



TOWNS COUNTY ELEMENTARY SCHOOL
STUDENTS REACHING THEIR HIGHEST POTENTIAL

Registration form

__ / __ / __
Date Enrolled

Name of Student _____ / / _____
(Last, First, Middle) (Date of Birth) (Grade)

_____ Male ___ Female ___ Ethnicity _____
(S. S. Number)

_____ (Name and address of school previously attended)

Did your child attend Pre K _____ Headstart _____
Where? _____

911 Address: _____ Mailing Address: _____

Your Phone _____ Emergency Phone: _____

Child lives with: _____ Both Parents _____ One Parent _____ Other

Father's Name: _____
(Last, First, Middle)

Where employed: _____ Phone: _____

Mother's Name: _____
(Last, First, Middle)

Where employed: _____ Phone: _____

Name of person(s) allowed to pick up child(ren) _____ Phone # _____

Child's doctor; _____ Phone: _____

Hospital preference; _____

Any special health needs: _____

Any Special Education needs: _____

Other information concerning child: _____

If emergency care becomes necessary, I give my permission for my child to receive such
Treatment as required by a physician.

_____ (Parents' signature) __ / __ / __ (Date)



TOWNS COUNTY ELEMENTARY SCHOOL

STUDENTS REACHING THEIR HIGHEST POTENTIAL

1150 Konahetah Road
Hiawasse, GA 30546
(706) 896-4131 Ext. 2000
Fax: (706) 896-9872

Request for Records

___/___/___

To: _____
Name of last school attended

Address

City/State/Zip

The following student enrolled in Towns County Elementary School:

Name of Student _____ (Last, First, Middle) _____ (Date of Birth) _____ (Grade)

In order to complete our student records, please send a copy of the following information:
Contained in this student's records:

1. Certified copy of academic transcript (including grades to date if student withdrew before the end of the grading period)
2. Standardized test scores
3. Immunizations record
4. Hearing, Vision, and Dental screening
5. FTE number
6. Certified copy of disciplinary record
7. Certified copy of Birth Certificate
8. Copy of Social Security card
9. Special Education records (if applicable), including psychological, eligibility report and current IEP
10. SST records
11. Gifted records

I give permission for the above information to be sent to Towns County Elementary School.

Signature (Parent/Guardian)

EMERGENCY STUDENT DATA FORM

<u>Student Information</u>	
Last Name:	
First Name:	
Birth Date	
Grade & Teacher	
Brothers/Sisters in School at TCS	Name
	Teacher
	Name
	Teacher
	Name
	Teacher
Bus Driver	
911 Address	
City	
Home Phone	
Medical Information, Allergies Medications, Other	
	<u>Parent Information</u>
Parent 1 Last Name	
Parent 1 First Name	
Relationship (mother, father, ETC)	
Parent 2 Last Name	
Parent 2 First Name	
Relationship (mother, father, ETC)	
Daytime phone 1	
Daytime phone 2	
<u>Emergency Contact</u>	
Name	
Relationship	
Daytime Phone 1	
Daytime Phone 2	
If school lets out early my child is to ride bus _____ to _____	Parent Signature:

Copy to Office, Homeroom Teacher

Please Respond
in English

Towns County School District
HOME LANGUAGE SURVEY

English
Home Language Survey

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)
Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____
If no, date child entered the United States: _____ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
A. Native American Indian C. Native Pacific Islander
B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

11. Please describe the language understood by your child. (Check only one)
A. Understands only the home language and no English.
B. Understands mostly the home language and some English.
C. Understands the home language and English equally.
D. Understands mostly English and some of the home language.
E. Understands only English.

Parent or Guardian's Signature Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

TOWNS COUNTY SCHOOL DISTRICT

This questionnaire is intended to address the McKinney-Vento Act.

Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, are you and/or your family in any of the following situations? Check one box.

- Staying in a shelter, FEMA trailer, or waiting for foster care placement.
- Sharing the housing of others due to loss of housing, economic hardship, similar reason; "doubled-up"
- Living in a car, park, campground, public space, abandoned building, substandard housing or similar.
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- Unknown nighttime residence.

2. Unaccompanied Youth: not in the physical custody of a parent or guardian. Check one box.

- Y. Student(s) is with an adult that is not a parent or legal guardian, or alone without an adult.
- N. Student does not meet the definition of "Unaccompanied Youth."

3. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? (Check one) _____ Yes _____ No

1, 2, or 3 do not apply. STOP: If you checked this box, you do **not** need to complete the remainder of this form. Submit this form to school personnel.

4. Student Name

First	Middle	Last	M/F	D.O.B.	Grade	School Name

Print Parent/Guardian Name _____ Signature _____ Date _____

Phone Number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only –

- Free/Reduced Price Meals form submitted
- Request "Known Needy" Status
- Free/Reduced Meals not requested

Based on the above information and a brief interview with this family, I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act:

Print School Administrator Name _____ Signature & Title _____ Date _____