

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.

► 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 2/20/2014

Union County Schools—Student Registration Information



Please Print Please Print Please Print

Student Legal Name: _____

Last
First
Middle
Preferred

SSN: _____ - _____ - _____

 Male
 Female
 Date of Birth: _____ Grade: _____

Phone: _____ Place of Birth: _____

Best Contact Number
City
County
State
Country

Phone Number For Text Messages: _____ Alternate Phone Number for Text Messages: _____

If student was born in another country, has he/she attended 3 full years of school in the United States? Yes No
Date Entered U.S. Schools (If born in another country)

Ethnicity: Is student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic of Latino
(Choose only one)
(A person from Cuba, Mexico, Puerto Rico, South or Central American Countries, or other Spanish Culture or Origin, regardless of Race)

What is student's race? (Choose one or more)

<input type="checkbox"/> American Indian or Alaskan Native <small>(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachments).</small>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <small>(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)</small>	<input type="checkbox"/> Asian <small>(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</small>
<input type="checkbox"/> Black or African American <small>(A person having origins in any of the black racial groups of Africa.)</small>	<input type="checkbox"/> White <small>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</small>	

Home Address: _____

Street
City
State
Zip Code
County

Mailing Address: _____
(If different from above)

P.O. Box / Street
City
State
Zip Code
County

Father's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Single Parent Household Yes No
 Lives with: Both Parents Mother Father
 Grandparents Other: Specify _____

Guardian's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Guardian's Relationship to Student: _____

Language at Home: _____
(example: English, Spanish, French)

SPOKEN
WRITTEN

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

**Union County School System
Immunization Waiver
Hearing/Vision/Dental/Nutrition Waiver**

Please Print

Student: _____ Grade: _____
 Address: _____ Birth Date: _____
 _____ Phone: _____

This waiver is being granted by the principal/principal's designee of: _____
 for the justifiable reason indicated below: Name of School

- New student attending Georgia Schools for the first time.
 (Waiver expires 30 days after 1st day of school enrollment.)
- Current Georgia student with a current DHR Immunization Certificate (Form 3231) with an expiration date of _____
 (Waiver expires 30 days after the expiration date.)
- Student without a current DHR Hearing/Vision/Dental/Nutrition (Form 3300).
 (Private School and Out of State students are required to have a current and valid document less than one year old at the time of enrollment.)

Attention Parent/Guardian:

Please read and initial the appropriate waiver conditions the school principal/designee has granted on this day.

In compliance with Georgia law O.C.G.A 20-2-771, O.C.G.A. 20-2-770 and the Department of Human Resources guidelines, the above student **will be prohibited from attending Union County Schools** after the waiver expiration date stated below, unless the required valid certificate(s) or an approved exemption has been submitted on or before said expiration date.

- 30 Day Waiver** - This waiver is granted to extend the expiration date indicated on student's Immunization Certificate-Form 3231 or for a new student enrolling from another state.
 Waiver Expiration Date: _____ Parent/Guardian Initials: _____
- 120 Day Waiver** - This waiver is granted to extend the date on which the certificate of Hearing/Vision/Dental/Nutrition -Form 3300 is required. This information will be shared with the School Nursing Staff.
 Waiver Expiration Date: _____ Parent/Guardian Initials: _____

I have read and understand the conditions of this waiver granted by the Union County School System.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
School Official Printed Name	School Official Signature	Date

Union County School System

STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER A PRESCRIPTION INHALER, EPI-PEN, GLUCAGON, INSULIN, OR OTHER APPROVED MEDICATION*

Section A. To Be Completed By A Licensed Physician

_____ needs to carry the following prescription asthma medication,
Student's Printed Name
epinephrine auto injector, diabetic medication and/or prescription medication with him/her.

Medication: _____ Dosage: _____

Amount: _____ Time Schedule: _____

Method of Administration: _____

The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

Physician's Signature & Stamp

Date

* Other Approved Medication shall be defined as prescribed medication used for emergency purposes and/or medication approved by the school nurse in collaboration with the student's health care provider.

It is highly recommended that each student keep a second prescription inhaler, epi-pen, additional insulin or other prescribed medication in the school clinic in case of emergency and in the event the first is lost or left at home.

Section B. To Be Completed By School's Current Parent of Record

I hereby request that the above named student be permitted to possess and use the above prescribed medication at school, at a school sponsored activity, while under the supervision of school personnel or while in before-school or after-school care on school operated property.

- ▶ I accept legal responsibility should the medication be lost, not immediately available, given, or taken by a person other than the above named student, or used in an improper manner.
- ▶ I understand that if this should happen, the student may be in violation of the Student Code of Conduct and may be subject to disciplinary action, including but not limited to, altering the privilege of possessing the medication.
- ▶ I release Union County School System and its employees and agents of any legal responsibility when the above named student administers his/her own medication and if he/she should suffer an adverse reaction as a result.
- ▶ Completion of this form authorizes the school nurse or principal's designee to discuss this medication order/request/administration with the prescribing provider if indicated.

Parent of Record's Signature

Date

Section C. To Be Completed By Student

- ▶ I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered.
- ▶ I will not allow another student to use my medication under any circumstances.
- ▶ I understand that if I misuse or abuse the medication, or use it in a manner other than as prescribed, or in a manner that endangers the safety of other students, that I may be in violation of the Student Code of Conduct, and may be subject to disciplinary action, including but not limited to, altering the privilege of possessing my medication.
- ▶ I also accept the responsibility for notifying the school nurse or principal's designee each time I use/take my medication.

Student's Signature

Date

This form shall be submitted each school year and shall be updated if the medication, dosage, frequency of administration, or reason for administration changes.

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 **2017-18** _____

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 24th, 2017**. Thank you for your input regarding your child's placement next year.