Central Enrollment

This packet is to be completed in order to enroll your student(s) in any Colquitt County School. The following items are required:

- Proof of Residence
  - Current residential lease, electric, gas, water, cable, internet, or satellite.**These documents must contain the name and address of the parent/guardian/legal custodian**
  - If a bill is <u>not</u> in the custodial parent name, you must complete a "Residency Affidavit" providing proof of residence of the person you are living with.
- A new student **<u>MUST</u>** be registered by his/her primary custodial parent (in cases of divorce) or legal guardian.
- Copy of Georgia Immunization Record (from doctor or health dept.)
  - Out of state records must be transferred to the current GA3231 Form
- Copy of Georgia Form 3300 Certificate of Vision, Hearing, Dental, and Nutrition Screening (from doctor or health dept.)
- Copy of Social Security Card
- Copy of child's Birth Certificate

Central Enrollment will request records from prior school if applicable.

Student Information

Student's full name (Nombre de estudiante):	Grade (Grado):	Sex *(Género):*
Preferred name (Apodo):	Last school attended (Ultima escuela a la que assistio)	
Social Security Number (Numero de seguro social):	Birthdate (Fecha de nacimiento):	
Country of Birth (el país de nacimiento):	Date entry US School (fecha de entrada a nosotros escuela):	

Has student received 504 Accommodations? *(¿El estudiante ha recibido acomodaciones de 504?)* ☐ Yes/Si ☐ No	If "yes", when? *(¿Si "sí", cuando?)*	If "yes", what area? *(¿Si "sí", qué área?)*
Has student received ESOL Services? *(¿El estudiante ha recibido servicios de ESOL?)* ☐ Yes/Si ☐ No	If "yes", when? *(¿Si "sí", cuando?)*	
Has student received Gifted Services? *(¿El estudiante ha recibido servicios Talento?)* ☐ Yes/Si ☐ No	If "yes", when? *(¿Si "sí", cuando?)*	
Has student received SST? *(¿El estudiante ha recibido SST?)* ☐ Yes/Si ☐ No	If "yes", when? *(¿Si "sí", cuando?)*	
Has the student received Special Education services? (¿El estudiante ha recibido servicios de educación especial?) ☐ Yes/Si ☐ No	If "yes", when? *(¿Si "sí", cuando?)* If "yes", what area of Special Education? *(¿Si "sí", qué área de la educación especial?)*	

Has student attended school in Colquitt County?
Ha asistido el Estudiante escuelas en el Condado Colquitt? ☐ Yes/Si ☐ No

Name of school attended (Nombre de la escuela)_____

Will the student ride the bus? (El estudiante viajar en el autobus?)

☐ Yes / Si ☐ No AM Bus #_____ PM Bus #_____

Central Enrollment Use Only

School Assigned:_____ Date Created:_____

Official accepting/creating registration:_____

Date permanent record created and placed in school box:_____ Iniitals_____

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

Additional Contact 1	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 2	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 3	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 4	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

*****RESTRICTED PICKUP*****	
You may list people who MAY NOT pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.	
Name	Relationship to Student

RACE/ETHNICITY SURVEY *(ENCUESTA DE RAZA/ETNICA)*

The US Department of Education requires the use of new ethnicity/race codes beginning in August of 2009. All parents must complete this survey for each child so we can prepare for the required reporting. *(El Departamento de Educación de US requiere el uso de códigos nuevos de étnica/raza empezando en Agosto del 2009. Todos los padres deben completar esta encuesta por cada niño para que podamos prepararnos para el reporte requerido.)*

Student's Full Name *(Nombre Completo del Niño):*	
Homeroom Teacher *(Maestro de Aula):*	
School *(Escuela)*	
Parent's Signature *(Firma del Padre)*	Date *(Fecha)*

1. **EVERYONE** must answer the following question. Choose the correct answer. *(**TODOS** deben contestar la pregunta. Elija la respuesta correcta.)*

   Is your ethnicity **Hispanic/Latino/Spanish Origin** regardless of race? *(¿Es su étnica **Hispana/Latino/ Origen Hispano** sin importar la raza?)*

   _____YES

   _____NO

2. **EVERYONE** must select **ONE OR MORE** of the following races regardless of how you answered question one. *(**TODOS** deben seleccionar **UNO O MAS** de las siguientes razas sin importar como haya contestado la primera pregunta.)*

   _____a. **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(**Blanco** - Una persona que tiene orígenes de cualquier gente original de Europa, el Medio Este, o Norte África.)*

   _____b. **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(**Asiático** - Una persona que tiene orígenes de cualquier gente original de Lejano Este, Suroeste de Asia, o el subcontinente Hindú incluyendo Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

   _____c. **Native Hawaiian or Other Pacific Islander** -A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands) . *(**Nativo de Hawai u Otra Isla del Pacifico** - Una persona que tiene orígenes de cualquier gente original de Hawai, Guam, Samoa, u otra Isla del Pacifico.)*

   _____d. **Black or African American** - A person having origins in any of the Black racial groups of Africa. *(**Negro o Afro Americano** -Una persona que tiene orígenes de cualquier grupo racial Negro de África.)*

   _____e. **American Indian or Alaskan Native** -A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(**Indio Americano o Nativo de Alaska** -Una persona que tiene orígenes de cualquier gente original de America del Norte y del Sur incluyendo America Central, que mantiene una afiliación tribual o un documento de esa comunidad)*

Georgia Department of Education

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.

Student Name: _____ **Birth Date:**_____

School:_____ **Grade:**_____

LANGUAGE BACKGROUND

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?

   _____

PARENT PREFERRED LANGUAGE FOR SCHOOL COMMUNICATION

In which language would you prefer to receive school communication?

_____

_____ _____

Signature of Parent/Guardian/Other **Date**

Spanish

Georgia Department of Education
ESOL Unit

Encuesta obligatoria en el idioma nativo

Estimado padre o tutor:

Para proporcionarle a su hijo la mejor educación posible, debemos determinar qué tan bien habla y entiende el inglés. Esta encuesta ayuda al personal de la escuela a determinar si su hijo puede ser un candidato para recibir apoyo adicional en inglés. La calificación final para el apoyo idiomático está basada en los resultados de una prueba en inglés.

Gracias.

Nombre del estudiante (información obligatoria):

_____

Antecedentes idiomáticos (preguntas obligatorias):

1. ¿Qué idioma su hijo entiende y habla mejor?

   _____

2. ¿Qué idioma su hijo habla con mayor frecuencia en el hogar?

   _____

3. ¿Qué idioma usan con mayor frecuencia los adultos del hogar cuando hablan con el niño?

   _____

_____ _____

Firma del padre/tutor/otro **Fecha**

Georgia Department of Education

Educating Georgia's Future

Distrito Escolar: _____ **Fecha:** _____

Encuesta Ocupacional para Padres
Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? **Sí No**

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? **Sí No**

Si la respuesta es "si", marque todo trabajo que aplique:

1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
2. Sembrando, cortando, procesando árboles, o juntando paja de pino *(pine straw)*
3. Procesando/Empacando productos agrícolas
4. Trabajo en lechería, polleras o ganadería
5. Empacando/Procesando carnes (res, pollo, o mariscos)
6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

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: _____

Georgia Department of Education

Educating Georgia's Future

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:

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Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Colquitt County Schools

Previous Offenses - Transfer/Enrollment Form (This is a legal affidavit.)

Ofensa Anterior – Forma de Transferencia/Inscripción (Esta es una declaración legal)

Student (Studiante) _____Date of Birth (Fecha de Nacimiento) _____
Grade (Grado)_____

OCGA 20-2-670 provides that prior to the transfer admission of a student to any student, the parent/guardian or agency representative shall provide to the school a sworn statement or affirmation regarding previous offenses or expulsion as described below. (OCGA 20-2-670 provee esa admisión anterior a la transferencia del estudiante a cualquier escuela, el padre o tutor o agencia representante debe proveer a la escuela una declaración escrita o afirmación concerniente a ofensas anteriores o expulsiones como se describe abajo.)

Student (Studiante)

[ ] **has been** judged guilty by a court of any offense of (**Ha** sido juzgado culpable por una corte de cualquier ofensa de:)

[ ] homicide (homicidio) [ ] assault (asalto) [ ]offense relating to weapons, drugs or alcohol. (ofensa relacionada con armas, drogas o alcohol.)

[ ] **has not been** judged guilty by a court of any offense of homicide, assault, or offenses relating to weapons, drug or alcohol. (**No** ha sido juzgado culpable por una corte por ninguna ofensa de homicidio, asalto, ni ofensa relacionada con armas, drogas o alcohol.)

AND

[ ] **has been** expelled from any public or private school for offenses relating to (**Ha** sido expulsado de cualquier escuela publica o privada por ofensas relacionadas con☺

[ ] homicide (homicidio) [ ] assault (asalto) [ ]offense relating to weapons, drugs or alcohol. (ofensa relacionada con armas, drogas o alcohol.)

[ ] **has not been** expelled from any public or private school for offenses relating to homicide, assault, or offenses relating to weapons, drug or alcohol.

[ ] **No** ha sido expulsado de cualquier escuela publica o privada por ofensas relacionadas con homicidio, asalto, ni ofensa relacionada con armas, drogas o alchol.

_____ _____

Parent/Guardian or Agency Representative Date (Fecha)
(Firma del Padre/Tutor/Agencia Representante)

_____ _____

Witness (Testigo) Date (Fecha)

File in student's cumulative folder

(A) A second or subsequent offense of possessing a pistol or revolver if committed by a person 13 to 17 years of age;

(B) One or more of the following crimes:

(i) Kidnapping or arson in the first degree, if done by a juvenile 13 or more years of age;

(ii) Aggravated assault, arson in the second degree, aggravated battery, robbery or armed robbery not involving a firearm, if done by a juvenile 13 or more years of age;

(iii) Attempted murder or attempted kidnapping, if done by a juvenile 13 or more years of age;

(iv) The carrying or possession of a weapon within a school safety zone, or at a school building, school function, or school property or on a bus or other transportation furnished by the school.

(v) Hijacking a motor vehicle, if done by a juvenile 13 or more years of age

(vi) Manufacturing, transporting, distributing, possessing with intent to distribute, and offering to distribute an explosive device, distributing or offering to distribute a destructive device, explosive, poison gas, or detonator to any persons under 21 years of age, or attempting or conspiring to commit any of these offenses if done by a juvenile 13 or more years of age

(vii) Any other act which, if done by an adult, would be a felony, if the juvenile committing the act has three times previously been adjudicated delinquent for arts which, if done by an adult would have been felonies;

(C) A second or subsequent adjudication of delinquency for manufacturing, possessing, transporting, distributing, or using a hoax device or replica of a destructive device or detonator with the intent to cause another to believe that such devise is a destructive device, or knowlingly hinder or obstruct any explosive ordnance technician, law enforcement officer, fire official, emergency management official, animal dined to detect destructive devices or any robot or mechanical device designed or utilized in the detection, disarming, or destruction of a destructive device.

(D) An offense within the exclusive jurisdiction of the superior court pursuant to subparagraph (b) (2) (A) of Code Section 15-11-5 (murder, voluntary manslaughter, rape, aggravated sodomy, aggravated sexual battery or armed robbery with a firearm which is transferred by the superior court to the juvenile court for adjudication or which is transferred by the district attorney to the juvenile court for adjudication.