



Jones County School System Student Enrollment Form

School: _____

Date Registered: ___/___/___

Grade: ___ HR: _____

Complete one form for each child in the household that is enrolling.

STUDENT DEMOGRAPHICS

Student's Legal Name: _____
Last First Middle Suffix

Male: ___ Female: ___ Birth Date: ___/___/___ *Social Security #: _____
MM DD YEAR

[*A parent or Guardian who objects to incorporation of the social security number into the school records of a child may have the requirements waived by signing a statement objecting to the requirement. O.C.G.A.20-2-150]

Choose One Ethnicity:

Hispanic / Latino ___ Not Hispanic / Latino ___

Race: Choose one or more (regardless of ethnicity)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ White
- ___ Native Hawaiian or other Pacific Islander

Birth Country: _____

Date Entered US Public School: _____

Birth Verification: (please circle)

Birth Certificate Attending Physician's Statement

Other: _____

Parent / Guardian Personal Contact Information

Parent's Name: _____

Parent's D.O.B: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email Address: _____

Resides Full Time with: Y N

Active Military Y N

Parent's Name: _____

Parent's D.O.B. : _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Email Address: _____

Resides Full Time with: Y N

Active Military Y N

EMERGENCY CONTACT INFORMATION

The following person(s) may pick up my child from school and may also be called in case of emergency if I cannot be reached.

1. _____ Relationship: _____ Phone: _____ Cell: _____

2. _____ Relationship: _____ Phone: _____ Cell: _____

In the event of a medical emergency, the District will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my student be transported to _____ Hospital for treatment.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____



STUDENT DEMOGRAPHICS

Previous School Information:

Name of last school attended: _____

Location of last school (City, County, State): _____

Has the student you are enrolling today EVER attended a Jones County School before? Yes () No ()

Year of attendance: _____ Name of last school attended in Jones County: _____

Did your child receive Special Services at a previous School?

- () English as a Second Language (ESL) Services
- () A Gifted Annual Review
- () Services under an Individualized Education Plan (IEP) or an Accommodation Plan (504, SST)
- () Speech Services

Pre-K Experience (Choose One) _____
(For all Students)

- | | |
|--------------------------|--------------------------------|
| 01. Early Head Start | 07. SPED 3 y/o |
| 02. Head Start 3 | 08. SPED 4 y/o |
| 03. Head Start 4 | 09. Blended Head Start / GA PK |
| 04. Head Start 5 | 10. Other PK Program |
| 05. Ga Lottery Funded PK | 5. Private –not for profit |
| 06. Title 1 Funded PK | 99. None |

Ninth Grade Entry Date: ____/____/____ {MMDDYYYY} (required for enrolling 9th -12th grade students)

Documentation for File: (Office Use Only)

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Birth Certificate (Certified) | ~ State law requires a copy on file |
| <input type="checkbox"/> | Social Security Number
O.C.G.A. § 20-2-150 | ~ Copy of the card is requested |
| <input type="checkbox"/> | Residency Verification | ~ Proof of residency (must include lease or tax record) |
| <input type="checkbox"/> | Valid Driver's License / Picture ID | ~ Copy is requested from the adult enrolling student |
| <input type="checkbox"/> | Academic Records Release | ~ Academic, Disciplinary, Services from previous School |
| <input type="checkbox"/> | Migrant Education (DOE Required) | ~ Information questionnaire (insert) |
| <input type="checkbox"/> | Verify SLDS / GTID | ~ Verification for Historical Enrollments |
| <input type="checkbox"/> | Form 3300
Ears, Eyes & Dental Screening Certificate | ~ {Form 3300 for all students entering kindergarten or first year students, students new to Georgia schools, and students coming from private schools} |
| <input type="checkbox"/> | Form 3231 {Form 3231 for all students entering 1 st and 6 th grades and all students New to Georgia} | |
| | Certificate of Immunization
O.C.G.A. § 20-2-770
O.C.G.A. § 20-2-771 | ~ Record of immunizations and /or boosters
Documentation must have physician signature or clinic stamp.
<u>Month/Day/Year</u> must be recorded for each date |



HOUSEHOLD DATA

HOUSEHOLD INFORMATION

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address / PO Box: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #1 _____ Relationship: _____
(First and Last Name)

Parent/Guardian #2 _____ Relationship: _____
(First and Last Name)

Only list siblings who are ages 3-18 years of age or who are enrolled in Jones County School System

Sibling #1 _____ School: _____
(First, Middle and Last Name)

Sibling #2 _____ School: _____
(First, Middle and Last Name)

Sibling #3 _____ School: _____
(First, Middle and Last Name)

Additional Household Information

1. Who has legal custody or decision-making authority and responsibility of the enrolling student?

Both Parents Father Mother Grandparent Foster Parent Other _____

2. Are there any court orders you wish to notify the school about regarding legal custody or restricted contact with the school or child?

Yes No If Yes, a copy of the court order, stating any restrictions, must be provided to the school.

3. Student lives with Foster Family Yes No If Yes, Relative Caregiver or Non Relative Caregiver

If Yes, please provide Notification of Placement Status Form

Children's Social Worker (CSW): _____
CSW Name | *Telephone Number (ext)*

