

Echols County Schools

Checklist and Application for **Out-of-County** Request for Enrollment

Dates for Out of County Registration are June 1-25, 2024 (Packets will NOT be accepted after June 25.)

Packets are available at the Echols County Elementary and Middle School, 229 Hwy 129 S. - (229)559-5413 and online.

Packets are to be submitted back to the Echols County Elementary/Middle School **Only.**

Incomplete packets will automatically be denied enrollment.

Summer Operating Days are Monday-Thursday from 7:00 a.m.- 4:30 p.m. and closed on Fridays

Parents/Guardians, it is your responsibility to submit all forms and any required information for enrollment in Echols County Schools. Echols County Schools are not responsible for requesting or securing any of the required registration forms or information. In addition, the submission of an application does not guarantee acceptance for enrollment. You will be notified via mail by July 18th of the final decision. No decisions will be given over the phone.

Your signature below indicates your acceptance of our guidelines for enrollment as per our Out of County Enrollment Policy and Procedures.

Parent/Guardian Signature _____ **Date** _____

Student Name: _____ **Grade:** _____

Please initial and date as items are completed.

- ____ 1. Residency (must be in the state of Georgia)
 - a. ____ Residency affidavit
 - b. ____ Verification of residence
- ____ 2. Student records (parent/guardian is responsible for submitting)
 - a. ____ Certified birth certificate (with parents' name)
 - b. ____ Social Security card
 - c. ____ Eye/Ear/Dental Exam (Georgia Form #3300)
 - d. ____ Custody/guardianship papers
 - e. ____ Criminal records check – DJJ (Grades 4-12)
- ____ 3. Previous school records (parent/guardian is responsible for submitting)
 - a. ____ Grades
 - b. ____ Assessment Data
 - c. ____ Immunizations (Georgia Form #3231)
 - d. ____ Attendance
 - e. ____ Discipline

Office Use Only:

Packet checked and received by: _____

Date: _____

Time _____

Echols County Schools

Student Enrollment Application

School Year _____

Please complete ALL information on this sheet. If an item does not apply, please place an N/A in the space.
 (Por favor complete toda la información en esta hoja. Si usted no sabe la información, por favor escribe N/A en el espacio)

Student Full Name (Nombre Completo del Estudiante) _____

Name Called (Prefiere que le llamen) _____

Grade (Grado) _____

Gender (Sexo)
 Female Male

Home Telephone (teléfono casero) _____

Residence Address (Direccion) _____

City/State (Cuidad, Estado) _____

Zip Code (Codigo Postal) _____

Mailing Address (dirección de envoi) _____

City/State (Cuidad, Estado) _____

Zip Code (Codigo Postal) _____

Student SSN (# De Seguro Social) _____

Student Date of Birth (mm/dd/yyyy) _____

Student Age _____

Is Student Hispanic/Latino YES NO

Please select the student's race:
 (Please check ALL that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other
- White

Please select the student's ethnicity:
 (Please select ONLY one)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black not Hispanic
- White not Hispanic
- Multi-Racial
- Hispanic

Did this student attend a Pre-K program?

YES NO

If yes, check one:

___ Public

___ Private

___ Headstart

Parent/Guardian Information – Please list the parents/guardians of the student below. Even in a divorce situation, we need both parents' information. If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact. The following information should only be regarding parents or other legal guardians. You may list other contacts on the following pages of the enrollment application.

Are the parents currently (circle one) Married Never Married Living Separately Divorced

Who has legal custody of the student? (copy of court order or other legal documents are required. Power of Attorney or Notarized Statements are not accepted) _____

Who does the student live with? Both Parents Father Mother Grandparent(s) Guardian(s) Other _____

By signing in the space provided you are certifying that the custody documentation you have provided is the latest documentation available regarding the custody of this child.

Parent Signature: _____

Parent/Guardian #1 (Nombre Completo del madre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?)		Yes	No
Is this Parent Deceased?		Yes	No
Residence Address (Direccion)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envio)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajó)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order			
YES		NO	
Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?)			
YES		No	
Did this parent/guardian attend Echols County Schools as a student?		YES	NO
Is the Parent/Guardian Active in the Military?		YES	NO

Additional Parent/Guardian Information (Información adicional del padre/del guarda)

Parent/Guardian #2 (Nombre Completo del padre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?)		YES	NO
Is this Parent Deceased?		Yes	No
Residence Address (Direccion)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envio)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajó)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order			
YES		NO	
Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?)			
YES		No	
Did this parent/guardian attend Echols County Schools as a student?		YES	NO
Is the Parent/Guardian Active in the Military?		YES	NO

Additional Student Information

A) SPECIAL SERVICES

YES NO

Did the Student receive special services at their last school? (¿El estudiante recibió servicios especiales en su escuela pasada?)

If Yes, check programs participating in (Speech is included in SpEd):

___ Special Education (IEP) ___ ESOL/ELL ___ Remedial Reading (EIP) ___ Remedial Math (EIP) ___ Gifted
 ___ Migrant ___ SST ___ 504 Plan ___ Other _____

B) RESIDENCE SURVEY Do you lack a fixed, regular, or adequate nighttime residence? YES NO

C) LANGUAGE SURVEY

- Which language does your child most frequently speak at home? _____
 ¿Qué idioma habla su hijo más frecuentemente en casa?
- Which language do adults in your home most frequently use when speaking with your child? _____
 ¿Qué idioma hablan los adultos de su casa más frecuentemente cuando hablan con su hijo?
- Which language(s) does your child best understand or speak? _____
 ¿Qué idioma(s) entiende o habla su hijo más actualmente?
- If possible, would you prefer notice of school activities in a language other than English? YES NO
 De ser posible, ¿preferiría recibir avisos de las actividades escolares en otro idioma que no sea inglés?

Please list all school-age children who LIVE IN THE HOME (liste a todas las niños de edad escolar viven en esta casa)
 Include your children, stepchildren, or any school age child for whom you have full-time custody/guardianship.

Name (Nombre)	Birthdate (Fecha de Bacimiento)	Grade (Grado)	School (Escuela)	Relationship to Student (La relación al Estudiante)

List any Medical Conditions of the student _____

Does this student have any life-threatening food or insect allergies? _____

Does this student have any dietary restrictions? YES NO If yes, Explain _____

Please circle any of the following used by your student. Glasses Contacts Hearing Aid Device

Please list any daily medications taken by student _____

****Please contact the school nurse if any medications need to be taken at school. The student may not transport medication to and from school.****

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached.

Additional Contact 1	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 2	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 3	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 4	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 5	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 6	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

RESTRICTED PICKUP	
<p>You may list people who may NOT pick up your child(ren). Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.</p>	
Name	Relationship to Student

Last School attended (Escuela pasada atendida)	City/State (Cuidad Estado)	Last Date Attended (Ultima Fecha Atendida)
Was the student in good standing with the previous school (no suspension or expulsion)? If No, Please Explain:	YES	NO
Has the student ever been placed in an alternative school setting? If YES, when and reason(s):	YES	NO
Has the student ever served time in a Youth Detention Center? If YES, when and reason(s):	YES	NO
Has the student ever been indicted or convicted of a felony crime (armed robbery, aggravated assault, or battery, rape, burglary, felony drugs, carrying a deadly weapon, kidnapping, arson, murder, hijacking, child molestation, etc.?) If YES, list the day of conviction, offense committed, sentence imposed, along with the name and location of the court:	YES	NO
Has the student ever been placed on probation through the Juvenile Justice System? If YES, when and reason(s):	YES	NO

PARENT/GUARDIAN CERTIFICATIONS:

Please read and **initial** each of the following if it is a **correct** statement:

_____ I am authorized to enroll this student and understand that because I have enrolled the student, I am the only person who can withdraw the student unless a court order applies. This is in compliance with O.C.G.A. 20-2-780.

_____ The address listed on this form is the physical location where the student and the primary custodial parent/guardian actually resides.

_____ I have provided proof of residency as required. I acknowledge that if the proof of residency furnished is not correct, the student will be subject to withdrawal.

_____ I understand that this student's enrollment is contingent upon the receipt of all school records to include disciplinary records from prior schools attended or any justice departments or centers having knowledge of any felony convictions.

_____ This student is NOT on suspension or expulsion from another school.

_____ In the event that I cannot be reached, I hereby give permission for a school representative to make whatever emergency arrangements are necessary. I will assume all financial responsibility for all charges to the above. I understand in the event of an extreme emergency, the closest doctor or medical facility will be utilized.

Signature of Person Registering this Student
(Firma de la persona que coloca a este estudiante)

Date
(Fecha)



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: Echols County Schools

Date Completed: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C

Has your family moved in order to work in another city, county, or state, in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town you reside? _____

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)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

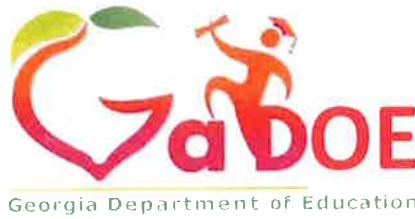
Thank You!

Please return this form to the school

The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440
GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: Echols County Schools

Date Completed: _____

Encuesta Ocupacional para Padres
Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Si No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad / pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- D 1) Agricultura; plantando / cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- D 2) Plantando o cortando árboles juntando agujas de pino (pine straw)
- D 3) Procesando / empacando productos agrícolas
- D 4) Lechería o ganadería
- D 5) Empacadoras o procesadoras de carne pollo o maiscos
- D 6) Pescando o criando pescado
- D 7) Otra actividad. Por Favor especifique en cual: --- _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias!
Por favor regístre este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: When both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

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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): _____

Grade: _____

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 style="text-align: center;">_____</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"> 1. Which language does your child <u>best</u> understand and speak? _____ 2. Which language does your child <u>most</u> frequently speak at home? _____ 3. Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
<p>Additional Information from Multilingual Families</p> <p>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.</p> <p>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.</p>	<p>Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language.</p> <ul style="list-style-type: none"> <input type="checkbox"/> My child understands and uses only the home language and no English. <input type="checkbox"/> My child understands and uses mostly the home language and a little English. <input type="checkbox"/> My child understands and uses the home language and English equally. <input type="checkbox"/> My child understands and uses mostly English and only a little of the home language. <input type="checkbox"/> My child understands and uses only English.

Signature of Parent/Guardian/Other (required)

Date (required)

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.



Encuesta de Georgia sobre el idioma en el hogar

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a³ recopilar sus respuestas a⁴ las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Nombre del estudiante (requerido): _____

Grado: _____

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
<p>Preferencias de comunicación</p> <p>Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.</p> <p>Esta pregunta es solo <u>con fines informativos</u>. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.</p>	<p>Idioma de comunicación de los padres y tutores (Favor de contestar.)</p> <ul style="list-style-type: none"> • ¿En qué idioma prefiere recibir la comunicación escolar? <p style="text-align: center;">_____</p>
<p>Identificación de posibles aprendices de inglés</p> <p>Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma.</p> <p>Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.</p>	<p>Encuesta sobre el idioma en el hogar (Favor de contestar.)</p> <p>4. ¿Qué idioma entiende y habla <u>mejor</u> su hijo/a?</p> <p style="text-align: center;">_____</p> <p>5. ¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____</p> <p>6. ¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a?</p> <p style="text-align: center;">_____</p>
<p>Información adicional para familias multilingües</p> <p>Si indicó que su hijo/a y otras personas adultas en su hogar entienden y utilizan el inglés y otro(s) idioma(s), las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.</p> <p>Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.</p>	<p>Información adicional para familias multilingües. (<i>Elija solo una frase que mejor describa el idioma principal de su hijo/a.</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, no el inglés. <input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y un poco de inglés. <input type="checkbox"/> Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés por igual. <input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el inglés y solo un poco del idioma que se habla en el hogar. <input type="checkbox"/> Mi hijo/a entiende y utiliza solo el inglés.

Firma del padre/tutor/otro (requerido)

Fecha (requerido)

³ Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas (Dear Colleague Letter): *Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

⁴ La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.



Ms. Bobbie Staten
Principal

Mr. Joey Temperly
Assistant Principal

Echols County Elementary/Middle School
229 Hwy 129 S, P.O. Box 40,
Statenville, GA 31648
Phone: 229-559-5413
Fax: 229-559-0423

Echols County Schools Residency Requirements for Enrollment

___ Residency Affidavit (Echols Packet)

___ Verification of Residence (Current 911 Physical Address)

Accepted: current lease, property tax notice, homeowner's insurance bill, mortgage statement, letter from employer if providing housing, any power bill with service address, current PeachCare eligibility documents for child. (No accepted: water bill, cell phone bill or DL address), ECS will also accept a current rent receipt issued to parent/guardian from the property owner

___ *If Applicable*, Property Owner Affidavit

If a student's family is living with someone else, parents should provide a notarized affidavit from the property owner stating where the child's family is residing, plus a copy of the property owner's proof of residency (any items listed below)

Note: A child's legal parent or guardian must register the child in person.

Requisitos de residencia de las escuelas del condado de Echols para la inscripción

___ Declaración Jurada de Residencia (Paquete Echols)

___ Verificación de residencia (dirección física actual del 911)

Se aceptan: contrato de arrendamiento actual, aviso de impuestos sobre la propiedad, factura de seguro del propietario de vivienda, estado de cuenta de la hipoteca, carta del empleador si proporciona vivienda, cualquier factura de electricidad con dirección de servicio, documentos actuales de elegibilidad de PeachCare para el niño. (No se acepta: factura de agua, factura de teléfono celular o dirección de licencia de manejar)

___ *Si corresponde*, Declaración Jurada del Dueño de la Propiedad

Si la familia de un estudiante vive con otra persona, los padres deben proporcionar una declaración jurada notariada del dueño de la propiedad que indique dónde reside la familia del niño, además de una copia del comprobante de residencia del dueño de la propiedad (cualquiera de los elementos enumerados a continuación)

Nota: El padre o guardian legal del niño debe registrar al niño en persona.

ECHOLS COUNTY SCHOOL SYSTEM

Valid Proof Of Residency

Student Name: _____

Proof of Residency:

- Rental agreement and CURRENT (less than 30 days old) rent receipt
- Property tax document
- Current utility bill (electric, gas, or water) that includes the physical address of the residence

Attach a copy of the proof of residency

Under penalty prescribed by federal and state laws, which state it is unlawful to give false information to a government entity:

I certify that the above-named student resides at _____
Address

_____ City State Zip

with _____

the student's custodial parent or legal guardian. I will notify the system of any change in primary residence.

Printed Name Signature Date

Witness Date

Penalties for falsification of this Residency Affidavit include withdrawal of the student and referral to law enforcement.

References

Please provide three references that can attest to your child's behavior, character, and academic achievements. References cannot include immediate family members and at least one reference must be a former teacher. (unless student is entering kindergarten)

Reference 1

Name: _____

Phone Number: _____

Relationship to child: _____

Reference 2

Name: _____

Phone Number: _____

Relationship to child: _____

Reference 3

Name: _____

Phone Number: _____

Relationship to child: _____