



QUITMAN COUNTY PREK-12 SCHOOL

Student Registration Required Documents

This packet is to be completed in order to enroll your student(s) into Quitman County Schools. The following items are required:

Birth Certificate

Certified copy of student's original birth certificate

Social Security Card*

Georgia Immunization Form

For children aged 4+

Ear, Eye, Dental, Nutrition

For children aged 4+

Proof of Residency**

- **Current** (within 30 days) utility bill such as water, electric, landline phone, or cable bill with physical address of residence. **Cell phone bills are not accepted. BILL MUST BE IN THE PARENT/GUARDIAN'S NAME.**
- Lease or Deed to Home/Property Tax/Mortgage Statement (**THE PARENT/GUARDIAN ON THE BIRTH CERTIFICATE MUST HAVE THEIR NAME ON THE LEASE OR DEED/PROPERTY TAX/MORTGAGE STATEMENT. IF MARRIED, PLEASE PROVIDE A COPY OF MARRIAGE LICENSE IF YOUR NAME IS NOT PRESENT ON ANY DOCUMENTS.**)

Parent ID

Photo ID of the parent/guardian registering the child (Driver's License or State ID)

Last Report Card to Verify Grade Placement

Any Special Education Records (IEP, 504, etc.)

Discipline Report from previous school

Additional Documents To Include:

The following documents should be provided when applicable:

- Most recent report card and current transcript from last school attended.
- Documentation of any health concerns or allergies of which the school should be aware.
- Custody or guardianship papers issued by the court if student lives with anyone other than the natural parents, as listed on the birth certificate.
- Any court orders that prevent or limit access of a parent to the child or the child's educational records.
- Any restraining orders or other legal documents specifically limiting the access of any individual to the student(s) being enrolled.

Email diana.virgil@quitman.k12.ga.us if you have questions/concerns about any required documents.

*Parent may elect to sign a form at the time of registration stating the individual does not wish to provide the social security number, pursuant to O.C.G.A. 20-2-150.

**If the family is living in the household with someone else who has proof of residency in his/her name, you must submit a Family Residency Affidavit. This is a notarized document signed by the homeowner stating that the parent and child(ren) live in the house with him/her. This must be submitted along with valid proof of residency. Both the parent / legal guardian and the person the family is living with must have both of their signatures on the notarized document.

Joh-Erik Jones
Principal

Jonathan Curry
Assistant Principal

Jasmine Green
School Counselor

Diana Virgil
School Counselor



Quitman County PreK-12 School

173 Kaigler Rd

Georgetown, GA 39854

www.quitman.k12.ga.us

Office: 229-334-4298

Fax: 229-334-4700

Quitman County School District Registration Form

Today's Date: _____ (MM/DD/YYYY) Grade Entering: _____

Student's Name: _____
LAST FIRST MIDDLE

Birthdate: _____ Gender: FEMALE MALE

Social Security Number: _____

Has the student previously attended school in the Quitman County School District:
YES NO

Has the student previously attended school in the state of Georgia: YES NO

Name of last school attended: _____

City: _____ State: _____

Last Grade Completed: _____ Grade Promoted to: _____

Current Mailing Address:

Different Physical Address? YES NO If so, please provide the physical address below:

Legal Guardian: _____
LAST FIRST MIDDLE

Phone Number: _____

Student lives with (list if different from legal guardian):

LAST FIRST MIDDLE

email address: _____

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Home Language Survey Information

Federal and State regulations require schools to determine the language(s) spoken and understood by each student.

Born in the United States: YES NO

What primary language(s) did your child use when he/she first began to talk? _____

What language does your child currently speak with you at the home? _____

What language(s) do you (Parents/guardian or other adults permanently residing in the home) use when you/they speak to your child? _____

In what language do you prefer to receive correspondences? _____

Has your child ever been served in a bilingual educational or an English as a Second Language (ESL) Program? _____ ESL _____ Bilingual _____ None

Student placement Information:

Has student received special education services: YES NO

Student is in Foster Care or Ward of the State: YES NO
(for fee waiver information)

Has received speech and/or language services: YES NO

Is student on Juvenile Probation: YES NO

Has the student received 504 services? YES NO

Has the student been previously suspended or expelled from school for a safe school violation: YES NO

Other information necessary for appropriate educational placement:

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Medical Information:

Medial Conditions that the School should be aware of:

Diabetes:	YES	NO	Visual Impairment:	YES	NO
Heart:	YES	NO	Wears Glasses:	YES	NO
Seizures:	YES	NO	Asthma:	YES	NO
ADD/ADHD:	YES	NO	Allergies:	YES	NO
Hearing Impairment:	YES	NO			

If any other medical conditions exist, please list/describe them below:

Medications:

Are medical services/medication needed during school hours? YES NO
(If yes, parents are to contact the school nurse)

School Release Information:

_____ I give permission for my child to go on school field trips.

_____ I give permission for my child to be videotaped or photographed for educational purposes.

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STUDENT RECORDS REQUEST

DATE: _____

SCHOOL: _____

ADDRESS: _____

PHONE: _____

FAX: _____

STUDENT NAME: _____

BIRTHDATE: _____

GRADE: _____

Parental Permission is no longer required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 14673). Therefore, please furnish us with the following information in order to provide the proper placement of this student.

- A. All subjects and grades for the current school year plus withdrawal grades. Final grades for previous school years, along with an explanation of your grading system.
- B. Standardized test records and scores.
- C. Immunization & Health Records
- D. Psychological/Physiological reports/IEP.
- E. Discipline records
- F. Any other data pertinent to understanding the student's individual needs

Your cooperation is greatly appreciated.

I, _____ hereby authorize
_____ School to release records listed above for
my child to Quitman County School District Schools.