

JONES COUNTY SCHOOL DISTRICT –STUDENT REGISTRATION FORMS

2020-2021 NEW STUDENT REGISTRATION

REGISTRATION FOR STUDENTS WHO WILL BE NEW TO JONES COUNTY SCHOOLS is by appointment only, due to social distancing requirements.

Please contact your zoned school to schedule an appointment. Please print and complete all forms.

The registration packet must be completed prior to your appointment.



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]

<p>Choose One Ethnicity:</p> <p>Hispanic / Latino ___ Not Hispanic / Latino ___</p> <p>Race: Choose one or more (regardless of ethnicity)</p> <p>_____ American Indian or Alaska Native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ White</p> <p>_____ Native Hawaiian or other Pacific Islander</p>	<p>Birth Country: _____</p> <p>Date Entered US Public School: _____</p> <p>Birth Verification: (please circle)</p> <p>Birth Certificate Attending Physician's Statement</p> <p>Other: _____</p>
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Parent / Guardian Personal Contact Information

<p>Parent's Name: _____</p> <p>Parent's D.O.B: _____</p> <p>Home Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Work Phone: () _____</p> <p>Email Address: _____</p> <p>Resides Full Time with: Y N</p> <p>Active Military Y N</p>	<p>Parent's Name: _____</p> <p>Parent's D.O.B. : _____</p> <p>Home Phone: () _____</p> <p>Cell Phone: () _____</p> <p>Work Phone: () _____</p> <p>Email Address: _____</p> <p>Resides Full Time with: Y N</p> <p>Active Military Y N</p>
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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)*

PROOF OF LEGAL RESIDENCE

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

Name of the Individual with whom the Student Resides: _____

Check relationship to Student: Parent Custodial Adult Legal Guardian JCSS Employee

To register a resident student, the parent, court-appointed legal guardian or military guardian should provide proof of residency or proof that a waiver has been requested as outlined below and shall complete all admission requirements as determined by Board policies, rules and procedures.

The following criteria will be used in determining student residency:

To satisfy the county's residency requirements, the parent, military guardian or court appointed legal guardian must provide the following items as proof of residency:

- Jones County Property Tax Receipt / Mortgage Statement or
- Rental Agreement / Lease and
- Utility Bills (Electric / Gas)

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct and that I shall notify the school if my address is changed at any time during the school year.

Signature of Legal Parent / Guardian

Date

Affidavit Guidelines

- Valid for academic year issued
- Refer to the Acceptable Proof of Residency

For Office Use Only:

Residence Proof Documentation

- Property Tax Statement / Mortgage Statement
- Apartment or House Lease
- Utility Bills (Gas / Electric)
- Affidavit filed at BOE – Affidavit # _____

Signature of School Personnel

Date

Georgia Department of Education
ESOL & Title III Unit

Required Home Language Survey



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:

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

Signature of Parent/Guardian/Other

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- 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



Acceptable Proof Residency

Jones County Residents – Property Owners

The following items are acceptable proofs of residency for FULL TIME residents:

- Current property tax statement in the name of the property owner indicating homestead status, or
 - Mortgage statement,
 - AND an additional proof of residency to include:
 - current utility bill (electricity) or
 - initiation of service from a power company in the name of the enrolling parent/guardian, (water bills will not be accepted),
 - If the family has a purchase contract on a home –The contract should have the complete address, all signatures, and a closing date within **30 days of the date the student will start school.**
-

Jones County Residents - Renters

The following items are acceptable proofs of residency:

- If the family has a rental agreement, the lease or rental agreement should have a start date and an end date OR month to month providing revisions for additional house guest aside from the renter, rental agreement requires the name and contact number of the property owner. If utilities are included in the rental agreement, the contract provided must indicate which utilities are included.
- Only rental agreements will be accepted. **No handwritten agreements or generic rental agreements will be accepted.**
- AND **two additional proofs** of residency include:
 - Current utility bill (electricity) or
 - Disconnect of Service from Previous Residence
 - Department of Labor Letter / Filing or
 - Recent paycheck stub / IRS filing with address included
 - Car Insurance filing with address and name of parent/guardian who is listed on the rental agreement or
 - Bank Statement with address of affidavit filing

2020-2021 – School Contact Information

Due to the concerns of Covid-19, all documentation can be emailed to the school starting July 7, 2020.
Parents are requested to scan documents and email them to the correct school.

Download from your mobile App Store any of the following programs:

- Microsoft Office Lens – PDF Scanner
- Smart Doc Scanner
- Mobile Scanner App
- Genius Scan

**** If the document is not clear, the original copy will be requested. ****

Families applying for an affidavit must call the school and make an appointment

- **Once documents are scanned, they can be emailed to the following schools.**

- **** Please Put Your Child's Name In The Subject Of The Email ****

Clifton Ridge Middle School	crmsregistration@jones.k12.ga.us
Dames Ferry Elementary School -	dfesregistration@jones.k12.ga.us
Gray Elementary School	gesregistration@jones.k12.ga.us
Gray Station Middle School	gsmregistration@jones.k12.ga.us
Jones County High School	jchsregistration@jones.k12.ga.us
Turner Woods Elementary School	twesregistration@jones.k12.ga.us
Mattie Wells Elementary School	wesregistration@jones.k12.ga.us

If you have any questions, please contact your child's school.

Dames Ferry Elementary

545 Highway 18 West
Gray, GA 31032 Phone: 478-986-2023

Gray Elementary School

365 Highway 18 East
Gray, GA 31032 Phone: 478-986-6295

Turner Woods Elementary School

144 Willie L. Fluellen Dr.
Gray, GA 31032 Phone: (478) 986-2222

Mattie Wells Elementary School

101 Mattie Wells Dr.
Macon, GA 31217 Phone: (478)742-5959

Clifton Ridge Middle School

169 Dusty Lane
Macon, GA 31211 Phone: 478.743.5182

Gray Station Middle School

324 GA Highway 18 East
Gray, GA 31032 Phone: 478-986-2090

Jones County High School

339 Railroad Street
Gray, GA 31032 Phone: 478-986-5444

Residency Affidavits

Residency Affidavits are accepted at all Jones County Schools during the school year. Affidavit filings for the coming school year will not be accepted until the filing window opens for the 2020-2021 school year.

2020-2021 - Residency Affidavit Requirements

If the family resides with a full-time resident of Jones County, the parent/guardian needs to complete an Affidavit of Residency and attach the proof of residency of the person who is the property owner with whom they reside. The Property owner needs to provide a copy of their current year property tax statement and current electrical bill statement. **Both parties must be present to sign the form in front of a notary at the school of attendance.**

All applicants for a Residency Affidavit must provide a copy of all required documentation.

The parent/guardian residing with the **property owner** must show proof of residency to the address listed on the affidavit.

Acceptable proofs include a minimum of three (3) of the following:

- Disconnect of Utilities at previous address,
- DFCS documentation, if available
- Employer documentation (e.g. health insurance, previously issued W-2 or Form 1099, pay stub) which evidences the location of the legal residence,
- Department of Labor assistance letter identifying name and physical address.
- Car Insurance Statement with address of affidavit filing
- Bank Statement with address of affidavit filing
- Three (3) significant pieces of mail (equivalent to one (1) proof of residence)

ALL AFFIDAVITS ARE SUBJECT TO REVIEW OR REVOCATION. ALL AFFIDAVITS ARE SUBJECT TO HOME VISITS FOR RESIDENCY VERIFICATION.

Under filing of a residency affidavit, the school system's procedures and guidelines include:

- Residency Affidavits are valid for the active school year the affidavit is filed in.
- **All affidavits expire at the close of the school year of issuance.**
- Partial or incomplete applications will not be accepted.
- Referral to the family to the Department of Family and Children Services under the guidelines of McKinney-Vento Homeless Assistance Act for additional assistance may occur.
- Guardianship documents from court or DFCS must be provided to the school if the person registering the student is not the parent.

PENALTIES:

- ***Anyone providing false information may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 or by imprisonment for not more than one, nor more than five (5) years, or both, if found guilty of false swearing pursuant to O.C.G.A. §16-10-71.***
- ***Immediate dismissal from school;***
- ***Per Diem fines for educational and related services accessed as a nonresident, which are based on the number of days the student attended school and the average per pupil cost to the district.***

The school system reserves the right to request additional information or substitute required forms under special circumstances.