

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

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 (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 McKeehan
 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



