



# JONES COUNTY SCHOOL DISTRICT -STUDENT REGISTRATION FORMS

## **2021-2022 NEW STUDENT REGISTRATION**

REGISTRATION FOR STUDENTS WHO WILL BE NEW TO JONES COUNTY SCHOOLS is by appointment only, due to social distancing requirements.

Please contact your zoned school to schedule an appointment. Please print and complete all forms.

The registration packet must be completed prior to your appointment.

# JONES COUNTY SCHOOL SYSTEM SCHOOL REGISTRATION

## Required Registration Documents:

- \*\* Birth certificate (certified)
- \*\* Certificate of Immunization Record (Form 3231)
- \*\* Eye-Ear-Dental-Nutrition (Form 3300)
- \*\* Child's Social Security Card
- \*\* Guardian's Driver's License

### Acceptable Proof of Residency

Homeowners-Current property tax statement OR Mortgage Statement AND current power bill

Renters-Rental agreement with start and end date OR month to month (No handwritten agreements) AND two additional proofs such as: current electrical bill, recent paycheck stub with address, car insurance with address, bank statement with address. No water, cable, or internet bill will be accepted unless driver's license has the same address.

Gather the information and download the Microsoft Office Lens – PDF Scanner App, ([Google play](#)) ([Apple store](#)) on your phone and take a pdf picture of the item, saving the file with the student's last name and number each file. Ex – Moore1, Moore2 . Attach in an email and send to the correct address below.

Please put enrollment documents in the subject.

### School Registration Email Addresses

Clifton Ridge Middle School	crmsregistration@jones.k12.ga.us
Dames Ferry Elementary School	dfesregistration@jones.k12.ga.us
Gray Elementary School	gesregistration@jones.k12.ga.us
Gray Station Middle School	gsmsregistration@jones.k12.ga.us
Jones County High School	jchsregistration@jones.k12.ga.us
Jones County Pre-K Center	prekregistration@jones.k12.ga.us
Mattie Wells Elementary School	wesregistration@jones.k12.ga.us
Turner Woods Elementary School	twesregistration@jones.k12.ga.us

*"Success for All"*

*through academic Achievement, responsible Behavior, and an engaged Community*



## JONES COUNTY SCHOOLS CLINIC RECORD POLICY



Jones County school nurses are based at the elementary, middle, and high schools. These nurses cover the Pre-K for consultation, training, and emergency situations. We would appreciate your cooperation and assistance in preparing for the possibility that your child might become ill, have an accident, or need to take medication during school hours. **The school nurse will not be able to treat any student who does not have the attached completed form on file in the Clinic.**

### **Emergency Information**

The Jones County School Clinic Record, attached, should be updated annually. **Please sign in three places** to enable us to better serve your child. Remember to notify the school immediately should any information change during the school year.

### **Prescription and Over the Counter Medication**

Medications are **NOT** to be transported by children on school buses. Medications must be in the original prescription container, no baggies, foil, etc. Please do not ask your child to transport medicine. Drugs of any kind are dangerous in the possession of children. **MEDICATIONS THAT ARE PRESCRIBED FOR THE AM MUST BE ADMINISTERED AT HOME.**

If a child must carry medications (ex: inhalers for asthma, epi pen), a written statement from the doctor **MUST** be presented and kept on file at all times.

Medications to be given at school **MUST** be listed on the School Clinic Record attached, and on the Medical Authorization and Release form available from teachers and the school office. **NO prescription medication will be given to children at school without written signed consent from a parent or guardian. Verbal consent is NOT a valid form of communication when the safety of children is at risk.**

**If a child is to receive medication for longer than 20 days, the Medical Authorization and Release form MUST be signed by the prescribing physician.**

It is the responsibility of the parent/guardian to inform the school of any changes. New medications or dosage will not be given unless a new form is completed. Medication is a parental responsibility; school employees will not assume any liability for supervising or assisting in the administration of medication.

Unused medication should be retrieved from the school office/Clinic within one week after medication is discontinued; otherwise the school will dispose of the remaining medication.

### **School Illness and Injury**

Sick students who are contagious **MUST NOT** be sent to school. To be considered non-contagious the student must be **fever free for 24 hours !below 100.4 degrees)** and should have **no vomiting or diarrhea for 24 hours.**

When a student becomes ill the parent/guardian **MUST** arrange for the student to be taken home.

If a major injury occurs, parents will be contacted by phone using the numbers on the emergency contact section of the School Clinic Record. Please update this information when there are changes.

By working together, we can strive to ensure the health and well being of every student so that he/she can benefit from the educational program. Please contact the school if you have any questions or concerns. We look forward to working with you and your child.

**\*\*Please keep this policy for your records and return the completed attached form (front & back), SIGNED IN THREE ASTERISK MARKED PLACES, to your child's teacher.**

## JONES COUNTY CLINIC RECORD

This form serves as the nurse's permission to treat students. Medication and/or first aid may not be administered without this form being completed, signed, and returned to school.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Address \_\_\_\_\_

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

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

### IN CASE OF ILLNESS OR EMERGENCY

In case of illness or emergency and the above parent or guardian cannot be reached, I authorize the Jones County School staff to contact the persons listed below. I authorize those below to sign my child out of school.

Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child currently have any of the following conditions or any health issues of which we should be aware?

\_\_\_\_\_ if so, please give details in the space below.

Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Fainting \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Physical Impairments \_\_\_\_\_ past Broken Bones \_\_\_\_\_ Kidney Condition \_\_\_\_\_  
 Past Surgeries \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Vision Problems \_\_\_\_\_ Acid Reflux \_\_\_\_\_

Explanation of the above \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If yes, to what? \_\_\_\_\_

If your child has allergies, what symptoms does he/she have? \_\_\_\_\_

What treatment will he/she need if the symptoms occur? Benadryl \_\_\_\_\_ Epi - Pen \_\_\_\_\_

Parents/Guardians are responsible for supplying the school with students' epi-pens. If your child has food allergies, a doctor's note must be on file so that food will not be given at school and a replacement food can be given at lunch.

**Prescription Medication**

Child's Name \_\_\_\_\_

Does your child take prescription medication at home on a regular/daily basis? \_\_\_\_\_ If yes, what medication(s) and for what reason? \_\_\_\_\_

Will your child need routine medication given at school? \_\_\_\_\_ if yes, complete the following.

Will your child require medication administration during school hours?    yes    no

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Time(s) given: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ Time(s) given: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

All medication must be brought to school by the parent/guardian to be given to the school staff. Students should never be given medication to give to the teacher. All medication must be in a properly labeled prescription bottle. You will be required to sign a medication administration authorization form and have the doctor sign for prescription medications that will be given on a routine basis for more than 20 days. **ALL MEDICATIONS PRESCRIBED TO BE ADMINISTERED IN THE AM MUST BE GIVEN AT HOME.**

I, the undersigned, hereby release and agree to hold harmless and indemnify the Jones County Board of Education and any employee of the Board from any liability whatsoever occasioned by the administration or non-administration of the above-described medication(s) to my child during school hours in accordance with the above instructions.

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

Sign if your child requires daily medication to be given at school.

Parents will be called to take children home to prevent the spread of germs if their child has fever, vomiting, diarrhea, or severe cold symptoms. **A child that has been sent home must be free from fever, vomiting, and diarrhea for 24 hours before returning to school** (without the aid of medication). I give the school nurse, or designee, permission to treat and administer basic first aid as outlined per school policy. In case of serious illness or injury, the school will contact me, or the designees assigned. Should these be unavailable, I give permission for the school personnel to call 911 for emergency transport to the emergency room at \_\_\_\_\_ Hospital. I have no objection to the release of pertinent information to school staff, ambulance attendees, and/or doctor's offices. Fees for transportation and medical services will be the responsibility of the parent/guardian.

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

— I have received a copy and understand the policies on medication administration and treatment.

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

# Jones County Schools: Student Photo Release Form

## WEB SITE(S) PHOTOS

On the Jones County Schools' Web site(s), we follow strict rules to ensure the privacy and safety of our students.

The Web site(s) contains comprehensive information about the schools, features on classroom activities, the schools' calendars, a section for parents and alumni, teacher support, Web resources, and student accomplishments. Safety is always a primary concern and our schools' faculties check all content before publishing to the Web site(s). With this said and after assessing the risks, children featured on the Jones County schools' Web site(s) are only referred to by their first names.

Yes, you have my permission to use my child's photo and first name on the Jones County Schools' Web site(s).

No, I am not granting permission to use my child's photo on the Jones County Schools' Web site(s).

## COMMUNITY AWARENESS/PUBLIC RELATIONS PHOTOS

As we participate in our community, we have opportunities to provide photos of our students in newsworthy events. Photos and full names may be used in the local newspaper, school promotions, school brochures and fliers, and may be posted throughout the school building.

Yes, you have my permission to use my child's photo and full name.

No, I am not granting permission to use my child's photo for community awareness or public relation events.

Child's Name: \_\_\_\_\_

Parent/Guardian **Signature**: - - - - -

Date: \_\_\_\_\_



**Georgia Department of Education  
ESOL & Title III Unit**

**Required Home Language Survey**



Georgia Department of Education

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?  

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2. Which language does your child most frequently speak at home?  

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3. Which language do adults in your home most frequently use when speaking with your child?  

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**Language for School Communication:**

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

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**Signature of Parent/Guardian/Other**

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**Date**



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
- 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.

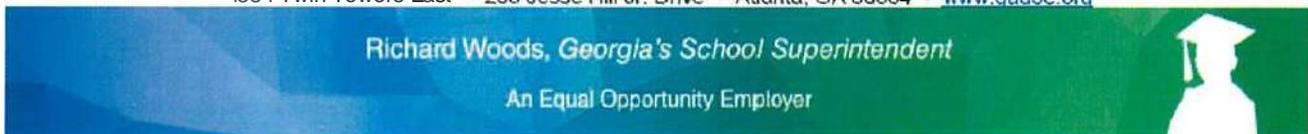
GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415  
Toll Free (800) 621 5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (8&6) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)



## CYBERSAFETY USE POLICY FOR JCSS STUDENTS

This document is comprised of this cover page and four sections:

- Section A: Introduction
- Section B: Cybersafety Rules for JCSS Students
- Section C: Cybersafety Agreement for JCSS Students.
- Section D: NonUse Agreement

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### Instructions for parents\*/caregivers/legal guardians

1. Please read all sections carefully. If there are any points you would like to discuss with the school, let the school office know as soon as possible.
2. Discuss these cybersafety rules with your child.
3. If you do not agree with this agreement and choose not to allow your child to use JCSS technology, please sign the Non-Use Agreement Form (see Section D) and return that page to the school office.
4. Please keep sections A, B, and C for future reference.

\* The term 'parent' used throughout this document also refers to legal guardians and caregivers.

#### *Important terms used in this document:*

- (a) 'Cybersafety' refers to the safe use of the Internet and technology equipment/devices, including mobile phones
- (b) 'School technology' refers to the school's computer network, Internet access facilities, computers, and other school technology equipment/devices as outlined in (d) below
- (c) The term 'technology equipment/devices' used in this document, includes but is not limited to, computers (such as desktops, laptops, PDAs), storage devices (such as USB and flash memory devices, CDs, DVDs, floppy disks, iPods, MP3 players), cameras (such as video, digital, webcams), all types of mobile phones, gaming consoles, video and audio players/receivers (such as portable CD and DVD players), and any other, similar, technologies as they come into use
- (d) 'Objectionable' in this agreement means material that deals with matters such as sex, cruelty, or violence in such a manner that it is likely to be injurious to the good of students or incompatible with a school environment. This is intended to be inclusive of the definition used in the Films, Videos and Publications Classification Act 1993.

## SECTION A: INTRODUCTION

The measures to ensure the cybersafety of JCSS outlined in this document are based on our core values.

The school's computer network, Internet access facilities, computers and other school technology equipment/devices bring great benefits to the teaching and learning programs at the JCSS Schools, and to the effective operation of the school.

The overall goal of the school in this matter is to create and maintain a cybersafety culture which is in keeping with the values of the school, and legislative and professional obligations. This use agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cybersafety breaches which undermine the safety of the school environment.

Students are provided instruction in appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response. School staff members receive Georgia Cybersafety Initiative (GaCSI) School Staff Training. This training is designed to provide the knowledge and skills necessary to create awareness and provide education about digital citizenship to K-12 students. Records are maintained to verify participation of student and staff trainings.

All students will be issued with this document. If a non-use agreement (see Section D) is not returned to the school, students will be allowed to use the school technology equipment/devices.

The school's computer network, Internet access facilities, computers and other school technology equipment/devices are for educational purposes appropriate to the school environment. This applies whether the technology equipment is owned or leased either partially or wholly by the school and used on or off the school site. This also applies to any and all personal devices used while on the school site or at a school sponsored function.

The school may monitor traffic and material sent and received using the school's technology network. The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email.

The school may audit its computer network, Internet access facilities, computers and other school technology equipment/devices or commission an independent forensic audit.

## SECTION B: CYBERSAFETY RULES FOR JCSS STUDENTS

*As a safe and responsible user of technology I will help keep myself and other people safe by following these rules:*

1. I cannot use school technology equipment until my parent(s) and I have received and read this cybersafety policy.
2. If I have my own user name, I will log on only with that user name. I will not allow anyone else to use my user name.
3. I will not tell anyone else my password.
4. While at school or a school-related activity, I will not have any involvement with any technology material or activity which might put myself or anyone else at risk (e.g. bullying or harassing).
5. I understand that I must not at any time use technology to upset, offend, harass, bully, threaten or in any way harm anyone connected to the school or the school itself, even if it is meant as a joke.
6. I understand that I can only use the Internet at school when a teacher gives permission.
7. While at school, I will not:
  - a. **Access, or attempt to access, inappropriate, age restricted, or objectionable material**
  - b. Download, save or distribute such material by copying, storing, printing or showing it to other people
  - c. Make any attempt to get around or bypass security, monitoring and filtering that is in place at school.
8. If I accidentally access inappropriate material, I will:
  1. Not show others
  2. **Turn off the screen or minimize the window and**
  3. Report the incident to a teacher immediately
9. I understand that I must not download any files such as music, videos, games or programs without the permission of a teacher. This makes sure the school complies with Copyright laws. I also understand that anyone who infringes copyright may be personally liable under this law.
10. I understand that these rules apply to any privately owned technology equipment/device (such as a laptop, mobile phone, USB drive) I bring to school or a school-related activity. Any images or material on such equipment/devices must be appropriate to the school environment.
11. I will not connect any device (such as a USB drive, camera or phone) to, or attempt to run any software on, school technology without a teacher's permission. This includes all wireless technologies.
12. I will ask a teacher's permission before giving out any personal information (including photos) online about myself or any other person. **Personal information includes name, address, email address, phone numbers, and photos.**
13. I will respect all technology systems in use at school and treat all technology equipment/devices with care. This includes:
  - Not intentionally disrupting the smooth running of any school technology systems
  - **Not attempting to hack or gain unauthorized access to any system**
  - Following these school cybersafety rules, and not joining in if other students choose to be irresponsible with technology
  - **Reporting any breakages/damage to a staff member.**
14. I understand that the school may monitor traffic and material sent and received using the school's technology network. **The school may use filtering and/or monitoring software to restrict access to certain sites and data, including email.**
15. I understand that the school may audit its computer network, Internet access facilities, computers and other school **technology equipment/devices or commission an independent forensic audit. Auditing of the above items may include any stored content, and all aspects of their use, including email.**
16. I understand that if I break these rules, the school may inform my parent(s). In serious cases the school may take disciplinary action against me. I also understand that my family may be charged for repair costs. **If illegal material or activities are involved, it may be necessary for the school to inform the police.**

## SECTION C: JCSS CYBERSAFETY POLICY

To the student and parent/legal guardian/caregiver, please:

1. Read this page carefully to check that you understand your responsibilities under this policy
2. Keep the document for future reference

We understand that JCSS Schools will:

- Do their best to keep the school cybersafe, by maintaining an effective cybersafety program. This includes working to restrict access to inappropriate, harmful or illegal material on the Internet or school technology equipment/devices at school or at school-related activities, and enforcing the cybersafety rules and requirements detailed in this policy
  - Keep a copy of this policy on file
  - Respond appropriately to any breaches of this policy
  - Provide members of the school community with cybersafety education designed to complement and support the cybersafety initiative
- **Welcome inquiries from students or parents about cybersafety issues.**

Student responsibilities include:

- I will read this cybersafety policy carefully
- I will follow these cybersafety rules and instructions whenever I use the school's technology  
I will also follow these cybersafety rules whenever I use privately-owned technology on the school site or at any school-related activity, regardless of its location  
I will avoid any involvement with material or activities which could put at risk my own safety, or the privacy, safety or security of the school or other members of the school community
- I will take proper care of school technology. I know that if I have been involved in the damage, loss or theft of technology equipment or devices, my family may have responsibility for the cost of repairs or replacement  
I will keep this document somewhere safe so I can refer to it in the future  
I will ask the [relevant staff member] if I am not sure about anything to do with this agreement.

**Parent responsibilities include:**

I will read this cybersafety policy carefully and discuss it with my child so we both have a clear understanding of their role in the school's work to maintain a cybersafe environment  
I will encourage my child to follow these cybersafety rules and instructions  
I will contact the school if there is any aspect of this policy I would like to discuss.

**SECTION D: NON-USE AGREEMENT**

Please detach and return this section to school if you **do not** agree with this agreement and choose **not to allow** your child to use JCSS technology.

I have read this cybersafety policy and I am aware of the school's initiatives to maintain a cybersafe learning environment. **However, I do not wish for my child to be able to use technology.**

**Name of student:** .....

**Student's signature:** .....

**Caregiver/legal guardian:** .....

**Name of parent Parent's signature:** .....

**Date:** .....

**Please note:** This agreement for your child will remain in force as long as he/she is enrolled at this school. If it becomes necessary to add/amend any information or rule, parents will be advised in writing.