

Items needed to complete Kindergarten Registration

_____ is enrolled at _____

_____ Copy of Social Security Card

_____ **CERTIFIED** Copy of Birth Certificate

_____ Original Immunization Record (Form 3231) Expires: _____

_____ Original Eye, Ear, Dental, and Nutrition Certificate (Form 3300)

Needs further evaluation Eye _____ Ear _____ Dental _____ Nutrition _____

_____ **Proof of Residence** (No Cell Phone Bill or License can be used for Proof)

Electricity/Utility bill, Homeowner's Insurance bill, Rent receipt, Lease/Mortgage statement,
Land line phone, cable or satellite bill, water bill

(If the bill is NOT in the parent/guardian's name, parent and the residence owner must complete the RESIDENCY AFFIDAVIT form.)

_____ ID

Coffee County Schools Student Enrollment Packet

Student Information (Please Print):

Student's Legal Name: _____
(Last) (First) (Middle) (Called)

Date of Birth: _____ **Sex:** _____ **Social Security Number:** _____

Student's Current Height _____ **Weight** _____ **Eye color** _____

Place of Birth: _____
(City) (State) (Country)

Mailing Address: _____
(Street) (City) (State) (Zip)

Physical address: _____
(if different than mailing) (Street) (City) (State) (Zip)

Home phone: _____ **Other:** _____

Is the student's primary address a federal property (Housing Authority or any federal assisted housing)?

YES _____ NO _____

Does the student's parent/guardian work on a federal property?

YES _____ NO _____

Is the student's parent/guardian on ACTIVE DUTY in the uniformed services?

YES _____ NO _____

Academic Information:

Name / Address of last school attended:

(Name of School)

(Street) (City) (State) (Phone)

Has your child ever attended Coffee County Schools _____ Yes _____ No

If yes, please list each school the student has attended and the year(s) attended:

Race/Ethnicity/Language

Part A.

Is this student Hispanic/Latino? (Choose only ONE)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race.

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

Part B.

What is the student's race? (Choose ALL that apply)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

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, Japan, 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.)

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

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

**If student was NOT born in the United States, then complete the following:
Citizenship Survey:**

Date entered US: _____

Date entered US School: _____

When your child entered the US what language did they speak? _____

Parent Information

PARENT 1 (Circle one) FATHER MOTHER STEP FATHER STEP MOTHER OTHER: _____

(Last Name) (First Name) (Middle Name)

Home Phone Work Phone

Cell Phone Email Address

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

PARENT 2 (Circle one) FATHER MOTHER STEP FATHER STEP MOTHER OTHER: _____

(Last Name) (First Name) (Middle Name)

Home Phone Work Phone

Cell Phone Email Address

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Authorized Contact Information

(Identify other persons authorized to check out student - Picture ID is required for check out)

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Family Members Living in the Same Household

_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student
_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student
_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student
_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student
_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student
_____ Last Name	_____ First Name	____/____/____ Date of Birth	____ Gender	_____ School (if Applicable)	_____ Relationship to Student

(Attach page if additional space is needed.)

Has student ever received any of the following support services?

Please check ALL that apply:

____ Special Education ____ Speech ____ 504

____ Title I ____ Remedial Education ____ Early Intervention Program

____ Migrant ____ ESOL ____ Gifted Education

____ Student Support Team

Disciplinary Information

Is the student currently on **suspension or expulsion** from another school or school system?

____ Yes (explain below) ____ No

Has the student ever been convicted of a felony crime?

____ Yes (explain below) ____ No

Is the student presently **assigned to or scheduled** to attend an **alternative school or program**?

____ Yes (explain below) ____ No

Parent / Guardian Name (Please Print)

Parent / Guardian Signature

Date

Coffee County Board of Education

Dr. Morris C. Leis, Superintendent

Jesse Jowers, Chairman - Adam W. Lott, Vice Chairman

Leola Johnson, Bryan Preston, Gene Wade

Required Georgia Home Language Survey

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Student Name (required information):

Purpose of Questions	Questions & Parent/Guardians Responses
<p>Communication Preferences</p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.</p>	<p>Parent Communication Language (Required)</p> <ul style="list-style-type: none">In which language would you prefer to receive school communication? <p>_____</p>
<p>Identification of Potential English Learners</p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>	<p>Home Language Survey (Required)</p> <ol style="list-style-type: none">Which language does your child <u>best</u> understand and speak? <p>_____</p> <ol style="list-style-type: none">Which language does your child <u>most</u> frequently speak at home? <p>_____</p> <ol style="list-style-type: none">Which language do adults in your home <u>most</u> frequently use when speaking with your child? <p>_____</p>

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

² The Home Language Survey should be given to first time enrollees to United States public schools.

Additional Information from Multilingual Families

If you indicated that your child and other adults in the home *understand and use English and another language* or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.

If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.

Additional Information from Multilingual Families. Choose only one sentence that best describes your child's primary language.

- My child understands and uses only the home language and no English.
- My child understands and uses mostly the home language and a little English.
- My child understands and uses the home language and English equally.
- My child understands and uses mostly English and only a little of the home language.
- My child understands and uses only English.

Applicable if question 3 of the Multilingual section is selected:

Based on parents' choosing the statement: "My child understands and uses the home language and English equally", the parent signature is requested for the following Acknowledgement Statement:

I, parent/legal guardian of _____, do hereby acknowledge that my child's home language environment is multilingual, including English, and that my child's level of English proficiency is developmentally age-appropriate as that of other English-only peers.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature (Required): _____

Date (Required): _____

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 email, always through the DOE's Portal, 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, Rose McKeenan
Phone: 470-763-1137
rmcKeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



**COFFEE COUNTY SCHOOL NUTRITION PROGRAM
REQUEST FOR INFORMATION**

Dear Parent/Guardian:

Date: _____

As part of Coffee County School System's participation in the Community Eligibility Provision, all students enrolled within our system eat breakfast and lunch at no cost. To continue our system eligibility for this program, it is important to identify students who participate in state assistance programs. Please fill out the information below and return this form to your child's teacher. You may also return this form to the Coffee County Board of Education (1311 S. Peterson Avenue, Douglas, GA 31533).

 I have students who are eligible for SNAP or TANF I do not have students who are eligible for SNAP or TANF

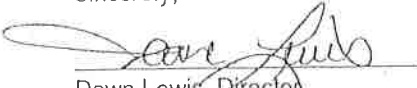
Case Number: SNAP _____ TANF _____

Student Name	School Name	Grade

I acknowledge that the students listed above are living in my home.

Date Signature of Parent or Guardian

Sincerely,



Dawn Lewis, Director

Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program_intake@usda.gov.

This institution is an equal opportunity provider.