



Southwest Georgia STEM Charter School

185 Pecan Street | P.O. Box 300
Fax: 229.679.2018 | Phone: 229.345.3033

Ginger Almon, School Leader
galmon@sowegastemcharter.org

2024-2025 School Year Enrollment

All new students for the 2024-2025 school year must fill out an enrollment packet and submit the documents needed for enrollment that are listed on the registration checklist. Documents that need to be turned in with the enrollment packet include the following:

- Enrollment Packet
- Birth Certificate
- Social Security Card or Waiver Form - No student shall be denied enrollment for declining to provide a social security number - See Enrollment policy for more information
- Georgia Residency Affidavit
- Residency Documentation
- Student Residency Questionnaire
- Georgia Driver's License of Parent/Guardian
- Previous Georgia School Report Card
- Guardianship/Custodial Parent Paperwork, if applicable

The following will be needed within the first 30 days of school. We will request the school records from your previous school, but if the school does not provide some of the records, it will be up to the parent/guardian to provide the information.

- Immunization Form (Ga. Health Dept. Form 3231)
- Vision, Hearing, Dental, and Nutrition Screening (Ga. Health Dept. Form 3300)
- All Previous School Records: Report Card, Special Education Information, Etc.

We will mail a new transportation application and lunch application once those forms have been updated for the new school year. Any student needing to ride the bus will need to fill out a transportation application for the new school year. These forms will be available to all students - located in the front office.

We look forward to a new school year at Southwest Georgia STEM and cannot wait for you to join us. Please let us know if you have any questions. Our front office number is 229-345-3033. You can also email Ms. Deborah Richter at drichter@sowegastemcharter.org.

Thank you,

Southwest Georgia STEM Charter School

Southwest Georgia STEM Charter School

Student Information (Please print legibly)

Student's Legal Name:

(Last) (First) (Middle)

Date of Birth: _____ Social Security #: _____

Place of Birth: _____

(City) (County) (State) (Country)

Current Physical Address:

(Street) (City) (Zip Code)

Current Mailing Address (if different from above):

(Street/P.O. Box) (City) (Zip Code)

Academic Information

Name of last school attended:

Address of School:

(Street/P.O. Box) (City) (State) (Zip Code)

Has the student ever received any of the following support services? Check all that apply.

____ Special Education ____ Gifted Education ____ Remedial Education ____ ESOL ____ Speech

____ Early Intervention Program ____ Title 1 ____ Student Support Team ____ 504

Other: _____

Please initial if applicable: I certify that my child has never received any of the above services. _____

Demographic Information

Part A: Ethnicity 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 culture or origin, regardless of race.)

Part B: Race What is the student's race? (Choose as many as applies)

____ 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 people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China- India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam.)

____ Black or African American

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

____ Caucasin

Part C: Race Ethnicity (Choose one of the following)

____ A: Asian or Pacific Islander

____ B: Black, Non-Hispanic

____ H: Hispanic

____ I: American Indian or Alaskan Native

____ M: Multi-Racial

____ W: White, Non-Hispanic

Emergency/Medical Information

Does the student have any health problems? _____ Yes _____ No

If yes, any medication(s):

Does the student require medication on a regular basis? _____ Yes _____ No

If yes, explain:

Has the student ever been convicted of a felony crime? _____ Yes _____ No

If yes, explain:

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

_____ Yes _____ No

If yes, explain:

Grade Enrollment Verification

I, _____, certify that the above listed student will be entering
Parent or Guardian Name

Southwest Georgia STEM Charter School as a _____ student for the 2024-2025 school year.
Grade Entering

Should any of the enrollment information regarding grade placement change pending inaccurate information and/or previous school records, I understand the student may end up being put on a waiting list if the correct grade level is full at the time of the change.

Parent/Guardian Signature

(Date)

Parent/Guardian (Please Print)

Household and Parent/Guardian Information

Is either parent/guardian active duty military: Yes No

Is either parent/guardian a member of the military reserves? Yes No

Legal Guardian Name: _____ Male Female

Relationship to Student (circle one): Parent Guardian Foster Parent Stepparent Other

Current Address: _____

Employer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

2nd Legal Guardian Name: _____

Relationship to Student (circle one): Parent Guardian Foster Parent Stepparent Other

Current Address: _____ Lives with Student? Y or N

Employer: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Authorized Check Out List

Other persons authorized to check out student (Attach any additional names to form):

Phone (Home/Cell/Work): _____ Name/Relationship to Student: _____

Phone (Home/Cell/Work): _____ Name/Relationship to Student: _____

Phone (Home/Cell/Work): _____ Name/Relationship to Student: _____

Phone (Home/Cell/Work): _____ Name/Relationship to Student: _____

Emergency Contact:

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Other Family Members Living in the Same Household (Attach any additional names to form)

Name: _____ DOB: _____ Male ___ Female

Relationship to student: _____ Attend SGSC? ___ No ___ Yes, Grade: _____

Name: _____ DOB: _____ Male ___ Female

Relationship to student: _____ Attend SGSC? ___ No ___ Yes, Grade: _____

Name: _____ DOB: _____ Male ___ Female

Relationship to student: _____ Attend SGSC? ___ No ___ Yes, Grade: _____

Transportation:

_____ Student will be car pick up only for 2024-2025 school year

_____ Student will be riding the bus for the 2024-2025 school year

**** All students will need to have a transportation application on file before riding the bus.**

False Swearing Notice (O.C.G.A. 16-10-71)

- a. A person whom a lawful oath or affirmation has been administered or who executes a document knowing that it purposes to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowing and willfully makes a false statement.
- b. A person convicted of the offense of falsely swearing shall be punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both.

Student enrollment forms, as well as other official documents of the school, must be signed by the natural parent or legal guardian with whom the child resides. Educational decisions concerning the child are reserved for the enrolling parent, although both parents can be involved in the process. If there is a disagreement between the two parties, the enrolling parent's decision shall be the governing decision.

I swear and affirm that the information I have given in the document is, to the best of my knowledge, true and correct.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Consent for Medical Treatment

Child's name (please print): _____

I understand Southwest Georgia STEM Charter School has a school nurse. If needed, I am authorizing a member of the school nurse to give my child:

___ Children's Tylenol or Ibuprofen Children's Tums (stomach ache)

___ Anbesol/Orajel (toothache or mouth sores)

___ Benadryl or Calamine Lotion (itching, bug bites, skin irritation)

___ Neosporin (cuts and/or scrapes)

___ Eye drops or saline

___ Do NOT allow the school nurse to treat my child

Parent's name: _____

Parent's Signature: _____ Date: _____

General Health (please check all that apply)

___ Heart Problems ___ Kidney Problems ___ Diabetes ___ Asthma ___ Epilepsy

___ Menstrual Cramps ___ Fainting Spells ___ Sickle Cell

___ Allergies (if checked, please explain):

Physical Handicaps (if checked, please explain):

Behavioral Medicine/ADHD (if checked, please list medications):

If this student takes a regular prescription medication that must be given during school hours. please contact the school nurse. No medication will be given without a signed note from parents and the medication must be in the original container with proper labeling.

List any other health condition(s) of which the school should be aware:

Health Care Release: In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat this student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent's Signature: _____ Date: _____

Southwest Georgia STEM Charter School

Child's Name (please print): _____

Photo/Video Release

Throughout the year there are occasions for which Southwest Georgia STEM Charter School will take pictures or videos of children participating in school related activities. Southwest Georgia STEM Charter School may use these pictures/videos in school publication, local newspapers, on the school website, or around the school. Please check one of the following:

_____ I give my consent for Southwest Georgia STEM Charter School to use pictures/videos of my child.

_____ I do NOT give my consent for Southwest Georgia STEM Charter School to use pictures/videos of my child.

Parent/Guardian Signature: _____ Date: _____

Internet Release

Part of the curriculum includes educating students on the use of technology. Students will have access to the Internet for the purpose of research, information, communication, and instructional software. Access to the Internet will be supervised during use, as well as monitored using filtering technology. Please check one of the following:

_____ I give my consent for my child to access the Internet.

_____ I do NOT give my consent for my child to access the Internet.

Parent/Guardian Signature: _____ Date: _____

Media Center

Students will have access to a variety of resources in our media center including: books, computers, and instructional games. Because our resources are limited, we must ensure that they are maintained.

_____ I understand that if my child checks out media center resources. I am responsible for replacing or paying for the item if it is lost or damaged.

Parent/Guardian Signature: _____ Date: _____

Southwest Georgia STEM Charter School

P.O. Box 300 Shellman, GA 39886

Telephone: (229) 345-3033

Fax: (229) 679-2018

Student Records Request

Student's Name: _____

Student's Birthdate: _____ Student's Grade for 2024-2025: _____

Current School: _____

School Address: _____

School Phone: _____ Fax: _____

Southwest Georgia STEM Charter is requesting the following student information:

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years.
- B. Standardized test records and scores.
- C. Immunization and Health records.
- D. Psychological/Physiological reports and Special Education History
- E. Any other data pertinent to understanding the student's individual needs including MTSS documentation
- F. Disciplinary Incidences
- G. Transcripts (if applicable)

Sincerely,

Ginger Almon
Superintendent, Southwest Georgia STEM Charter School

I, _____, hereby authorize _____
(Parent/Guardian Printed Name) (Current/Previous School)

to release the student records above for my child, _____
(Student's Name)

to Southwest Georgia STEM Charter School.

Parent/Guardian Signature: _____ Date: _____

Student Residency Questionnaire

Name of School: _____

Name of Student: _____
Last First Middle

Birth Date: _____ Age: _____ Social Security #: _____

Sex: Male Female

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or Campsite

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability of tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

Southwest Georgia STEM Charter School

GEORGIA RESIDENCY AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, the parent/legal guardian of _____ affirm the above-named student is a legal resident of the State of Georgia and resides with me at the following address: _____.

I also authorize Southwest Georgia STEM Charter School to verify the information provided herein, including the address given from any current water, utility company, or mortgage statement/ lease agreement. I authorize the above employee(s) of said companies to provide any requested information necessary to verify any representation made herein. _____ (My Initials)

I understand that the school system may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis before and/or after the child has been enrolled into Southwest Georgia STEM Charter School. The audit may include a personal visit from the Principal or designated staff at the residency provided in this affidavit to verify the facts sworn to in this affidavit. In the event that fraud or misrepresentation is discovered, the child shall be withdrawn from the Southwest Georgia STEM Charter School. The parent/legal guardian hereby consents to the withdrawal of the child in the event that fraud or misrepresentation is discovered any time within the _____ school term.

This _____ day of _____, _____.

Printed Name of Parent/Guardian

Date

Signed Name of Parent/Guardian

Date

Subscribed and sworn before me on the _____ day of _____ 20____.

Notary Public, State of Georgia

(SEAL AFFIXED)

My commission expires: _____

Georgia Department of Education ESOL & Title III Unit

Required Home Language Survey

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 be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Student Name (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

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

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

Language for School Communication (not required):

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

Signature of Parent/Guardian/Other

Date