

Twiggs County Public Schools Student Enrollment Package

Together We Inspire Great Gains for Students!

Mr. Elgin Dixon, Superintendent of Schools



Student's Legal Name:

Last

First

Middle

Grade:

Enrolling at:

- Jeffersonville Elementary School**
675 Bullard Rd., Jeffersonville, GA 31044
478-945-3114
- Twiggs County High School**
375 Watson Drive, Jeffersonville, GA 31044
478-945-3112

- Twiggs County Middle School**
375 Watson Drive, Jeffersonville, GA 31044
478-945-3113
- 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: ____ / ____ / ____
MM DD YEAR

*Social Security #:

[*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

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 “useable” 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-4} Middle {5-8} 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

___ Speech

___ Gifted / Talented

___ Student Support Team (SST)

___ ESOL / Bilingual

___ Inclusion Class

___ Early Intervention Program (EIP)

___ Resource

___ Special Education (IEP)

___ 504 Plan

___ Other Health Impaired

Please Specify:

___ Social Work Services

___ 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, video taped, 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, video taped 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

HEALTH CARD

Student’s Name _____ **DOB** _____

Race _____ Age _____ Grade _____ Teacher _____

Doctor _____ Dentist _____

Parent(s) _____ Phone (H) _____ (W) _____

Home Address _____ Cell # _____

Insurance Information: _____ Medicaid _____ Peach Care _____ Other _____ No Insurance
Policy # _____

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

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL HISTORY:

Allergies (i.e. Medication, Food, Bug Bites/Bee Stings) _____

REQUIRES EPI-PEN? _____

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/nebulizer treatments or insulin:

Basic First Aid will be provided by the nurse or designated staff in the event of an injury. Select over-the-counter medications, listed below, 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 with signed parental permission.** Parents will be contacted to pick up students with potentially contagious or serious conditions.

**CHECK "YES" OR "NO" NEXT TO THE MEDICATION/TREATMENTS THAT YOU GIVE PERMISSION FOR
YOUR CHILD TO RECEIVE AT SCHOOL:**

YES	NO	MEDICATION/TREATMENT	COMPLAINTS/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/Heart burn
		HYDROCORTISONE CREAM	Insect bites/Non-Contagious rashes
		NEOSPORIN/FIRST AID SPRAY	Minor cuts and scrapes
		ORAJEL	Tooth/Mouth pain – NOT to take the place of Dental Care
		VISINE	Non-Contagious red or irritated eyes
		CHLORASEPTIC SPRAY AND/OR COUGH DROPS	Minor sore throat pain or cough without fever
		VASELINE	Chapped lips

As Parent/Guardian of the above named student, I give permission for the nurse or designated persons to administer basic first aid and the medications above that I have checked "YES". School Clinic personnel have my permission to contact my child's MD (doctor) and/or dentist to discuss medical information relevant to my child's health. In case of serious illness/injury, the school 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 _____

**Twiggs County Public Schools
REQUEST FOR ADMINISTRATION OF MEDICATION
(LONG TERM MEDICATION – MORE THAN TWO WEEKS)**

Twiggs County Public Schools recommends and encourages parents to medicate their children at times other than regularly scheduled school hours. However, if it is necessary for students to receive medication during school hours, the nurse or designee may assist parents if this form is properly completed and returned to school.

****** Medication will only be accepted from the parent/guardian in the original bottle labeled appropriately by a pharmacist. All dates must be current. It is the responsibility of the parent to inform the school of ANY changes in medication. New medications and/or doses will not be given unless a new form is completed and a newly labeled bottle is provided. Unused medications will be disposed of one week after medication is discontinued unless picked up by the parent/guardian. ******

Student _____ D.O.B. _____

Teacher _____ Grade _____

STATEMENT OF PHYSICIAN

Physician's Name _____ Physician's Phone _____

Medication: _____ Date of Prescription: _____

Dosage: _____ Time of Administration: _____

Route: _____ Discontinue Date: _____

Possible Side Effects: _____

Medicine/ Food Contraindications while taking this medication _____

Physician's Signature _____ Date _____

STATEMENT OF PARENT/GUARDIAN

I do hereby request the nurse or designated personal to administer medication as outlined above. I understand that any school system personnel are not legally obligated to administer this medication. I will notify the school nurse or designee immediately and fill out a new form if the medication, dosage, or directions change.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work phone _____ Cell _____

*** 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:

- Grades to date of withdrawal (prior year)
- Achievement and intelligence test scores
- Social Security Number
- Grades earned this year
- Grading Scales

- Special Education reports
- Psychological reports
- Health & medical reports
- SST Records
- 504 Records

Please forward the above documents to the attention of:

Twiggs County Registrar
375 Watson Drive
Jeffersonville, GA 31044
478-945-3114 (Phone)
478-945-3228 (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: __

MIGRANT EDUCATION PROGRAM

It is the objective of Twiggs County Public School System to provide assistance to students whose families have continuous moves from one school system to another.

Has your family lived in another county in the last three (3) years? YES NO

If so, what is the date your family arrived in this County?

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)

- Agriculture; planting tomatoes, squash, peppers, etc.
- Planting, growing, or cutting trees (pulpwood)
- Processing / packing agricultural products
- Dairy, Poultry, or Livestock
- Meatpacking / Poultry / Seafood
- Fishing or fish farms
- Other (Please specify occupation): _

Name of current or most recent employer:

Current Address

Street: _____ City: _____ State: _____ Zip: _____

Home phone where you can be reached: () _____ -- _____

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)
Student ID # _____

Title

Date

Twiggs County Public Schools

Together We Inspire Great Gains for Students!
952 Main Street

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

Parent or Guardian's Signature Date