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
Student’s Legal Name: ___________________________  ___________________________  ___________________________  ___________________________

Gender: ___Male   ___Female  Date of Birth: ________________________

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: ___________________________  ___________________________  ___________________________

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.)
Newton County School System
Student Registration Packet

Student's Name:__________________________________________

Student's **Residence** Address: ____________________________
<table>
<thead>
<tr>
<th>Number</th>
<th>Street Name</th>
<th>Apt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zipcode</td>
</tr>
</tbody>
</table>

**Household Mailing Address:**
(if different from above)
<table>
<thead>
<tr>
<th>Number</th>
<th>Street Name</th>
<th>Apt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zipcode</td>
</tr>
</tbody>
</table>

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

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

**Parent/Guardian:**
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

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:**
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

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? ________________
Newton County School System  
Student Registration Packet

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: ____________________________________________

Parent/Guardian     Date of Birth: mm dd yyyy

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

Email Address: ____________________________________________

**Residence Address**: ______________________________________

<table>
<thead>
<tr>
<th>Number</th>
<th>Street Name</th>
<th>Apt #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Relation to Student</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Date of Birth</td>
<td>Relation to Student</td>
<td>School</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Date of Birth</td>
<td>Relation to Student</td>
<td>School</td>
</tr>
<tr>
<td>Last Name</td>
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<td>Date of Birth</td>
<td>Relation to Student</td>
<td>School</td>
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<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Date of Birth</td>
<td>Relation to Student</td>
<td>School</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Date of Birth</td>
<td>Relation to Student</td>
<td>School</td>
</tr>
</tbody>
</table>
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? ________________
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 __________________________

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No

2. 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 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

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

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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.
Student’s Name: ____________________________________________

**Student Records Request**

Today’s Date: [ ] [ ] [ ]

**Information Being Requested By:**

- School Name: ____________________________
  - Phone: ________
  - Fax: ________
- Address: ____________________________________
  - Covington, Georgia ________
- Zip

School email address: __________________________________________

**Student Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix (Jr, Sr, II, III, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Newton County School System
Student Registration Packet

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.
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.
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 # ____________________________
CLINIC INFORMATION CARD

Gender: ___ Male ___ Female

Student’s Name: _____________________________

Date of Birth: mm dd yyyy

Grade ___ HmRm Teacher ______________________

Name of siblings enrolled in this school: ______________________________________________________

HEALTH HISTORY (If yes, please explain)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies (LIST ALL)</th>
<th>Kidney Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>_Yes _No</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Asthma</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Cancer</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Diabetes</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Seizure</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Menstrual</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Drug Allergies/Reaction</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No Other</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No My child needs an inhaler/nebulizer available at school</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No My child requires an Epi-Pen for severe allergic reaction</td>
<td>_Yes _No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_Yes _No My child received immunizations this past year</td>
<td>_Yes _No</td>
</tr>
</tbody>
</table>

If YES list type and date: ________________________________

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.

___ Yes ___ No Medical information, as indicated above, may be shared with appropriate staff as needed.

___ Yes ___ 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.

___ Yes ___ 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 ____________________________
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.

<table>
<thead>
<tr>
<th>Parent / Guardian Name</th>
<th>Relationship to Student</th>
<th>Military Status (see below criteria)</th>
<th>Military Branch (see below criteria)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Military Status</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Active Duty, Deployed</td>
<td>Active Duty, Not Deployed</td>
<td>Discharged</td>
<td>Inactive</td>
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<tr>
<td>Injured</td>
<td>Killed in Action</td>
<td>Retired</td>
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<tr>
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<td>Marine Corps</td>
<td>Navy</td>
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</tr>
<tr>
<td>Air National Guard</td>
<td>Army National Guard</td>
<td>Coast Guard</td>
<td>Coast Guard Reserve</td>
</tr>
</tbody>
</table>

Name of Parent/Guardian completing survey: ____________________________________________

Signature of Parent completing survey: _____________________________________________

Date: ______________________

Newton County School System
Student Registration Packet

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