

# Union County School System Enrollment

124 Hughes Street • Blairsville, GA • 30512

Phone: 706-745-2322 Fax: 706-745-5025

*Kelly*

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 each School's Registration Office.

## 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.

### ▶ Proof of Union County Residency (2 documents)

-- Examples include: lease, vehicle registration form, mortgage documents, property tax notice, homeowner's insurance bill, utility bills, etc. A cellphone bill or driver's license are NOT acceptable.

▶ **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 School's Registration Office if you have any questions regarding student registration.

Union County Primary School – 706-745-5450

Union County Elementary School – 706-745-9615

Union County Middle School – 706-745-2483

Union County High School – 706-745-2216

Woody Gap School 706-747-2401

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 1/17/2019

# 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)

**American Indian or Alaskan Native**  
(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 attachment)s.

**Native Hawaiian or Other Pacific Islander**  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)

**Asian**  
(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.)

**Black or African American**  
(A person having origins in any of the black racial groups of Africa.)

**White**  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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: \_\_\_\_\_ SPOKEN WRITTEN  
(example: English, Spanish, French)

# 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 Consent for School Health Services

Please read, complete, sign, date & return to the school within 3 days. If you have any questions before signing, please contact the school. This consent form must be completed and signed by the parent or guardian in order for your child to receive services from the nurse. Without your consent, we will not be able to give your child minor or emergency treatments.

Student's Last Name	First Name	Birthdate	Grade	Homeroom
Student's Doctor: _____		Phone # _____		
Parent/Guardian: _____		Home Phone # _____		
Address: _____				
Work phone: _____		Cell Phone # _____		

PAST MEDICAL HISTORY	YES/NO	IF YES, EXPLAIN
Allergies (drugs or food)	/	_____
Current Medications	/	_____
Diabetes	/	_____
Seizure Disorder	/	_____
Asthma	/	_____
Wears Contact Lens	/	_____
Mental Illness	/	_____
Previous Surgery	/	_____
Previous Hospitalizations	/	_____
Other Illness	/	_____

Below is a list of medicines that the nurse might use on or give to your child. Please circle any medicines that you **DO NOT** want your child to receive. If you wish for your child to receive Tylenol, Advil, or any other medicines while at school, you will need to provide the medicine and complete the Authorization of Medication form for that medicine.

<u>Sore Throat:</u>	Sore Throat Spray Warm Salt Gargle	<u>Rash/Insect Bites:</u>	Hydrocortisone cream Benadryl cream/Spray
<u>Eyes:</u>	Visine Eye wash	<u>Cuts/Scrapes:</u>	Caladryl Bactine/Hibiclens
<u>Mouth:</u>	Vaseline Anbesol/Orabase		Dermaplast/Solarcaine Antibiotic Ointment
<u>Mild Stomach</u>			
<u>Upset:</u>	Antacid/ Tums	Head/Body Aches	Tylenol/Ibuprofen

Should my child suffer an accident while at school, Union County School System has permission to transport my child to the nearest health care facility in case of my absence.

I give permission for the above named student to receive services from the School Health Clinic. I understand that all services are free and confidential. I have given accurate and complete information to the best of my knowledge.

This consent is in effect for the current school year or until the parent otherwise notifies the school.

Signature of Parent/Guardian	Relationship	Date
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**OR**

**No, I do not want the above student to receive services or have access to the School Clinic.**

Signature of Parent/Guardian	Relationship	Date
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## 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):**

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**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 (not required):**

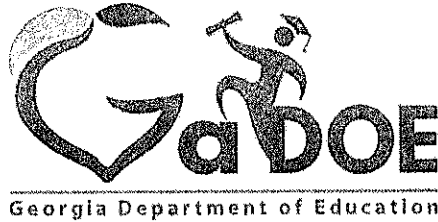
4. In which language would you prefer to receive all school information?  
\_\_\_\_\_

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**Signature of Parent/Guardian/Other**

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**Date**



**Richard Woods, Georgia's School Superintendent**  
"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 (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): \_\_\_\_\_

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, 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

Regional Office use only:

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.

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Student's name \_\_\_\_\_ Grade **2019-2020** \_\_\_\_\_

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 Pre-K/Kdg. Registration) in a **sealed envelope** addressed to Millie Owenby before **May 24<sup>th</sup>, 2019**.  
Thank you for your input regarding your child's placement next year.