Echols County Schools

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

Dates for Out of County Registration are June 01-22, 2023 (Packets will NOT be accepted after June 22.)

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_____

School Year

Echols County Schools

Student Enrollment Application

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 (Direcion) 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

Did this student attend a Pre-K program?

YES NO

If yes, check one:

____Public

____Private

____Headstart

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

Country of Birth (pais de nacimiento)	If not born in the US – Date of Entry into the US (Fecha del la entrada en los Estados Unidos)	Date of entry to US School (Fecha de la entrada en escuela los Estados Unidos)
State of Birth (estado del nacimiento)	City of Birth (ciudad del nacimiento)	

Has the student ever been enrolled in Echols County Schools (¿Han alistado al estudiante nunca en una escuelo estatal de Echols) YES NO If Yes, Dates Attended _____

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 (Direcion)	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 (Direcion)	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 recibó 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

1. Which language does your child most frequently speak at home?_____
   ¿Qué idioma habla su hijo más frecuentemente en casa?
2. 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?
3. Which language(s) does your child best understand or speak? _____
   ¿Qué idioma(s) entiende o habla su hijo más actualmente?
4. If possible, would you prefer notice of school activities in a language **other** than English? YES NO
   De ser possible, ¿preferiria recibir avisos de las actividades escolares en otro idiona que **no sea** ingles?

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	
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.	
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 studiante)

Date (Fecha)

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.0. 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

Georgia Department of Education

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 traves del Programa de Titulo I, Parte C

j,Ustedes se ban movido para trabajar en otra ciudad, condado, o estado, en los llltimos tres (3) atios? D Si DNo

Si su respuesta es "Si", len que fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

l,Alguien de su familia trabaja, ha trabajado, o tiene la intenci6n de trabajar, en una de las siguientes actividades en fonna permanente o temporal o ha hecho este tipo de trabajo en los itltimos tres atios? (Marque todos los que apliquen)

D 1) Agricultura; plantando/cosechando vegerales o fultas como tomates, calabazas, uvas, cebollas, fresas. arandanos, etc.
D 2) Plantando o cortando arboles/juntando agujas de pino *(pine straw)*
D 3) Procesando/empacando productos agiicolas
D 4) Lecheria o ganaderia
D 5) Empacadoras o procesadoras de came/polio o maiiscos
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: _____

Direcci6n donde vive: _____

Ciudad: _____ Estado: _____ C6digo Postal: _____ Telefono: _____

¡Muchas Gracias!

Por favor regi·ese este form1tlario a la escuela

Las respuestas a estefommlario van a ayudm· a detem1inar si sus hijos califican para recibir servicios a troves de/progmma de Titrslo I, Pm1e C.

Note for the school/district: When both (Yes) "Si" and one or more ofthe 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-fonded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this fonn, please call the MEP office serving your district:

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Dear Parent or Guardian:

The state requires the District to collect a *Home Language Survey* for every **new student.** This information is used to identify students who may need English language instruction. Students whose primary or first language is not English must be screened to determine eligibility.

Please answer the questions below to help us identify if your child may need to be assessed for English Language proficiency. Thank You.

Student Name (required): _____
Grade:_____
Home Language Survey Questions (required):

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?*

   _____

_____ _____
Signature of Parent/Guardian/Other (required) **Date (required)**

In addition, the state requires the district to collect your family's preferred language for school communication. Thank you for indicating this below.

Household Preferred Language for School Communication:

In which language would you prefer to receive school information? _____

Estimados padres o tutor:

El estado requiere que el distrito escolar realice una *Encuesta sobre el idioma en el hogar* para cada **estudiante recientemente matriculado.** Esta información se utiliza para identificar a los estudiantes que podrían necesitar servicios de apoyo en idioma inglés. Los estudiantes cuya lengua materna o primaria no sea el inglés deben realizar un diagnóstico para determinar la elegibilidad como estudiante de inglés.

Responda las preguntas debajo para ayudarnos a determinar si su hijo debe realizar la evaluación diagnóstico de dominio del idioma inglés. Gracias.

Nombre del estudiante (requerido): _____
Grado: _____
Preguntas de la encuesta sobre el idioma en el hogar (requeridas):

1. *¿Qué idioma habla y entiende mejor su hijo?*

   _____

2. *¿Qué idioma habla más frecuentemente su hijo en casa?*

   _____

3. *¿Qué idioma usan los adultos en casa con mayor frecuencia cuando hablan con su hijo?*

   _____

_____ _____
Firma de padre/madre/tutor/otro (requerida) **Fecha (requerida)**

Además, el estado requiere que el distrito escolar registre el idioma preferido de la familia para la comunicación escolar. Gracias por completar la pregunta a continuación. (Esta pregunta **no** es parte de la Encuesta sobre el idioma en el hogar anterior).

Idioma preferido por los padres para la comunicación escolar

¿En qué idioma prefiere recibir la información de la escuela? _____

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.

Centralized Enrollment (Rev 01/18

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:_____