relation to Student School

Last Name First Name Date of Birth Relation to Student School

Last Name First Name Date of Birth Relation to Student School



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Student's Name: _____

Emergency Contact Information - Please list at least two family members or friends who could assume temporary care of your child in the event that you cannot be reached.

Emergency Contact #1: _____
Name Phone Relation to Student

Emergency Contact #2: _____
Name Phone Relation to Student

Student Residency Statement - Do you live in any of the following situations? Please mark as appropriate.

- ___ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc).
- ___ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.
- ___ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources, or other shelter or agency.
- ___ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.
- ___ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- ___ None of the above.

How long do you anticipate living at this location? _____



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: Newton County 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 (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
 Please return this form to the school

Please maintain original copy in your files.

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

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

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street, Brooklet, GA 30415
 Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
 Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only:

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, Georgia 30334 • www.gadoe.org
 An Equal Opportunity Employer



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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 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.

Thank You

Student Name (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

2. Which language does your child most frequently speak at home?

3. Which language do adults in your home most frequently use when speaking with your child?

Was the student born in the United States? **Yes** **No**

If no, in what country was the student born? _____

1. Date this student entered the USA?

_____|_____|_____
mm dd yyyy

2. Date this student first started school in the USA?

_____|_____|_____
mm dd yyyy

Signature of Parent/Guardian/Other

Date

PLACE IN PERMANENT RECORD FOLDER

If the answer to any of the above questions is a language other than English, send a copy of this form to the designated ESOL contact at the school for student screening.



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Student's Name: _____

Student Records Request

Today's Date: / /
mm dd yyyy

Information Being Requested By:

School Name: _____ Phone _____ Fax _____
Address: _____ Covington, Georgia _____
School email address: _____ Zip _____

Student Information

_____ Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc)
Date of Birth: / /
mm dd yyyy
Previous school name / grade: _____ Grade _____
Address of previous school: _____
_____ City _____ State _____ Zipcode _____
Phone / Fax of previous school (if known): _____ Phone _____ Fax _____

The student listed above is seeking admission to the Newton County School System. Please assist us by providing the information listed below:

- | | | |
|----------------------------------------------------------------|------------------------------------------------|-------------------------------|
| Standard Educational Record | Section 504 Plan | Individualized Education Plan |
| Standardized Test Scores | Screening & Health Information | Psychological Evaluation |
| Immunization Certificate | Eye Ear & Dental Certificate | ALL Special Ed Records |
| Gifted Eligibility | ESOL / ELL Record | |
| Disciplinary Transcript | Social Security Number | |
| Birth Certificate | Ninth Grade Enrollment Date (High School Only) | |
| Withdrawal Form | Attendance Record | |
| Any other information that is vital to the student's education | | |

Parent or Guardian Signature

_____ signature

Per Georgia DOE Board Rule 160-5-1-14 schools must mail or otherwise deliver requested records within ten (10) calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees.

Georgia requires that all students entering Georgia schools for the first time, regardless of their grade level, provide a shot (immunization) record showing that they are adequately immunized. Please include this immunization record in your release.

The final regulations of the Family Education Rights and Privacy Act (FERPA), 1976 (Buckley Amendment) no longer requires written parental consent to release student educational records between schools. These rules state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without written consent for each release.



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Student's Name: _____

Discipline

1. ___Yes ___No: Is this student under a current expulsion or suspension order from this or another school system?

2. ___Yes ___No: Has this student ever been expelled?

If Yes to either of the above, please fill out the following information:

Reason for Expulsion: _____

School system: _____

Date Expelled or Suspended: _____

3. ___Yes ___No: Has this student been found guilty of committing one or more of the designated felonies as defined by Georgia law?

If Yes, where did this offense occur?

_____ | _____ | _____
Court County State

Person Completing This Form

Name (must be legal guardian): _____
name - please print

Signature: _____
signature

Date: _____
mm | dd | yyyy

ANY PERSON WHO KNOW KNOWINGLY FALSIFIES OR FORGES INFORMATION ON ANY ENROLLMENT DOCUMENT IS LIABLE TO THE NEWTON COUNTY SCHOOL SYSTEM FOR TUITION AS SET FORTH IN O.C.G.A. 20-2-133(A) FOR THE PERIOD DURING WHICH THE INELIGIBLE STUDENT WAS ENROLLED. THAT PERSON MAY ALSO BE CRIMINALLY LIABLE UNDER O.C.G.A. 16-9-1, 16-9-2, AND/OR 16-10-20 FOR MAKING FALSE STATEMENTS OR SUBMITTING FALSE DOCUMENTATION TO THE NEWTON COUNTY SCHOOL SYSTEM.



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Student's Name: _____

EMERGENCY CLOSING INSTRUCTIONS

Should school be dismissed early, we need to know if your child is to ride the bus, go to day care, or be picked up by you. Weather, plumbing, electrical problems or other emergencies could cause us to dismiss early. It is important that arrangements are made in case of these unforeseen events. Sometimes our phone lines are busy so we cannot rely on a last minute phone call for directions. If the need to close early occurs, we would call all day care centers that pick up at our school.

Child's Name: _____

Address: _____

Phone: _____

CHECK ONE:

____ Ride regular bus home

____ Ride bus to neighbor/friend/relative:

Name: _____ Bus Number: _____

____ Day Care:

Name: _____ Phone _____

____ Parent Pickup

____ Other (please explain): _____

Parent/Guardian signature _____ Date: _____

Thank you. We hope we do not need this information. Please discuss this plan with your child.



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Student's Name: _____

SCHOOLWIDE E-MAIL OPTION

Dear Parents,

In an atmosphere of true economic concern and faced with impending financial cutbacks, we wish to be as fiscally responsible as possible. One thing we can do is reduce the number of "hard copy" information sheets sent home. Throughout the county, schools are attempting to save toner and paper costs by using email when possible.

We realize that everyone does not have access to email but a large number of families do. One school reported 75% savings by updating their email directory and using email instead of "hard copy" handouts.

Please complete the appropriate portion of the form below and return to the school as soon as possible. If you have a current email address that school information could be sent to, please give that address. If you must continue to receive "hard copy" handouts, please indicate which of your children (for families with more than one child) you would like us to send information home with.

Thank you for your help and understanding in these challenging times.

Student Name: _____

Homeroom Teacher: _____

Please write clearly and case sensitive.

Preferred E-mail: _____
(the above is for Parent/guardian name _____)

Secondary E-mail: _____
(the above is for Parent/guardian name _____)

___ I wish to continue to receive "hard copy" handouts. Please send them home with (**choose 1 child only**)

Student name _____

Homeroom Teacher _____

Home Telephone # _____



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CLINIC INFORMATION CARD

Gender: Male Female Student's Name: _____

Date of Birth: _____ Grade _____ HmRm Teacher _____

mm dd yyyy

Name of siblings enrolled in this school: _____

HEALTH HISTORY (If yes, please explain)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies (LIST ALL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problem
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Handicaps
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Condition
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstrual		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Allergies/Reaction		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child needs an inhaler/nebulizer available at school (if YES, provide medication to keep at school)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child requires an Epi-Pen for severe allergic reaction (if YES, provide Epi-Pen to keep at school)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child received immunizations this past year		
	If YES list type and date:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child takes prescribed medications routinely/occasionally		
	If YES please list:		

EMERGENCY INFORMATION

Parent/Guardian #1: _____ Relationship to Student: _____
 Residence Ph: _____ Work Ph: _____ Cell Ph: _____

Parent/Guardian #2: _____ Relationship to Student: _____
 Residence Ph: _____ Work Ph: _____ Cell Ph: _____

If parents cannot be reached, list two (2) Emergency Contacts who will assume care of your child:

Emerg.Contact #1: _____ Relationship _____ Ph: _____
 Emerg.Contact #2: _____ Relationship _____ Ph: _____

Please Note	In the event that Emergency Medical care is deemed necessary, the school will immediately attempt to make contact using phone numbers provided on the clinic card and will contact Emergency Medical Services (911) to respond to the school for evaluation and possible transport.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical information, as indicated above, may be shared with appropriate staff as needed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In an emergency , I give the principal, or designee, permission to administer Tylenol or Benadryl in the event the parent or contact person cannot be reached.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In non-emergency health concerns I authorize the school nurse/school personnel to utilize the following medications: anti-itch medication (caladryl, cortisone cream/lotion), antiseptic sprays, cough drops or the generic of these. I understand that it is the parents' responsibility to provide non-prescription medications to have available at school such as Motrin, Tylenol, Benadryl, etc. All medication must be labeled and must be in the original container. School Nurses are prohibited by their license restrictions to dispense prescription medication without the prescribing doctor's signature.

Should there be a need for school personnel to dispense prescription/nonprescription medication to my child, I will contact the school for the appropriate medication form that must accompany medication. I understand that **all medication must be provided by the parent/guardian** and that no personnel can dispense without parent/guardian signature.

Parent/Legal Guardian Signature

Date



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Military Connections Survey

During its 2012 session, the Georgia General Assembly enacted several laws relating to the education of children of military families. The goal of the legislation is to maximize a student's educational continuity despite the frequent movement across states and school districts that is often the result of a parent serving in the military. As a result of the laws enacted, school districts are required to collect data to ensure that children of military families are not placed at a disadvantage due to difficulty in the transfer of education records between school districts.

Student's Name: _____

1. Does this student have a parent or guardian who is active duty in US Armed Forces, including those on active duty in the National Guard or a parent or guardian who is inactive or retired? ___Yes ___No
2. Does this student have a parent or guardian who is a member of the military reserves (US Armed Forces, National Guard or Reserve)? ___Yes ___No

If the answer to Questions 1 **AND** 2 is NO, please skip to the bottom, sign and date.

If the answer to Questions 1 **OR** 2 is YES, please complete chart, then sign and date.

Parent / Guardian Name	Relationship to Student	Military Status (see below criteria)	Military Branch (see below criteria)

Military Status

Active Duty, Deployed
Injured

Active Duty, Not Deployed
Killed in Action

Discharged
Retired

Inactive

Military Branch

Air Force

Army

Marine Corps

Navy

Air Force Reserve

Army Reserve

Marine Corps Reserve

Navy Reserve

Air National Guard

Army National Guard

Coast Guard

Coast Guard

Reserve

Name of Parent/Guardian completing survey: _____

Signature of Parent completing survey: _____

Date: _____