

Union County School System Enrollment Office

124 Hughes Street • Blairsville, GA • 30512

Phone: 706-835-4321 Fax: 706-745-5025

Parents/Guardians:

Welcome to Union County School System. The school system accepts all students residing in Union County. Students who do not reside within the county may be eligible for enrollment on a tuition basis. Please contact the principal of the appropriate school for nonresident admission information.

Students may be registered at the Enrollment Office located in the Union County Board of Education Office at 124 Hughes Street • Blairsville, GA 30512.

Documents you should bring when enrolling a student:

▶ Age Verification

The school system requires evidence of the student's date of birth and accepts as evidence a birth certificate or an alternate document from the prioritized list in the state enrollment rule.

▶ Social Security Number

The school system complies with the provisions of O.C.G.A. §20-2-150, which requires a person enrolling a student to provide a copy of the student's social security number or to sign a form stating that the person does not wish to provide the social security number.

▶ Immunization Certificate

The school system requires proof of immunization as required by O.C.G.A. §20-2-771, which includes an exemption for religious grounds and provisions for a temporary waiver.

-- A Georgia Department of Human Resources Form 3231 marked "Complete for School" shall be considered proof of immunization.

-- Out of State Immunization Records will need to be transferred to a Form 3231 by the Union County Health Department **PRIOR to registration.**

--The Union County Health Department is located at 175 Chase Drive • Blairsville, GA • 706-745-6292.

▶ **Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300):** This can be obtained from your child's doctor or from the Union County Health Department.

▶ Notarized Affidavit of Residency

-- Located in the Enrollment Packet available at www.ucschools.org

-- The form can be notarized during the registration, if the parent/guardian has not signed the form.

▶ **Withdrawal Form/Report Card** from most recent former school.

Documentation for Homeless Students

Homeless students, as defined by the McKinney-Vento Act, shall be enrolled immediately with full participation in school activities, regardless of whether all of the above can be provided at the time of enrollment. The designated employee responsible for care of homeless students shall assist the person enrolling the homeless student or the unaccompanied youth in acquiring the necessary documents for enrollment in accordance with the requirements of the state enrollment rule and the McKinney-Vento Act.

Please feel free to contact the Enrollment Office if you have any questions regarding student registration.

Sincerely,
Union County Schools'
Enrollment Office

Union County School System, in its enrollment procedures, requirements and process does not and will not discriminate based on race, color, national origin, or immigration status.

An Equal Opportunity Educational Provider and Employer

Revised 2/20/2016

Union County Schools—Student Registration Information

Emergency Contacts: The following people may be contacted, if the school system is unable to contact parent/guardian.
 NOTE: If any of these may need to pick-up your child, they will need to be listed on the section below.
 "Persons Authorized to Pick-up / Sign-out Student"

Emergency Contact #1: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #2: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #3: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

**Persons Authorized to Pick-up / Sign-out Student:
 (Don't Forget to Include Yourself)**

The following adults may pick-up / sign-out student without the school contacting the parent/guardian for permission.

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

From School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

Early/Emergency Dismissal Plan:

(How will the student go home in the case of an early school closing?)

Check & Complete Only One Option.

Ride Regular Bus Bus # / Driver _____

To: _____ Address: _____

Ride Different Bus Bus # / Driver _____

To: _____ Address: _____

Parent Will Pick-up Will Be Picked-up By: _____

Other: _____

Union County Schools—Student Registration Information

Medical Information:

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

Pre-K Program Student Attended:

- GA Pre-K Publicly Sponsored Head-Start Other Public School
 Private-Non-Profit Private For Private Did Not Attend a Pre-K

Pre-School Name: _____ City, State: _____

- Has student ever been Home-schooled? Yes No
Has student ever attended Union County Schools? Yes No If yes, which grades and years? _____
Has student ever repeated a grade? Yes No If yes, which grade(s) and why? _____
Is student enrolled in Special Ed. Program? Yes No If yes, which one? _____
Has student ever had a psychological evaluation? Yes No If yes, when was it completed? _____

Primary School Students Only:

Please explain any complications during the pregnancy / birth or any delays in the early development. _____

Has the student ever had any experience that might have upset him/her emotionally or is there any other milestones regarding the student that you would like to share with us that may help us know and serve him/her more effectively?

Please provide information for the school the student most recently attended, so we may request educational records.

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

***** WITHDRAWAL INFORMATION *****

The individual enrolling a student is the only person permitted to withdraw the student.

Enrolling Parent

The person who enrolls a student during the school year assumes parental status; this can be mother or father (or both), a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA Law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pick-up list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me (and designated other listed below) as the school system's enrolling parent for the above named student.

_____	_____	_____
Enrolling Parent Printed Name	Enrolling Parent Signature	Date
_____	_____	_____
Optional Additional Enrolling Parent Printed Name	Optional Additional Enrolling Parent Signature	Date

Union County School System
AFFIDAVIT OF RESIDENCY

State of Georgia

County of Union

Personally before the undersigned Notary Public authorized to administer oaths appeared _____, who, after being duly sworn, deposes under oath as follows:

1. I am the parent/guardian(parent of record) of _____, a minor of school age whose birthday is _____ and is presently _____ years old. I make this affidavit in support of my child's right to enroll in Union County _____ School in the Union County School System.

2. I affirm that my child and I are bona fide residents of the County of Union and that our address is _____. In support of our residency at this address, I affirm that the following is true:

(Check the statements that are true)

- _____ a. I have provided this address in registering to vote in County of Union;
- _____ b. I have provided this address in acquiring a Georgia drivers license, or my application for a Georgia drivers license is pending;
- _____ c. I have receipts for utilities furnished to my home in Union County at the address listed above that I will provide the School District on request;
- _____ d. Other evidence of my intent to make this address in Union County my legal residency is as follows:

If your response to a) through d) above is no, please explain below:

I understand that the school district will rely upon this affidavit to verify my residency in the County of Union in order to enroll my child in _____ School. If at any time I am no longer a resident of the County of Union, I will so advise the principal where my child is enrolled. I understand that any information furnished to the school system that is intentionally false may constitute the offense of false swearing under Georgia law.

Date

Parent/guardian
(Parent of Record)

Sworn to and subscribed before me this _____ day of _____,

Notary Public: _____ My Commission Expires: _____

Home Language Survey

Date _____ School _____ Grade _____

Student's Name _____
First Middle Last

Parent or Guardian's Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____
Home Work Cell Other

1. Student's Date of Birth _____ (Month/Date/Year)
Was Student Born in U.S. ? Yes No If yes, in which state? _____
If no, in what other country? _____ Date student entered U.S. _____

2. If not born in the U.S., has the student attended any school in the U.S. for any three years during his/her lifetime? Yes
If yes, please provide school names, state and dates attended: No
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if student is: Native American Indian Native Alaskan Native Pacific Islander Native U.S. Virgin Islander

6. Is the student'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. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

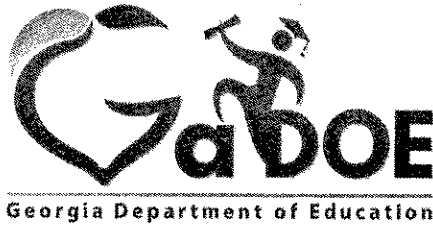
10. What language do you most frequently speak to your child? _____
(Father) (Mother)

11. Please describe the language understood by the student. (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.

Parent/Guardian Signature

Date



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

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

Dear Parents,

This optional form is being provided for you to complete on your child regarding his/her placement for next year. We must consider various factors in classroom placements including class size, boy/girl ratio and the needs of students, personalities of students and teachers and student separations. Other factors considered for placement include gifted, early intervention program and special education qualifications. Please refrain from asking for a specific teacher due to consideration listed above.

Student's name _____ Grade **2018-19** _____

Please answer the following questions concerning your child's placement:

Are there any students with whom your child should not be placed? (Only 2 can be honored)

1. _____ Reason: _____

2. _____ Reason: _____

Is there one teacher with whom your child should not be placed (only 1 can be honored)?

1. _____ Reason _____

List any other concerns/thoughts regarding your child's placement:

Name of parent/guardian completing form (Print): _____

Signature of parent/guardian completing form: _____

Please return this form to your child's teacher (or turn in at PreK /Kdg. Registration) in a **sealed envelope** addressed to Millie Owenby before **May 25th, 2018**. Thank you for your input regarding your child's placement next year.