Coffee County Schools Student Enrollment Packet

Student's Legal Name:	(Last)	(First)	(Middle)	(Ca	alled)
Date of Birth:	Sex: Soci		ecurity Number:		
Student's Current Heigh	it	Weight	Eye color		
Place of Birth:					G.
	(City)	(State)		(Country)	15
Mailing Address:	(Stroot)		(City)	(State)	(7in)
			(City)	(State)	(Zip)
Physical address:if different than mailing)	(Street)		(City)	(State)	(Zip)
Home phone: Is the student's primate housing)?	ary address a federa		ing Authority or ar		
ls the student's prima housing)? YES NO Does the student's pa	ary address a federa —— arent/guardian work	al property (Hous	ing Authority or ar		
ls the student's prima housing)? YES NO	ary address a federa arent/guardian work nt/guardian on ACT	al property (Hous	ing Authority or ar	ny federal ass	
Is the student's primathousing)? YES NO Does the student's payers YES NO	ary address a federa arent/guardian work to arent/guardian on ACTI	al property (Hous	ing Authority or ar	ny federal ass	
is the student's prima housing)? YES NO Does the student's pa YES NO Is the student's parer YES NO	ary address a federa arent/guardian work to arent/guardian on ACTI	al property (Hous	ing Authority or ar	ny federal ass	
Is the student's prima housing)? YES NO Does the student's payers NO Is the student's parer YES NO Academic Inform Name / Address of last so	ary address a federa arent/guardian work to arent/guardian on ACTI	al property (House on a federal pro	ing Authority or ar	ny federal ass	

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) Work Phone Home Phone Cell Phone **Email Address** Physical Address: ___ (City) (State) (Street) (Zip) Mailing Address: (Street) (City) (State) (Zip) PARENT 2 (Circle one) FATHER MOTHER STEP FATHER STEP MOTHER OTHER:____ (Last Name) (First Name) (Middle Name) Work Phone Home Phone **Email Address** Cell Phone Physical Address: __ (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: _____ Cell Phone: _____ Name: ______Relationship to Student:_____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Family Members Living in the Same Household MF School (if Applicable) First Name Date of Birth Gender Relationship to Student Last Name MF Date of Birth Gender School (if Applicable) Relationship to Student First Name Last Name School (if Applicable) Relationship to Student First Name Date of Birth Gender Last Name MF Date of Birth School (if Applicable) Relationship to Student Gender First Name Last Name Gender School (if Applicable) Relationship to Student First Name Date of Birth Last Name Date of Birth Gender School (if Applicable) Relationship to Student First Name Last Name (Attach page if additional space is needed.) Has student ever received any of the following support services? Please check ALL that apply: 504 Special Education Speech Early Intervention Program Remedial Education Title I Gifted Education **ESOL** Migrant Student Support Team **Disciplinary Information** Is the student currently on suspension or expulsion from another school or school system? Yes (explain below) Has the student ever been convicted of a felony crime? Yes (explain below) Is the student presently assigned to or scheduled to attend an alternative school or program? Yes (explain below)



Educating Ge	eorgia s	Future
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School District:		Date:			
Parent Occupational Survey Please complete this form to determine if your child(ren) qualify to receive supplemental services u Title I, Part C					
Name of Student(s)	Name of Schoo	l 	Grade		
Has anyone in your household moved in ord	der to work in another city, cou		last three (3) years?		
 Has anyone in your household been involve last three (3) years?					
If you answer "yes", check all that applies: 1) Planting/Picking vegetables (tomatoes 2) Planting, growing, cutting, processing 3) Processing/Packing agricultural product 4) Dairy/Poultry/Livestock 5) Packing/Processing meats (beef, poult 6) Commercial fishing or fish farms 7) Other (Please specify occupation):	s, squash, onions, etc.) or fruits trees (pulpwood), or raking pir cts try, or seafood)	ne straw			
Names of Parent(s) or Legal Guardian(s)					
Current Address:					
City:State:	Zip Code:	Phone:			
Th	ank You! Please return this for	m to the school			
Non-MEP funded (consortium) school/districts: When through the DOE's Portal, occupational surveys to the	Please maintain original copy in lease give this form to the migrant liais n at least one "yes" and one or more o he Regional Migrant Education Prograi form, please call the MEP office servir	on or migrant contact to of the boxes from 1 to 7 on Office serving your d	is/are checked, districts should email, always		
GaDOE Region 1 MEP, Rose McKeehan		Gal	OOE Region 2 MEP, Pearl Barker		
Phone: 470-763-1137 rmcKeehan@doe.k12.ga.us			Phone: 470-763-1138 PBarker@doe.k12.ga.us		
Family Contacted/Attempt Date:			Sent to Regional Office on:		
	t • 205 Jesse Hill Jr. Drive • A	tlanta, GA 30334	 www.gadoe.org 		

COFFEE COUNTY SCHOOL NUTRITION PROGRAM REQUEST FOR INFORMATION

Dear Pare	nt/Guardian:		Date:			
eat break	Coffee County School System's fast and lunch at no cost. To consistance programs. Please fill o e Coffee County Board of Educa	tinue our system e ut the information b	ligibility for this progra selow and return this f	am, it is important to ide form to your child's tea	entity students who participate	
I hav	e students who are eligible for	SNAP or TANF	I do not have s	tudents who are eligil	ole for SNAP or TANF	
Case Number: SNAP			TANF			
	Student Name		School Name		Grade	1
						1
						1
						-
			44-44-44-4			1
1 acknow	wledge that the students listed at		Parent or Guardian			
	Date	Signature of	Parent of Guardian			-
Sincere	elý,					
	save Jul					
Dawn	Lewis Director					
In accor	scrimination Statement: dance with Federal civil rights law and l ges, and institutions participating in or a reprisal or retaliation for prior civil rights	dministerina USDA prod	grams are prohibited from (discriminating based on race	USDA, its Agencies, offices, and e, color, national origin, sex, disability	
aboutd	s with disabilities who require alternative contact the Agency (State or local) whe the Federal Relay Service at (800) 877	e they applied for bene	efits. Individuals who are d	eaf, hard of hearing or have	speech disabilities may contact USD.	c. A
http://w	a program complaint of discrimination, c www.ascr.usda.gov/complaint_filing_cus ted in the form. To request a copy of the	.html, and at any USD/	A office, or write a letter ad	dressed to USDA and provide	de in the letter all of the information	
(1)	mail: U.S. Department of Agricultur Office of the Assistant Secretary fo 1400 Independence Avenue, SW Washington, D.C. 20250-9410;	e r Civil Rights			5	
(2)	fax: (202) 690-7442; or					
(3)	email: program.inlake@usda.gov.					

This institution is an equal opportunity provider.