



Newton County School System

Student Registration Packet

Student Registration Checklist



The following documents are required for student enrollment. Your child cannot be enrolled without all of the following information. A copy will be made of each document and originals will be returned to you.

- Two Current Proofs of Residency:
 - Utility Bill within 30 days (ex: gas, water, electric, waste management), AND
 - Lease Agreement OR Mortgage Statement
- Proof of Custody/Guardianship (if applicable)
- Child's original Birth Certificate
- Child's original 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) OR DPH FORM 2208
- 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

Please note that in addition to the listed items, you will be required to complete a **Clinic Card** and **Checkout/Emergency Contact Card** at your school upon enrollment.



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STUDENT INFORMATION

Student's Legal Name: _____
Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc.)

Gender: Male Female Date of Birth: _____
MM DD YYYY

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?

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.)



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Student's Name: _____

RESIDENCY AND HOUSEHOLD INFORMATION

Student's Residence:

_____	_____	_____
Number	Street Name	Apt #
_____	_____	_____
City	State	Zip code

PO Box (Optional):

_____	_____	_____
PO Box number		
_____	_____	_____
City	State	Zip code

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

Student's Household Information-

*Where does the student sleep on a **daily** basis?*

Parent/Guardian: _____

_____	_____	_____
Last Name	First Name	Middle Name

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: _____

_____	_____	_____
Last Name	First Name	Middle Name

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? _____



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Student's Name: _____

Student's Household Members & Siblings - Please list the names of all additional household members and siblings (under 21 years of age).

Last Name	First Name	Date of Birth	Relation to Student	School
Last Name	First Name	Date of Birth	Relation to Student	School
Last Name	First Name	Date of Birth	Relation to Student	School
Last Name	First Name	Date of Birth	Relation to Student	School
Last Name	First Name	Date of Birth	Relation to Student	School

Secondary Household Information

Where does the student sleep on a part-time basis? Leave blank if this does not apply to your family situation.

Parent/Guardian: _____
Last Name
First Name
Middle Name

Parent/Guardian Date of Birth: _____
MM
DD
YYYY

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

Email Address: _____

Residence: _____
Number
Street Name
Apt #

City
State
Zip code

Residence Phone: _____ Work Phone: _____

Cell Phone: _____ Place of Work: _____



Newton County School System

Student Registration Packet

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 #1: _____
Name Phone Relation to Student

Foster Care

Yes No Is the student currently in foster care?

Case Manager's Name: _____

Contact Number: _____ Email Address: _____

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? _____



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STUDENT RECORDS REQUEST

Today's Date: | |
MM DD YYYY

Information Being Requested By:

Newton County School: _____ Phone _____ Fax _____

Address: _____ Covington, Georgia _____
Zip code _____

School email address: _____

Student Information

_____ Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc.)

Date of Birth: | |
MM DD YYYY

Previous school name / grade: _____ Grade _____

Address of previous school: _____ City _____ State _____ Zip code _____

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.



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Student's Name: _____

Discipline

- Yes No Is this student under a current expulsion or suspension order from this or another school system?
- 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: _____

- 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): _____
Please Print Name

Signature: _____

Date: _____
MM DD YYYY

ANY PERSON WHO 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.



Newton County School System
Student Registration Packet

Student's Name: _____

REQUIRED HOME LANGUAGE SURVEY

Georgia Department of Education
ESOL & Title III Unit

Dear Parent or Guardian:

The state requires the District to collect a Home Language Survey for every new student. This information is used to identify students who may need English language instruction. Students whose primary or first language is not English must be screened to determine eligibility.

Please answer the questions below to help us identify if your child may need to be assessed for English Language proficiency. Thank You.

Student Name (required): _____

Home Language Survey Questions (required):

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?

Yes No Was the student born in the United States?

If no, in what country was the student born? _____

Date this student entered the USA? _____
MM DD YYYY

Date this student first started school in the USA? _____
MM DD YYYY

Signature of Parent/Guardian/Other (required) **Date**

OFFICE USE: PLACE IN PERMANENT RECORD FOLDER. Provide a copy of this form to the designated ESOL contact at the school for review.



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Student's Name: _____

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.

Yes No 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 Does this student have a parent or guardian who is a member of the military reserves (US Armed Forces, National Guard or Reserve)?

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.

Parent / Guardian Name	Relationship to Student	Military Status (see below criteria)	Military Branch (see below criteria)

Military Status

Active Duty, Deployed Injured	Active Duty, Not Deployed Killed in Action	Discharged Retired	Inactive
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Military Branch

Air Force	Army	Marine Corps	Navy
Air Force Reserve	Army Reserve	Marine Corps Reserve	Navy Reserve
Air National Guard	Army National Guard	Coast Guard	Coast Guard Reserve

Name of Parent/Guardian completing survey: _____

Signature of Parent completing survey: _____ Date: _____

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 (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial 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, 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

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer

