



TOWNS COUNTY ELEMENTARY SCHOOL

STUDENTS REACHING THEIR HIGHEST POTENTIAL

Enrollment Packet

1150 Konahetah Road

Hiawassee, GA 30546

Phone: 706-896-4131 Fax: 706-896-9872

Please Print Information

Enrollment Date \_\_\_\_\_

Student Legal Name \_\_\_\_\_
Last First Middle

SSN# \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Place of Birth: \_\_\_\_\_
City State County Country

Language at Home: (example: English, Spanish) \_\_\_\_\_

Home Address: \_\_\_\_\_
Street City ST Zip Code County

Mailing Address: \_\_\_\_\_
Street/ PO # City ST Zip Code County

Home Phone Number \_\_\_\_\_ Is Parent/Guardian Active Military? Yes or NO

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status of Parents: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_\_\_

Child lives with (give relationship): \_\_\_\_\_

Names of Step Parents if any: \_\_\_\_\_

Name of Child's Legal Guardian(s): \_\_\_\_\_ # of People living in household \_\_\_\_\_

Name and Grade of Brothers and Sisters attending Towns County School System:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Towns County Elementary School System

Emergency Student Data Form

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Guardian (if different from parents) \_\_\_\_\_

Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_  
Street City ST Zip Code

Emergency Contact: The following person may be contacted, if the school system is unable to contact parent/guardian. NOTE: If they need to pick up your child, they will need to be listed on the section below. "Persons Authorized to Pick-up/Sign-out Student"

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons Authorized to Pick-up/Sign-out Student: (PLEASE INCLUDE YOURSELF)**

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**If school lets out early due to inclement weather, please be sure the teacher has your dismissal information on file. Phone lines during this time are very busy.**

Towns County Elementary School System

Medical Information: (PLEASE BE SURE TO FILL OUT BOTH SIDES OF SCHOOL HEALTH INFORMATION SHEET (ATTACHED))

Allergies: \_\_\_\_\_ Medical Alerts: \_\_\_\_\_

Pre-K Program Student attended:

GA Pre-K \_\_\_\_\_ Head start \_\_\_\_\_ Did not attend a Pre-K \_\_\_\_\_

Name and Address of Pre-K School attended:

\_\_\_\_\_

Has student ever been Home-Schooled? \_\_\_\_\_

Has student ever attended Towns County Schools? \_\_\_\_\_ If yes, which grade and year? \_\_\_\_\_

Has student ever repeated a grade? \_\_\_\_\_ If yes, which grade \_\_\_\_\_ and why? \_\_\_\_\_

Is student enrolled in Special Ed Program (IEP)? \_\_\_\_\_

Has student ever had a psychological evaluation? \_\_\_\_\_

Is student in gifted program? \_\_\_\_\_

Does student have any of the following?

Speech (IEP) \_\_\_\_\_

504 \_\_\_\_\_

RTI \_\_\_\_\_

Other \_\_\_\_\_

Any other information concerning your child will be greatly appreciated.

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*PLEASE FILL OUT THE REQUEST FOR RECORD SHEET (ATTACHED) AND SIGN SO THAT TOWNS COUNTY SCHOOL SYSTEM CAN REQUEST EDUCATION RECORDS.



Student Name /Grade \_\_\_\_\_

**From:** Mary Barrett, RN  
Judy Albury, C.N.A.  
School Health Clinic

**Date:** August 3, 2017  
**Subject:** School Health Information

In preparation for the 2017-2018 school year, it is important to have accurate health information in order to best serve your child. The actual School Health Form is on the back of this page. It is crucial that it is filled out completely and accurately. Accurate phone numbers allow the clinic to be able to contact you in case your child is ill or in case of an emergency, please update your phone numbers.

If your child needs to take any special medication while at school, you will need to come to the clinic to sign a special form and give specific information. **Students may not transport medication to school. Medicine must be in the original labeled container (no baggies, foil, etc.).**

**Pharmacy can duplicate prescription bottle, request one for school and home.**

Below is a check list of over the counter medication (we administer generic brands) that we may provide for your child during the school day if needed. This will save time and prevent phone calls to you. The goal of the clinic is to take the best possible care of your child.

Please indicate **YES** or **NO** for the following medications: **Be sure to fill out both sides of this form and return to the Teacher as soon as possible!**

Tylenol \_\_\_\_\_ Tums \_\_\_\_\_ Ibuprofen (Motrin) \_\_\_\_\_

Oragel (tooth pain) \_\_\_\_\_ Benadryl \_\_\_\_\_ Cough Drops \_\_\_\_\_

Topical Antibiotic Ointment \_\_\_\_\_ Topical Burn Cream \_\_\_\_\_

Topical Caladryl/Skin Lotion for itching \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Health Information for School Year 2017-2018

High School     Middle School     Elementary School     Head Start/PreK

Grade: \_\_\_\_\_ Teacher/Homeroom: \_\_\_\_\_

Student: \_\_\_\_\_  male  female    DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\* Allergies: explain what kind of reaction and how to treat, such as Epi-pen or Benadril\*\*\***

No drug, food, seasonal or any known allergies

Drug or Medication allergies \_\_\_\_\_

Food allergies \_\_\_\_\_

Seasonal allergies \_\_\_\_\_

Bee or Insect allergies \_\_\_\_\_

Health / Medical Issues

Physical Handicaps (explain) \_\_\_\_\_

Diabetes                       Seizure Disorder                       Hemophilia Disorder

Asthma (Has your child ever needed inhalers or breathing treatments? Explain how often and possible triggers, like exercise, grasses, smoke, and such.) \_\_\_\_\_

Any other health concerns \_\_\_\_\_

Medications: (taken daily or frequently, dosage and why) \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Father / Guardian: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

*If parents cannot be reached, list two nearby persons who will assume care of your child.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Student's Doctor / Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

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 telephone 911 / Emergency Medical Services for immediate transportation to the closest hospital. I, the parent / legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child (as named above).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal

Dr. Sandra Page



TOWNS COUNTY ELEMENTARY SCHOOL  
STUDENTS REACHING THEIR HIGHEST POTENTIAL

Assistant Principal

Mr. Shannon Moss

### REQUEST FOR RECORDS

Date \_\_\_\_\_

To: \_\_\_\_\_  
Name of last school attended

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

The following student enrolled in Towns County Elementary School

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

In order to complete our student records, please send a copy of all pertinent information that will help in serving this student.

- Copy of academic transcript (including grades to date if student withdrew before the end of the grading period)
- Standardized Test Scores
- Immunizations Record 3231
- Hearing, Vision, Dental and Nutrition Screening Form 3300
- Copy of disciplinary record(s)
- Copy of Birth Certificate
- Copy of Social Security Card
- Special Education Records, including psychological, eligibility report and current IEP
- Speech Records
- RTI/SST Records
- Gifted Records

\*\*\*\*All that applies to this enrolling student\*\*\*\*

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

Send records to:  
1150 Konahetah Road; Hiawassee, Georgia 30546

Ext. 2110- Registrar  
Phone: (706) 896-4131 Fax: (706) 896-9872

## ETHNICITY AND RACE IDENTIFICATION

(Please read the Privacy Act Statement and Instructions before completing form.)

Name (Last, First, Middle Initial)

Birthdate (Month and Year)

Agency Use Only

### Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

**Specific Instructions:** The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

**Question 1. Are You Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes  No

**Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.**

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Standard Form 181  
Revised August 2005  
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

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	



Por favor responda  
en inglés

Towns County School District  
ENCUESTA DE IDIOMA DOMESTICO

Spanish  
Home Language Survey

Fecha \_\_\_\_\_ Escuela \_\_\_\_\_ Grado \_\_\_\_\_

Nombre del menor \_\_\_\_\_  
Primer nombre Inicial del segundo nombre Apellido

Nombre del padre o apoderado \_\_\_\_\_  
Primer nombre Inicial del segundo nombre Apellido

Dirección \_\_\_\_\_  
Calle Ciudad Estado Código postal

Número de teléfono \_\_\_\_\_  
Hogar Trabajo

1. Fecha de nacimiento del menor \_\_\_\_\_ (Mes/Día/Año)

¿Nació su hijo/a en Estados Unidos?  Sí  No  
De ser así, ¿en qué estado? \_\_\_\_\_  
De no ser así, ¿en qué país? \_\_\_\_\_  
Si no, fecha en que el menor ingresó a Estados Unidos: \_\_\_\_\_ (Mes/Día/Año)

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida?  Sí  No

Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

3. ¿Cuál es el idioma que se habla con más frecuencia en el hogar? \_\_\_\_\_

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? \_\_\_\_\_

5. Marque si su hijo(a) es:  
A.  Indio americano nativo C.  Nativo de las islas del Pacífico  
B.  Nativo de Alaska D.  Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés?  Sí  No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿En qué país vivió su hijo/a más recientemente? \_\_\_\_\_

8. ¿Qué idioma aprendió su hijo(a) cuando recién comenzó a hablar? \_\_\_\_\_

9. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? \_\_\_\_\_

10. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) \_\_\_\_\_

(Madre) \_\_\_\_\_

11. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A.  Entiende solamente el idioma del hogar y no inglés.  
B.  Entiende mayormente el idioma del hogar y algo de inglés.  
C.  Entiende el idioma del hogar y el inglés por igual.  
D.  Entiende inglés mayormente y algo del idioma del hogar.  
E.  Entiende inglés solamente.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

# Towns County School System Student Residency Statement

Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

NOTE: Only one form needs to be completed per family!!!!

<p style="text-align: center;">Information provided on this form is confidential.</p> <p>Where does the <b>STUDENT</b> currently stay at night?</p> <ul style="list-style-type: none"> <li><input type="radio"/> We rent or own our own home</li> <li><input type="radio"/> Temporarily staying with another family because we can't find affordable housing</li> <li><input type="radio"/> Staying with another family due to convenient living arrangement.</li> <li><input type="radio"/> Staying with an adult that is not the parent or legal guardian, or staying alone without an adult.</li> <li><input type="radio"/> Staying in a hotel/motel, campground, or similar setting.</li> <li><input type="radio"/> Staying in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing.</li> <li><input type="radio"/> Has a primary nighttime residence that is a place that is not designed for or ordinarily used as a regular sleeping accommodation for humans.</li> <li><input type="radio"/> Staying in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar.</li> </ul>	<p style="text-align: center;"><u>For School Use Only:</u></p> <ul style="list-style-type: none"> <li><input type="radio"/> Doubled-Up</li> <li><input type="radio"/> Double-Up/ Unaccompanied Youth</li> <li><input type="radio"/> Hotel/Motel</li> <li><input type="radio"/> Unsheltered</li> <li><input type="radio"/> Sheltered</li> <li><input type="radio"/> Unknown</li> </ul>
--	---

Student Name		Grade
First	Last	

The undersigned certifies that the information provided above is accurate.

---

Parent of Record/Adult Caring for Student (Print)	Signature	Date
--	-----------	------

---

(Area Code) Phone Number	Street Address	City	State	Zip
--------------------------	----------------	------	-------	-----



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

School District: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Parent Occupational Survey**

Please complete this form to determine if your child(ren) qualify to receive additional services under  
Title I, Part C

Has your family moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town 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 (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/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): \_\_\_\_\_

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You!**

Please return this form to the school

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their 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

\*\*\*\*\*

### WITHDRAWAL INFORMATION

The individual enrolling a student is the only person permitted to withdraw the student.

The person who enrolls a student during the school year assumes parental status; this can be mother or father, a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pickup list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me as the school system's enrolling parent for the above named student.

---

Enrolling Parent Signature

Enrolling Parent Printed Name

Date

**\*\*\*Transportation is very important please make sure that your child's teacher has the information. At any time a transportation change needs to be made you have to come in person or send a note to school with your child. \*\*\* Sorry no changes can be made over the telephone, fax or emails.**