

White County School System

Central Enrollment/Records Office

136 Warriors Path – Suite 100

Cleveland, GA 30528

Phone: 706-865-2315, Ext. 1101

Fax: 706-348-4468

Required Documents for Registration:

_____ Withdrawal form with grades from last school attended.

_____ Official Transcript from last school attended (9th-12th grades).

_____ Student's Birth Certificate (*Certified Copy*)

_____ Student's Social Security Card

_____ Certificate of Immunization (*GA Form 3231*)

_____ Certificate of Vision, Hearing, Dental and Nutrition (*GA Form 3300*)

_____ **Proof of Residence:** (*Explained as follows*)

(Acceptable items must be issued within the past 30 days)

- Lease or Rental Agreement** (*with signature of landlord and renters*)
- Mortgage Statement, Home Purchase Agreement**
- Utility Bill** (*electric/lights, gas or water*)(**NO cable or telephone bills**)
- Governmental Agency Mail** (*county, state or federal*)
- Shared Housing** (*If living in a household with someone else, an **Affidavit of Residency**, at Central Enrollment, must be filled out by both parent/legal guardian and the person with whom the family is living. Must be signed and notarized at Central Enrollment.*)

_____ Picture ID of parent or legal guardian registering the child.



White County School System Student Registration Form

(Must be filled out for each student registering.)
(PLEASE ANSWER ALL)

School Use Only:

School: _____

Start Date: _____

District: __ In __ Out

PLEASE PRINT LEGIBLY FOR ALL QUESTIONS:

Student's Last Name: (As listed on Birth Certificate)	Student's First Name:	Student's Middle Name:	Suffix: (Check One) <input type="checkbox"/> Jr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
---	-----------------------	------------------------	--

Gender: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Date of Birth:	Student Social Security Number: _____ - _____ - _____
--	--------------------------	--

Is this student Hispanic/Latino? Yes No

Please check all Ethnicities that apply:

White American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander

Information provided by: ___ Parent/Guardian ___ Student ___ Observer

Name Child Prefers To Be Called: _____

Country of Birth: ___ USA Other: Name of Country: _____	Date Entered US School: _____
--	-------------------------------

IS YOUR CHILD RECEIVING ANY OF THE FOLLOWING SERVICES:

Student is in Special Education (IEP) _____ YES _____ NO

Student has a 504 Medical Plan _____ YES _____ NO

Did this student attend White County Schools before: ___ No ___ Yes; What name did the student attend under: _____

Student ever attended a Georgia School before: ___ No ___ Yes;
Name; City & State of School: _____

List All High Schools this student has attended: (School Name; City & State) _____

Date Entered Ninth Grade (High School Only): _____

Is this student currently serving a term of suspension/expulsion from another school? ___ No ___ Yes

Reason for the suspension/expulsion: _____

SECTION 1: Primary Household (Household in which student resides the majority of time.)

Primary Household Parent/Guardian 1:
Relationship to Child _____
Name: _____
 (Last) (First) (Middle)
Date of Birth: _____
Email: _____
Cell Phone: _____
Work Phone: _____
Active Military: ___ Yes ___ No
Did this person attend White County Schools? ___ Yes ___ No
If Yes, what name when you attended? _____

Primary Household Parent/Guardian 2:
Relationship to Child _____
Name: _____
 (Last) (First) (Middle)
Date of Birth: _____
Email: _____
Cell Phone: _____
Work Phone: _____
Active Military: ___ Yes ___ No
Did this person attend White County Schools? ___ Yes ___ No
If Yes, what name when you attended? _____

SECTION 2: Secondary Household, if applicable. (This applies to the parent not living at the same residence as student.)

ADDRESS FOR THIS SECONDARY HOUSEHOLD ONLY:
MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

Secondary Household Parent/Guardian 1:
Relationship to Child _____
Name: _____
 (Last) (First) (Middle)
Date of Birth: _____
Email: _____
Cell Phone: _____
Work Phone: _____
Active Military: ___ Yes ___ No
Did this person attend White County Schools? ___ Yes ___ No
If Yes, what name when you attended? _____

Secondary Household Parent/Guardian 2:
Relationship to Child _____
Name: _____
 (Last) (First) (Middle)
Date of Birth: _____
Email: _____
Cell Phone: _____
Work Phone: _____
Active Military: ___ Yes ___ No
Did this person attend White County Schools? ___ Yes ___ No
If Yes, what name when you attended? _____

All parents/guardians listed in both primary and secondary households will be allowed to pick up student.

MAILING INFORMATION (Primary Household Only)

Physical Address:

Mailing Address:

Home Phone Number: _____

Please list all children living in the household:

Full Name	Age	Relationship to Student	Grade

EMERGENCY AND/OR AUTHORIZED PICK-UPS FOR STUDENT OTHER THAN THE PARENTS.

Name	Relationship To Student	Phone Number

******* PLEASE READ AND SIGN *******

I hereby affirm that the information given on this registration form is correct, that the above address is the primary residence where my child and I live, and that I will notify the school of any change in residence status as soon as possible. In accordance with Georgia law O.C.G.A. § 20-2-780, the person who registers and signs this document is the only person authorized to make changes to the student record.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



Georgia Home Language Survey

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child’s primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child’s level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<p>Communication Preferences</p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.</p>	<p>Parent Communication Language (Required)</p> <ul style="list-style-type: none"> In which language would you prefer to receive school communication? <p>_____</p>
<p>Identification of Potential English Learners</p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child’s level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>	<p>Home Language Survey (Required)</p> <ol style="list-style-type: none"> Which language does your child <u>best</u> understand and speak? _____ Which language does your child <u>most</u> frequently speak at home? _____ Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
<p>Additional Information from Multilingual Families</p> <p>If you indicated that your child and other adults in the home understand and use English and another language or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p>	<p>Additional Information from Multilingual Families. <i>Choose only one sentence that best describes your child’s primary language.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> My child understands and uses only the home language and no English. <input type="checkbox"/> My child understands and uses mostly the home language and a little English. <input type="checkbox"/> My child understands and uses the home language and English equally. <input type="checkbox"/> My child understands and uses mostly English and only a little of the home language. <input type="checkbox"/> My child understands and uses only English.

 Signature of Parent/Guardian/Other (required)

 Date (required)

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

² The Home Language Survey should be given to first time enrollees to United States public schools.



White County School System
 136 Warriors Path, Suite 100
 Cleveland, GA 30528
 Phone: (706) 865-2315

RECORD RELEASE/REQUEST

Student's Name: _____ Birthday: _____ SSN: ____/____/____

School Year: _____ Grade Level: _____

School Releasing Records:

School Requesting Records:

Name: _____

White County School System-District Registrar

Address: _____

Address: 136 Warriors Path, Suite 100

City: _____ ST: _____ ZIP: _____

City: Cleveland ST: GA ZIP: 30528

Phone: _____

Phone: (706) 865-2315 Attn: Lynn Chancey

Fax: _____

FAX: (706) 348-4468

Email: lynn.chancey@white.k12.ga.us

Student Records Needed:

___ Birth Certificate

___ Current Grades

___ Social Security Card

___ Report Cards/Test Scores

___ Immunization form (3231)

___ Attendance/Discipline

___ Vision/Hearing-EED certificate (3300)

___ Official Transcript

Additional Services/Programs:

___ ESOL

___ SPED(IEP)*

___ SST

*All SPED RECORDS forward to:

Dr. Mary Kay Berry at:

marykay.berry@white.k12.ga.us

___ EIP

or

Angie Sledge at:

angie.sledge@white.k12.ga.us

___ MTSS

or

Fax #: 706-865-5290

___ Gifted/Advanced Content

___ 504

I authorize White County School System to obtain all of my child's permanent student record information designated above for enrollment purposes:

 Signature of Parent/Guardian/Student

 Date

(Federal Law 99.31 – No parent signature required for educational records sent to another educational agency)