

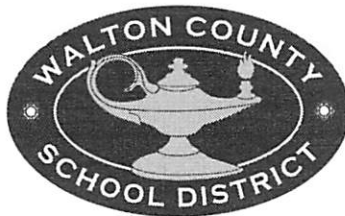
NEW STUDENT ENROLLMENT DOCUMENTS CHECKLIST

- _____ Registration packet complete
- _____ Signed Records Release
- _____ Birth Certificate
- _____ Social Security Card, Number or Waiver
- _____ Georgia Immunization Form (3231) updated or If out of state transferred to Ga Form
- _____ Vision, Hearing, Dental, Nutrition Form (3300) complete
- _____ 2 forms of proof of residency (current utility bill must be first form of POR) see attached for other forms that are accepted)

**If residing with another family, must have a residency affidavit signed by both parties and notarized along with current utility bill or current Homeowners Insurance policy from person with whom you are residing that is signing the affidavit. A piece of mail of party staying there.
- _____ Legal Documentation such as guardianship, custody paperwork, if applicable
- _____ Copy of driver's license (parent or legal guardian enrolling)
- _____ Current report card from previous school listing previous grade and promotion/retention

The following documents are needed to expedite enrollment for proper placement in classroom and grade. If parent or guardian enrolling cannot provide these documents they will be requested from the previous school. Upon receipt of records enrollment will be complete.

- _____ Withdrawal form from previous school with grades.
- _____ Discipline report from previous grade
- _____ Milestone Testing
- _____ Gifted paperwork
- _____ IEP Special Education Documents
- _____ ESOL Documents
- _____ RTI (SST, POI) Documents



"In Pursuit of Excellence"

DOCUMENTS REQUIRED FOR SCHOOL REGISTRATION

Proof of Authorized Person to Enroll

The following persons are authorized to enroll students:

- **A Parent**
- **A Legal guardian**
- **An Eligible Student**
- **A grandparent with a properly executed Power of Attorney**
- **An adult who has assumed the duties and responsibilities of a parent with respect to the student seeking enrollment**

The person authorized to enroll should present one of the following:

- **Driver's License**
- **State identification card**
- **Passport**
- **Other official photo identification**

Documentation Needed:

1. Student's birth certificate or Federal, state, county, or school document with date of birth (*Examples include hospital-issued birth record; military I.D.; valid driver's license; passport; adoption record; religious record; school transcript; or affidavit of age sworn by parent/guardian or other authorized person accompanied by a certificate of age signed by a licensed, practicing physician which states the physician has examined the child and believes the age, as stated in the affidavit, is substantially correct.*)
2. Proof of residence: Current utility bill plus one of the following: *current lease/rental agreement; recent income tax return; current paycheck stub with current address; current residential property tax statement or bill; current warranty or quitclaim deed; third person affidavit of residency (refer to Walton County School District - Residency Affidavit); current homeowner's insurance policy.*
3. Current Immunization Record (Georgia Immunization Form 3231) or medical or religious exemption.
4. If new to Georgia schools, GA Form 3300 – Certificate of Vision, Hearing, Dental, and Nutritional Screening.
5. Copy of student's social security card. Parents can sign a waiver in lieu of providing a Social Security card.
6. Previous school records: (Grades 1-8 latest report card) (Grades 9-12 latest transcript).
7. Legal documentation such as guardianship or custody paperwork, if applicable.

No student shall be denied enrollment in the Walton County Public School District for declining to provide his or her social security number or for declining to apply for such a number.

As required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, the Walton County School District does not discriminate on the basis of race, color, gender, religion, national origin, handicap, disability genetic information, or veteran status in its educational programs and activities. This includes but is not limited to admissions, educational services, employment, and in any aspect of their operations. For additional information or referral to the appropriate system coordinator, contact the system coordinator, Lance Young, Chief Human Resources Officer at 200 Double Springs Church Road, Monroe, Georgia 30656, or at 770-266-4410.



WALTON COUNTY SCHOOL DISTRICT
"In Pursuit of Excellence"

Authorization to Release Records & Confidential Information

Today's Date: _____
 mm dd yyyy

Information Being Requested By:	Previous School Attended/Agency:
School Name: <i>Loganville Middle</i>	PSA/Agency Name:
Address: <i>4869 Bay Creek Church</i>	Address:
City, State, Zip: <i>Loganville, GA 30052</i>	City, State, Zip:
Phone: <i>678 684-2957</i>	Phone:
Fax: <i>678 684-2983</i>	Fax:
WCSD Contact: <i>Tracy Brooks -</i>	PSA/Agency Contact:

Registrar

Student Name:	
DOB (mm/dd/yyyy):	SSN:

Records Requested

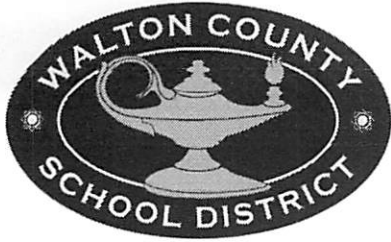
Permanent Educational Record	Standardized Test Scores	RTI/POI Plan
Withdrawal Form	Screening & Health Information	Gifted Eligibility
Most Recent Report Card	ESOL/ELL Record	Section 504 Plan
Social Security Number	Disciplinary Record (7 th -12 th)	Medical Report
Birth Certificate	9 th Grade Enrollment Date (HS Only)	*Individualized Educational Program (IEP)
Attendance Record	GHSQT Test Results (HS Only)	*Psychological Evaluation
Immunization Record	Length of Class Period/Number of Days per Week (HS Only)	*Special Education Eligibility
Eye Ear & Dental Form		*Medicaid Card

Any other information that is vital to the student's education.

<p align="center">Regular Education SEND ANY REGULAR EDUCATION RECORDS TO: <i>school and contact indicated above</i></p>	<p align="center">*Exceptional Education - SEND ANY EXCEPTIONAL EDUCATION RECORDS TO: Director of Exceptional Education Walton County Board of Education 200 Double Springs Church Road, Monroe, GA., 30656 Fax: 770.266.4499</p>
---	--

Parent or Guardian Signature: _____
Signature
Date

Signature authorizes the school or agency listed above to release records & confidential information and/or communicate with the agency contact listed.



Walton County School District Student Registration Packet

Version 17.03.15

OFFICE USE ONLY:
Documentation

___ GA Immunization

___ Legal

___ Birth Certificate

___ GA Health Form

___ Proof of Residency

___ Social Security Card/Waiver

___ Signed Records Release

Has student ever attended a Walton County School? No Yes School attended _____

Section 1: Student Information

Student's Legal Name: _____
(Last) (First) (Middle) (Preferred)

Grade: _____ Gender: _____ Date of Birth: _____ Social Security: _____ Birth Place: _____

Is student of Hispanic/Latino ethnicity: Yes No

Race (must select at least one):

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Native Hawaiian or Pacific Islander

___ White

Section 2: Primary Household Information

Physical Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Name of Parents/Guardians living in the household:

Name: _____ Relationship to student: _____
Cell Phone: _____ Work Phone: _____ Email: _____

Name: _____ Relationship to student: _____
Cell Phone: _____ Work Phone: _____ Email: _____

Who has legal custody: Both Parents Father Mother Other Legal documents provided: Y N

Student lives with: Both Parents Father Mother Other Foster Parent

Siblings attending Walton County School District:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Section 3: Secondary Household Information

Name of Parents/Guardians NOT living in the primary household:

Name: _____ Relationship to student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Name: _____ Relationship to student: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Section 4: Emergency Contact Information

In the event that parents are unable to be contacted please list other people who are allowed to be contacted &/or pick up your child.

- Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
- Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
- Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
- Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

List any additional people who are authorized to pick up your child:

- _____
- _____
- _____
- _____

List any people who **MAY NOT** pick up your child:

- _____
- _____

Section 5: Previous School Information

- Last School Attended & Address: _____ Grade: _____
- Prior School & Address: _____ Grade: _____

Is your child currently on suspension or expulsion from this or another school system? Y N

Reason for expulsion: _____

School System: _____ Date: _____

Has this student been adjudicated delinquent or convicted of murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated battery or armed robbery? Y N

If yes where did this offense occur? _____

Has your child ever received any of the following services?

Special Education Early Intervention Program (EIP) English Language (ELL) Gifted Program
 POI/RTI 504 Speech

Section 6: Student Residency

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information helps to determine the services the student may be eligible to receive.

- Is your current address a temporary living arrangement? Y N
- Is this temporary living arrangement due to loss of housing or economic hardship? Y N

If you answered **yes** to the above questions please complete the remainder of this form. Where is student living?

- _____ Sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.
 - _____ Motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations.
 - _____ Emergency or transitional shelters or transitional housing shelter or agency.
 - _____ Primary nighttime residence that is a place not designated for or ordinarily used as a regular sleeping accommodations for humans i.e. car, park, public spaces, abandoned buildings, or other.
- How long do you anticipate living at this location? _____

Please indicate if your child participates or is eligible for any of the following (check all that apply):

SSI TANF Medicaid Peachstate
 Amerigroup Food Stamps Wellcare Peachcare
 Free & Reduced Price Meals under Child Nutrition Program/School Nutrition Program.

Parent Signature: _____ Date: _____



WALTON COUNTY SCHOOL DISTRICT
"In Pursuit of Excellence"

Home Language Survey: English As A Second Language

School: _____

Student's Legal Name:

Last	First	Middle	Suffix
------	-------	--------	--------

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.

Has your child received ESOL instruction before? Yes No

If yes, name of school: _____ Date of Service: _____

Which language does your child **most frequently** speak at home? _____

Which language do adults in your home **most frequently** speak? _____

Which language(s) does your child currently understand or speak? _____

If possible, would you prefer notice of school activities in a language other than English? Yes No

If yes what language is needed? _____

Please give two weeks advance notice when translation services are requested.

In what country was your child born? _____

Date your child entered the USA: _____

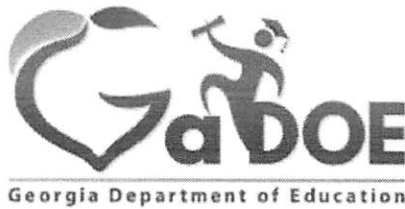
Date your child first started school in the USA: _____

Date your child first started school in Georgia: _____

Signature of Parent/Guardian/Other

Date

Registrars: Place in Permanent Record Folder and forward a copy to the Federal Program Director.



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

School District: Walton County 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

Todos los que regresan y los nuevos padres de estudiantes **deben completar Y devolver** esta encuesta ocupacional a su estudiante Escuela para satisfacer el requisito GADOE



Richard Woods, Superintendente Escolar de Georgia.
 "Educar el futuro de Georgia"

School District: _____

Date Completed: _____

Encuesta Ocupacional para Padres

Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: When both (Yes) "Si" 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

1854 Torres Gemelas East • 205 Jesse Hill Jr. • Unidad de Atlanta, Georgia
 30334 • www.gadoe.org

Un mismo empleador y
 Oportunidad



SCHOOL HEALTH INFORMATION CARD (School Year 20__ to 20__)

Student # _____ Grade _____ Teacher/HR _____
Student: _____ Gender: M F DOB: _____
Address: _____

Health History

ALLERGIES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PHYSICAL HANDICAPS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIABETES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	SEIZURE DISORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SICKLE CELL DISEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ASTHMA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CANCER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ADHD/ADD	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered yes to any of the above, please detail specifics in the space provided below along with any other physical or mental health issues which may be a concern at school.

___ Does your child have any condition that would limit physical education activities?

List: _____

___ Does your child take any prescribed medications routinely?

List: _____

Do we have permission to complete Hearing and/or Vision Screenings on your child? Yes No

List name(s) of school-aged siblings:

1. _____ Grade/School _____
2. _____ Grade/School _____
3. _____ Grade/School _____
4. _____ Grade/School _____

Emergency Contact Information

Parent/Guardian #1

_____	_____	_____
Last Name	First Name	Relation
Home # _____	Work # _____	Cell # _____

Parent/Guardian #2

_____	_____	_____
Last Name	First Name	Relation
Home # _____	Work # _____	Cell # _____

If parents/guardians cannot be reached, list two persons show will assume care of your child.

Name _____	Relationship _____	Phone: _____
Name _____	Relationship _____	Phone: _____
Child's Healthcare Provider: _____	Phone: _____	

I give permission to give my child (check all that apply) ___Tylenol ___Advil ___Caladryl/Calamine Lotion ___Benadryl Cream ___Tums (or generic equivalent) according to label instructions; ___cough drops according to label instructions.

Yes No (Box MUST be checked for medication administration – Parent will be contacted prior to administration.)

Yes No I understand that, if in the event of an emergency, I cannot be reached, the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Parent Signature: _____ Date: _____



Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

November 13, 2013

Georgia Department of Education
Dr. John D. Barge
State School Superintendent
205 Jesse Hill Jr. Drive SE
Atlanta, GA 30334

Dear Dr. Barge:

Georgia's immunization requirements for children attending 7th grade have been revised to align with the current recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Beginning in the 2014-2015 school year, 7th graders will be required to have Tdap and Meningococcal vaccines prior to entering school.

The addition of these new school requirements will lead to an increase in immunization coverage levels in Georgia and reduce disease not only in these populations but throughout the state. Data from the National Immunization Survey (NIS) ranked Georgia 39th in Tdap rates and 22nd in meningococcal rates. Implementation of these new requirements will increase vaccine coverage rates and protect Georgia children enrolled in school as well as family members and others in the community. We are optimistic that this reduction in disease rates will concomitantly reduce school absentee rates and thereby also improve students' performance.

Effective July 1, 2014 children born on or after January 1, 2002 who are attending 7th grade and for new entrants into a Georgia school grades 8th through 12th must have received one dose of Tdap (tetanus, diphtheria, pertussis) vaccine and one dose of meningococcal conjugate vaccine.

"New Entrant" means any child entering any school in Georgia for the first time or entering after having been absent from a Georgia school for more than twelve months or one school year.

PUBLIC HEALTH

Quality • Compassion • Care

Services

- Adolescent Services/ACES
- Birth & Death Certificates
- Blood Pressure Checks
- Counseling Services for Breastfeeding
- Referrals for Children's Medical Services
- College Certificate of Immunization
- Epidemiology (contact of infectious diseases)
- Environmental Health Services
 - Septic Tank Permits
 - Restaurant inspections
 - Water samples from wells
- Family Planning, Birth Control & Counseling
- Hearing, Dental & Vision Testing
- Health Education Services
- HIV Testing & Counseling
- Immunizations - Children & Adults
- Pap Smears & Breast Exams
- Pregnancy Testing
- Preventive Health Services (Diabetes, Hypertension, Cholesterol & Cancer Screenings)
- Sexually Transmitted Disease Testing & Treatment
- Tuberculosis Testing & Treatment
- WIC - supplemental food program for pregnant Women, Infants, and Children up to the age of five
- We Care About Your Health!

Walton County

Main Health Department
1404 South Madison Avenue
Monroe, GA 30655
Phone 770-207-4125
Fax 770-207-4129

ACES

1404 South Madison Avenue
Monroe, GA 30655
Phone 770-207-4151
Fax 770-207-4153

Hours:

Mon. 8:00 a.m.-6:30 p.m.
Tues.-Thurs. 8:00 a.m.-4:00 p.m.
Fri. 8:00 a.m.-1:30 p.m.

Lorri Tanner, RN
County Nurse
Manager

West Walton Clinic

605 Tom Brewer Road
Suite 200 • Loganville, GA
Phone 770-466-1789
Fax 770-466-1321

Naney Williams, RN, BSN -
Nurse Supervisor

Hours:

Mon.-Thurs. 8:00 a.m.-6:30 p.m.

ENVIRONMENTAL

HEALTH SERVICES

126A Court Street
Monroe, GA 30655

Phone 770-267-1430

Fax 770-267-1451

Jon Terry, Environmental
Health Manager

Vital Records Birth & Death Certificates

If you were born in Georgia we are able to
issue your records.

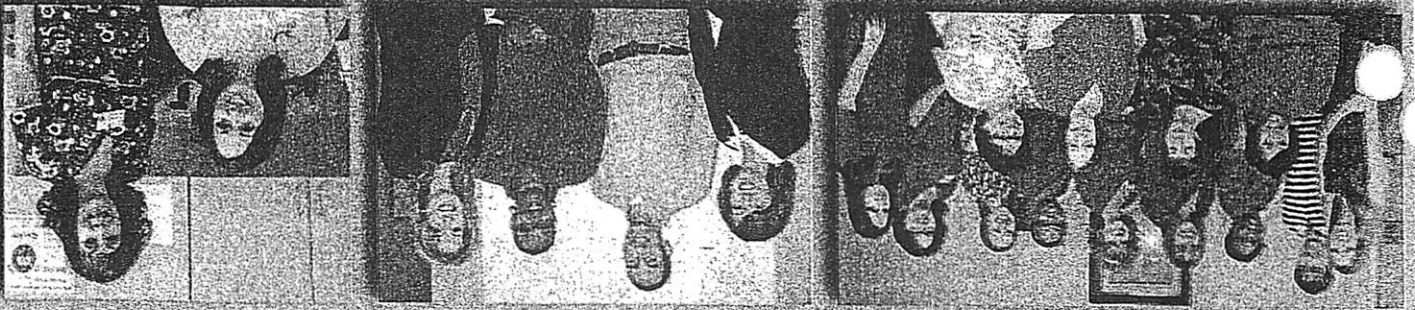
1404 S Madison Avenue

Monroe, GA 30655

Phone 770-207-4069

Fax 770-207-4072

www.facebook.com/waltoncountyhealthdepartment
www.publichealthathens.com



WALTON COUNTY SCHOOL DISTRICT - RESIDENCY AFFIDAVIT

SCHOOL: _____

Section to be completed by parent/guardian

Name of Parent or Guardian: _____

Name of Child(ren): _____

Address of Property: _____

I, the above named parent/guardian, attest to the following:

Please initial below

- The above named children (ren) reside at the address listed above. _____
- I understand that for the purpose of this document, "to reside" is defined as the primary place of living (where the parent/guardian and child(ren) sleep, keep their clothing and other personal belongings). _____
- I understand that I am required to furnish to the school **proof of residence** (i.e. rental agreement or sales contract, and a copy of an electric/water/gas bill for that address in the property owner's address). **I am also required to provide a piece of business mail** (i.e. cell phone, insurance notification, etc.) sent to me at the above address. _____
- I understand that this statement is being made in order to provide proof of residency so that the above named child(ren) may be admitted to Walton County Public Schools. _____
- The living arrangements are not solely for the purpose of establishing school attendance eligibility. _____
- I understand that this statement is being made under penalty of perjury should the information provided be fraudulent. _____
- I understand that if the child(ren) is/are found not to be a legitimate resident(s) of this address the child(ren) will be immediately withdrawn, a referral will be made to the Student Services Department for further investigation, and I will be legally responsible for the school district's cost to educate the child(ren) based on the annual per pupil expenditure retro active to the first day of admission. _____

Section to be completed by person(s) allowing others to reside with them in their home

I, _____, attest that the above named parent/guardian and

child(ren) live with me at _____ street address city state zip county

also attest to the following:

Please initial below

- The living arrangement is not solely for the purpose of establishing school attendance eligibility. _____
- This statement is being made under penalties of perjury should the information provided be fraudulent. _____
- I understand that I am **required to furnish** to the school **proof of residence** (current lease/rental agreement or sales contract **and** a copy of an electric/water/gas bill for my residence). _____

I have read and understand the above:

Signature of Notary Public

Signature of Enrolling Parent Date

Signature of Notary Public

Signature of Owner/Lessor Date

Signature of Notary Public

Signature of Person Allowing Others to Reside in Home Date

Approved: _____

Date: _____

School Administrator

Loganville Middle School

www.lmsweb.weebly.com



Tracy Brooks

Registrar

4869 Bay Creek Church Road, Loganville, Georgia 30052

Phone: 678.684.2957 Fax: 678.684.2983

Email: tbrooks@walton.k12.ga.us