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:

_____ _____
_____ _____
_____ _____

Principal

Dr. Sandra Page

Assistant Principal

Mr. Shannon Moss

TOWNS COUNTY ELEMENTARY SCHOOL

STUDENTS REACHING THEIR HIGHEST POTENTIAL

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

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

Student's name _____ Date _____

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

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.

_____

_____

Health Form, for the School Nurse

Student :_____

Grade: _____ Teacher / Homeroom:_____

Dear parents / guardians,

In preparation for the 2018-2019 school year, it is very important to have accurate health information in order to best serve your child. Please fill out both sides of this school health form and return to the school.

Parents of Head Start / Pre-K, Kindergarten and First grade: Always send *extra change of clothes* in case of accidents or spillage. Please make these clothes available at all times.

Special medications / prescription medications given to student at school is possible but you must follow certain **guidelines**: 1) Student may not transport medication to school.

2) **Medication must be in original container**, no baggies, or foil. Your pharmacist can duplicate the prescription bottle for you, at no charge, one for home and one for school.

3) The parent/guardian must come to the clinic and **sign a form** to give us authorization to give the medication.

Towns County School District provides some over the counter medications/ generic brands in the clinic for use by the students. Indicate **yes** or **no** if you authorize for us to treat your child with these medications. The goal is to save time and prevent phone calls to you while giving them the best possible care while at school.

Tylenol_____ **Tums antacid**_____ **Ibuprofen**_____

Oragel (gum pain)_____ **Benadryl** _____ **Cough drops**_____

Neosporin, Aquaphor topical ointments_____ **Burn cream** _____

Caladryl (topical use for rash / insect bites)_____

_____ _____

Parent / guardian signature *date*

Health Information for School Year 2018-2019

☐High School ☐Middle School ☐Elementary School ☐Head Start

Grade: _____ Teacher / Homeroom: _____

Student: _____ ☐male ☐female DOB: _____

Address: _____

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

☐ 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 _____

U.S. Office of Personnel Management Guide to Personnel Data Standards	**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
☐ 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.

Standard Form 181
Revised August 2005
Previous editions not usable

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

NSN 7540-01-099-3446

Georgia Department of Education
ESOL & Title III Unit

Required Home Language Survey

Georgia Department of Education

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?

   _____

Language for School Communication (not required):

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

   _____

_____ _____

Signature of Parent/Guardian/Other **Date**

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!!!!

Information provided on this form is confidential.

Where does the **STUDENT** currently stay at night?

- o We rent or own our own home
- o Temporarily staying with another family because we can't find affordable housing
- o Staying with another family due to convenient living arrangement.
- o Staying with an adult that is not the parent or legal guardian, or staying alone without an adult.
- o Staying in a hotel/motel, campground, or similar setting.
- o Staying in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing.
- o Has a primary nighttime residence that is a place that is not designed for or ordinarily used as a regular sleeping accommodation for humans.
- o Staying in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar.

For School Use Only:

- o Doubled-Up
- o Double-Up/ Unaccompanied Youth
- o Hotel/Motel
- o Unsheltered
- o Sheltered
- o Unknown

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 _____

Form August 2013

Georgia Department of Education

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

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

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 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: ☐

Georgia Department of Education

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

Distrito Escolar: _____ **Fecha:** _____

Encuesta Ocupacional para Padres
Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ **Sí** ☐ **No**

2. ¿Alguien en su casa trabaja, ha trabajado, o tiene la intención de trabajar en una de las siguientes actividades de forma permanente o temporaria, o ha hecho este tipo de trabajo en los últimos tres años? ☐ **Sí** ☐ **No**
   Si la respuesta es "si", marque todo trabajo que aplique:
   - ☐ 1. Sembrando/cosechando vegetales (como tomates, calabazas, cebollas, etc.) o frutas (como uvas, fresas, arándanos, etc.)
   - ☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino *(pine straw)*
   - ☐ 3. Procesando/empacando productos agrícolas
   - ☐ 4. Trabajo en lechería o ganadería
   - ☐ 5. Trabajo en empacadoras o procesadoras de carnes (como de res, pollo o mariscos)
   - ☐ 6. Pezca o crianza de peces
   - ☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias!
Por favor regrese este formulario a la escuela

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.
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Regional Office use only: ☐

WITHDRAWAL INFORMATION

Student's name _____ Date _____

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.**