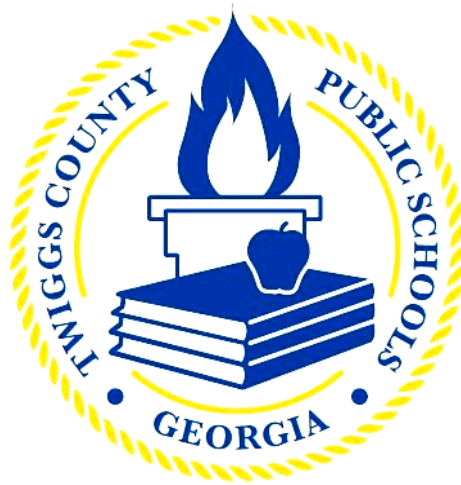


# ***Twiggs County Public Schools Student Enrollment Package***

*Together We Inspire Great Gains for Students!*

***Dr. Mack Bullard, Superintendent of Schools***



**Enrolling at:**

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**Jeffersonville Elementary School**  
675 Bullard Rd., Jeffersonville, GA 31044  
478-945-3114

**Twiggs County Middle School**  
375 Watson Drive, Jeffersonville, GA 31044  
478-945-3113

**Twiggs County High School**  
375 Watson Drive, Jeffersonville, GA 31044  
478-945-3112

**Jeffersonville Alternative Program**  
375 Watson Drive, Jeffersonville, GA 31044  
478-945-3112

**Enrollment Status:**  Enrolled  Provisional \*

\_\_\_\_\_  
Central Office Enrollment

\_\_\_\_\_  
Date

**Complete Provisional Status:**

- Administrator Verification
- Enrollment Paperwork
- Proof of Residency

{\*The parent / legal guardian has 30 Days from the date of entry to complete the necessary paperwork to be maintained in the student's file.}

**STUDENT INFORMATION FORM**

Student's Legal Name: \_\_\_\_\_  
Last First Middle (Called by)

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]

Ethnic Group: American Indian: \_\_\_\_\_ Asian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic/Latino: \_\_\_\_\_ Multiracial: \_\_\_\_\_ White: \_\_\_\_\_

Birth Place: \_\_\_\_\_  
City State Country

**PRIMARY LEGAL GUARDIAN(S) – with whom the child PRIMARILY lives**

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name Middle Name

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnic Group: American Indian: \_\_\_\_\_ Asian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic/Latino: \_\_\_\_\_ Multiracial: \_\_\_\_\_ White: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Does student live with you Yes ( ) No ( )

Phone 1: Day ( ) \_\_\_\_\_ Home Email

Phone 2: Day ( ) \_\_\_\_\_ Work Ext: \_\_\_\_\_

Phone 3: Day ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Ethnic Group: American Indian: \_\_\_\_\_ Asian: \_\_\_\_\_ African American: \_\_\_\_\_ Hispanic/Latino: \_\_\_\_\_ Multiracial: \_\_\_\_\_ White: \_\_\_\_\_

Does student live with you Yes ( ) No ( )

Phone 1: Day ( ) \_\_\_\_\_ Work Ext: \_\_\_\_\_

Phone 2: Day ( ) \_\_\_\_\_ Cell ( ) Pager ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

The following person(s) may pick up: \_\_\_\_\_ from school and may be called in cases of emergency if I cannot be reached

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

3. \_\_\_\_\_ 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 Enrollment Information

Name of Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the student you are enrolling ever been in the Twiggs County School System Yes ( ) No ( )

### Complete Only For Students Entering High School

Ninth Grade entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YEAR

High School Program of Study: \_\_\_\_\_

### Did your child attend a Pre-K Program?

- Pre-K Experience (Choose One) \_\_\_\_\_ (For all Students)
1. GA Pre-K Program – Public School (GA Lottery)
  2. Publicly Sponsored (including Title I)
  3. Head Start
  4. Other Public School
  5. Private – Not for profit
  6. Private – For profit
  7. Did not attend a Pre-K program
  8. GA Pre-K Program-Private School (GA Lottery)

### Name and age of siblings under 18 enrolled in Twiggs County Public Schools:

(1) \_\_\_\_\_  
Last First Middle Age

(2) \_\_\_\_\_  
Last First Middle Age

(3) \_\_\_\_\_  
Last First Middle Age

(4) \_\_\_\_\_  
Last First Middle Age

## TRANSPORTATION

Please indicate how your child will arrive and depart from school.

Transported: Car-AM  Bus – AM   
Car- PM  Bus – PM

## TEXTBOOK RESPONSIBILITY

Dear Parents:

Parents are responsible for paying for lost, destroyed, or excessively abused textbooks therefore we need your support to ensure that school textbooks are “usable” throughout the seven-year textbook cycle. Please discuss with your child the following tips for taking care of the textbooks assigned to them:

- Keep books clean and dry
- Turn pages carefully
- Never tear a page out of a textbook
- Do not lose any textbooks

### Acknowledgement of Textbook Responsibility

I have discussed the proper care of textbooks with my child and am aware that I will be held financially responsible for lost, destroyed, or excessively abused textbooks issued to my child during the school year.

\_\_\_\_\_  
Signature of Legal Parent / Guardian

\_\_\_\_\_  
Date

**TECHNOLOGY FAIR USE AGREEMENT**

**STUDENT FAIR USE AGREEMENT - TECHNOLOGY**

I, \_\_\_\_\_ (student's name), understand that use of school-owned computers, hardware, and software, as well as using the Internet and engaging in direct electronic communication, is a privilege, and not a right. I have this privilege provided that I:

1. Have the written permission of my parent or guardian on file at the school to use school computers, hardware, software, to access the Internet, and other networks, and to communicate electronically;
2. Obey all school and classroom rules about computer use and using other computer networks;
3. Obey the rules of the Student Code of Conduct, School Board rules, and the rules of the school about using computers and networks;
4. Do not break any laws using computers, including any unauthorized access or hacking;
5. Do not access the Internet or other network to break laws, including unauthorized access or hacking;
6. Do not send any abusive, profane, or obscene language over any computer or computer network, the Internet, or via any electronic means;
7. Do not give or tell anyone my password, account number, or identification number, or that of anyone else;
8. Do not use any computer, hardware or software in any unauthorized manner.

I have read, and my parent or guardian has read and explained to me, the student fair use agreement about computer use, and I agree that I shall not break any of the rules listed above. If I violate the Student Code of Conduct, or the rules above, my privilege to use school-owned computers, hardware, and software, as well as using the Internet or other computer networks may be lost. I understand that my activities on the computer, including those on the Internet, may be monitored at any time by Twiggs County Public Schools, that an Internet filtering system is in place, and that I am responsible and accountable for my activities.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SPECIAL SERVICES PARTICIPATION**

Student's Legal Name: \_\_\_\_\_  
Last First Middle (Called by)

School: Elementary {PK-5}  Middle {6-8}  High {9-12}  Grade: \_\_\_\_\_

\_\_\_\_\_ **No, my child does not receive any special services at his/her former school.**

\_\_\_\_\_ **Yes, my child has received special services at his/her former school.**  
Please check the following services received:

**Special Services**

- |   |   |
|---|---|
| <input type="checkbox"/> Speech                     | <input type="checkbox"/> Gifted / Talented                              |
| <input type="checkbox"/> Student Support Team (SST) | <input type="checkbox"/> ESOL / Bilingual                               |
| <input type="checkbox"/> Inclusion Class            | <input type="checkbox"/> Early Intervention Program (EIP)               |
| <input type="checkbox"/> Resource                   | <input type="checkbox"/> Special Education (IEP)                        |
| <input type="checkbox"/> 504 Plan                   | <input type="checkbox"/> Other Health Impaired<br>Please Specify: _____ |
| <input type="checkbox"/> Social Work Services       | <input type="checkbox"/> Counseling                                     |

*If you checked any of the above services, a member of the school staff will contact you to review services.*

I acknowledge that the information provided in the Twiggs County Public Schools student enrollment forms is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Legal Parent / Guardian Date

**Office Use Only**

Enrollment Records delivered to: \_\_\_\_\_ Date: \_\_\_\_\_

Continue Special Services:  Yes  No

**PARENT INFORMATION – MEDIA RELEASE**

**Media Release**

The Twiggs County Public School District has designated the following information as directory information:

- Student’s name, address and telephone number
- Student’s date and place of birth
- Student’s participation in official school clubs and sports
- Dates of attendance at any Twiggs County Schools
- Awards received during the time enrolled in this district

Unless you, as a parent / guardian or eligible student, require otherwise, this information may be disclosed to the public upon request. You have the right to refuse to allow all or any part of the above information to be designated as directory information and to be disclosed to the public upon request. If you wish to exercise this right you must notify the public relations director of the school district in writing within 30 days.

Students in the Twiggs County Public School System may be photographed, videotaped, or interviewed by the news media at school or some school activity or event. If you, as a parent / guardian, object to your child(ren) being photographed, videotaped or interviewed, please notify the public relations director in writing of your objections by the date specified above.

All correspondence may be sent to: Twiggs County Public Schools  
Director of Public Relations  
P.O. Box 232  
952 Main Street  
Jeffersonville, GA 31044  
(478) 945-3127

Please sign below to indicate that you have read this notice and **will allow** your child’s information to become a part of the school’s directory information. Your signature also indicates that you will allow your child’s picture and/or information to be used in photographs, media shots, athletic programs, webpages or video activities.

Signature of Legal Parent / Guardian \_\_\_\_\_

Date \_\_\_\_\_

**TWIGGS COUNTY PUBLIC SCHOOLS HEALTH INFORMATION FORM**

Student’s Name \_\_\_\_\_ DOB \_\_\_\_\_

Race \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Parent(s) \_\_\_\_\_ Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell ) \_\_\_\_\_

**Insurance Information:** Insurance Company: \_\_\_\_\_  
Policy # \_\_\_\_\_

**Emergency Contacts:** If a parent cannot be reached, I authorize Twiggs County Public Schools to contact the persons listed below. I also give permission for those listed below to sign my child out of school due to illness/injury.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL HISTORY:** Does your child have Allergies? (i.e. Medication, Food, Bugs/Bee Stings) If yes, please list.

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**IF YES, DOES THE ALLERGY REQUIRE AN EPI-PEN? \_\_\_\_\_ IS AN EPI-PEN PROVIDED TO SCHOOL? \_\_\_\_\_**

Does your child have any of the following conditions? \_\_\_\_\_ Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_ Cancer  
\_\_\_\_\_ Kidney Disease \_\_\_\_\_ Arthritis \_\_\_\_\_ Heart Problems \_\_\_\_\_ Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Lupus  
\_\_\_\_\_ Migraine Headaches \_\_\_\_\_ Sickle Cell Anemia \_\_\_\_\_ Other: (Explain) \_\_\_\_\_

**MEDICATIONS:** List ALL medications that your child takes. Include inhalers and insulin:

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Basic First Aid will be provided by the nurse or designated staff in the event of an injury. Select over-the-counter medications will be kept at school and administered according to the manufacturer's recommendations based upon age and/or weight. **All stocked medications will be given ONLY if this form is signed by a parent/guardian.** Parents will be contacted to promptly pick up students with fever and potentially contagious or serious conditions.

**PLACE A CHECK NEXT TO THE MEDICATION THAT YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE AT SCHOOL.**

YES	Medication	Complaint/ Reason for Administration
	TYLENOL (ACETAMINOPHEN)	Pain/Headaches without fever, not relieved by comfort measures
	MOTRIN (IBUPROFEN)	To be substituted if allergic to Tylenol, Sickle Cell pain
	BENADRYL	Allergic reactions
	TUMS	Indigestion/Heartburn
	HYDROCORTISONE CREAM	Insect bites/Non-Contagious rashes
	ORAJEL	Tooth/Mouth pain – NOT to take the place of Dental Care
	VISINE	Non-Contagious red or irritated eyes
	CHLORASEPTIC SPRAY OR COUGH DROPS	Minor sore throat pain or cough without fever

As Parent/Guardian of the above named student, the school nurse has my permission to contact my child's MD(doctor) and/or dentist to discuss medical information relevant to my child's health, care, and accommodations needed at school during the school year. I give permission for the nurse or designated persons to administer basic first aid and the medications above that I have checked "YES". In case of serious illness/injury, school personnel will telephone 911 for immediate transport to an emergency treatment facility. I authorize the transport and treatment by EMS and the hospital emergency staff for my child. Fees for transport and medical services will be the responsibility of the Parent/Guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* PROOF OF LEGAL RESIDENCE**



Name of the Individual with whom the Student resides: \_\_\_\_\_

Check one relationship:  Parent  Custodial Adult  Legal Guardian

**In order to register a resident student, the parent, court-appointed legal guardian, military guardian or the student school 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:**

In order to satisfy the county's residency requirements, the student, parent, guardian or court appointed legal guardian must provide at least two (2) or more of the following items as proof of residency: Property tax statement, Legal property description, utility bill / agreement, Rental agreement / receipt, real estate contract, telephone bill. Please include proof of property ownership / rental as one of the two items.

**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 any address is changed at any time during the school year.**

\_\_\_\_\_  
Signature of Legal Parent / Guardian

\_\_\_\_\_  
Date

**For Office Use Only**

**A. Residence Proof Documentation**

- Utility Bill
- Apartment or House Lease
- Property Deed
- Notarized letter from owner of Residence in which family is living.
- Telephone Bill
- Driver's License
- Other: \_\_\_\_\_

**B. Complete this section if the relationship is that of an individual other than parent.**

- Legal guardianship court papers presented
- Affidavit on file by custodial adult
- Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Enrollment Clerk

\_\_\_\_\_  
Date

# Twiggs County Public Schools

*Together We Inspire Great Gains for Students!*

952 Main Street

Jeffersonville, Georgia 31044

Today's Date: \_\_\_\_\_

## Official Records Request

Student's Legal Name: \_\_\_\_\_  
Last First Middle Enter Date

The student listed above has enrolled in Twiggs County Public Schools for the \_\_\_\_\_ school year. This letter is to request the educational records of the student referenced above, pursuant to Federal Regulation-Family Educational Rights and Privacy, 99.31 entitled, "Prior Consent for Disclosure Not Required."

Please furnish a copy of the student's school records including:

- |  |  |
|--|--|
| <input type="checkbox"/> Grades to date of withdrawal (prior year) | <input type="checkbox"/> Special Education reports |
| <input type="checkbox"/> Achievement and intelligence test scores  | <input type="checkbox"/> Psychological reports     |
| <input type="checkbox"/> Social Security Number                    | <input type="checkbox"/> Health & medical reports  |
| <input type="checkbox"/> Grades earned this year                   | <input type="checkbox"/> SST Records               |
| <input type="checkbox"/> Grading Scales                            | <input type="checkbox"/> 504 Records               |

Please forward the above documents to the attention of:

Twiggs County Registrar  
952 Main Street  
Jeffersonville, GA 31044  
478-945-3127 (Phone)  
478-945-0130 (FAX)

### Authorization for Release of Records

I the parent /guardian of the above named student hereby give my permission for the release of all pertinent school records to the Twiggs County School System.

Signature of Parent or Guardian: \_\_\_\_\_

Name of former school: \_\_\_\_\_

Address of former school: \_\_\_\_\_

Phone Number of former school: \_\_\_\_\_

# Twiggs County Public Schools

Together We Inspire Great Gains for Students!  
952 Main Street  
Jeffersonville, Georgia 31044

Today's Date: \_\_\_\_\_

## ENROLLMENT QUESTIONNAIRE

Date: \_\_\_\_\_ School: \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Adult Registering Student: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Welcome to Twiggs County Public Schools. Our mission is to provide a quality education for all students. We will provide support services to ensure that all students are able to succeed.

**Please answer the following questions to begin the enrollment process.**

**Do you currently have the following enrollment materials?**

- Yes  No Verification of Residency (two proofs)
- Yes  No Birth Certificate
- Yes  No Student Social Security Card
- Yes  No Verification of Guardianship
- Yes  No Georgia Immunization Certificate (Form 3231)
- Yes  No Georgia Eye, Ear, and Dental Certificate (Form 3300)
- Yes  No School records/grades/transcripts
- Yes  No Discipline Information (grades 7 to 12)
- Yes  No Parent ID

**Please check any situations that apply:**

- 1. Share housing with relatives or others because you lost your housing or cannot afford housing
- 2. Live in a campground, car, abandoned building, or other inadequate shelter
- 3. Do not have a permanent address and/or permanent housing
- 4. Live on the street
- 5. Live in temporary foster care
- 6. Lack of stable and safe living environment
- 7. My child receives special education services
- 8. There is another primary language, other than English, spoken at my home
- 9. My child (student) has a child and will need assistance with childcare

**(PLEASE RETURN THIS FORM TO THE REGISTRATION PERSONNEL)**

Reviewed by Staff (Name)

Title

Date

Student ID # \_\_\_\_\_

# Twiggs County Public Schools

Together We Inspire Great Gains for Students!

Today's Date: \_\_\_\_\_

**Home Language Survey**

Student Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  Male  Female  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_
  
2. Has your child attended any school in the United States  
for any three years during their lifetime?  Yes  No  
If yes, Please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
  
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
  
4. If available, in what language would you prefer to receive communication from the school?  
\_\_\_\_\_
  
5. Please check if your child is:  
 Native American Indian  Native Pacific Islander  
 Alaska Native  Native U.S. Virgin Islander
  
6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_
  
8. What language does your child most frequently speak at home? \_\_\_\_\_
  
9. What language do you most frequently speak to your child? \_\_\_\_\_
  
10. Please describe the language understood by your child. (Check only one)  
 Understands only the home language and no English  
 Understands mostly the home language and some English  
 Understands the home language and English equally  
 Understands mostly English and some of the home language  
 Understands only English

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Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_