

Union County School System Enrollment

124 Hughes Street • Blairsville, GA • 30512

Phone: 706-745-2322 Fax: 706-745-5025

Parents/Guardians:

Welcome to Union County School System. The school system accepts all students residing in Union County. Students who do not reside within the county may be eligible for enrollment on a tuition basis. Please contact the principal of the appropriate school for nonresident admission information. Students may be registered at each School's Registration Office.

Documents you should bring when enrolling a student:

▶ Age Verification

The school system requires evidence of the student's date of birth and accepts as evidence a birth certificate or an alternate document from the prioritized list in the state enrollment rule.

▶ Social Security Number

The school system complies with the provisions of O.C.G.A. §20-2-150, which requires a person enrolling a student to provide a copy of the student's social security number or to sign a form stating that the person does not wish to provide the social security number.

▶ Immunization Certificate

The school system requires proof of immunization as required by O.C.G.A. §20-2-771, which includes an exemption for religious grounds and provisions for a temporary waiver.

-- A Georgia Department of Human Resources Form 3231 marked "Complete for School" shall be considered proof of immunization.

-- Out of State Immunization Records will need to be transferred to a Form 3231 by the Union County Health Department **PRIOR to registration.**

--The Union County Health Department is located at 175 Chase Drive • Blairsville, GA • 706-745-6292.

▶ **Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300):** This can be obtained from your child's doctor or from the Union County Health Department.

▶ Proof of Union County Residency (2 documents)

-- Examples include: lease, vehicle registration form, mortgage documents, property tax notice, homeowner's insurance bill, utility bills, etc. A cellphone bill or driver's license are NOT acceptable.

▶ **Withdrawal Form/Report Card** from most recent former school.

Documentation for Homeless Students

Homeless students, as defined by the McKinney-Vento Act, shall be enrolled immediately with full participation in school activities, regardless of whether all of the above can be provided at the time of enrollment. The designated employee responsible for care of homeless students shall assist the person enrolling the homeless student or the unaccompanied youth in acquiring the necessary documents for enrollment in accordance with the requirements of the state enrollment rule and the McKinney-Vento Act.

Please feel free to contact the School's Registration Office if you have any questions regarding student registration.

Union County Primary School – 706-745-5450

Union County Elementary School – 706-745-9615

Union County Middle School – 706-745-2483

Union County High School – 706-745-2216

Woody Gap School 706-747-2401

Union County School System, in its enrollment procedures, requirements and process does not and will not discriminate based on race, color, national origin, or immigration status.

An Equal Opportunity Educational Provider and Employer

Revised 1/17/2019

Union County Schools—Student Registration Information



Please Print **Please Print** **Please Print**

Student Legal Name: _____

Last
First
Middle
Preferred

SSN: _____ - _____ - _____ Male Female Date of Birth: _____ Grade: _____

Phone: _____ Place of Birth: _____

Best Contact Number
City
County
State
Country

Phone Number For Text Messages: _____ Alternate Phone Number for Text Messages: _____

If student was born in another country, has he/she attended 3 full years of school in the United States? Yes No Date Entered U.S. Schools (If born in another country) _____

Ethnicity: Is student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic of Latino

(Choose only one)
(A person from Cuba, Mexico, Puerto Rico, South or Central American Countries, or other Spanish Culture or Origin, regardless of Race)

What is student's race? (Choose one or more)

<input type="checkbox"/> American Indian or Alaskan Native <small>(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment)s.</small>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <small>(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)</small>	<input type="checkbox"/> Asian <small>(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, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.)</small>
<input type="checkbox"/> Black or African American <small>(A person having origins in any of the black racial groups of Africa.)</small>	<input type="checkbox"/> White <small>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</small>	

Home Address: _____

Street
City
State
Zip Code
County

Mailing Address: _____
(If different from above) P.O. Box / Street City State Zip Code County

Father's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Single Parent Household Yes No Lives with: Both Parents Mother Father Grandparents Other: Specify _____

Guardian's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Guardian's Relationship to Student: _____

Language at Home: _____ **SPOKEN** **WRITTEN**
(example: English, Spanish, French)

Union County Schools—Student Registration Information

Emergency Contacts: The following people may be contacted, if the school system is unable to contact parent/guardian.
 NOTE: If any of these may need to pick-up your child, they will need to be listed on the section below.
 "Persons Authorized to Pick-up / Sign-out Student"

Emergency Contact #1: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #2: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #3: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Persons Authorized to Pick-up / Sign-out Student:
 (Don't Forget to Include Yourself)

The following adults may pick-up / sign-out student without the school contacting the parent/guardian for permission.

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

From School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

Early/Emergency Dismissal Plan:

(How will the student go home in the case of an early school closing?)

Check & Complete Only One Option.

Ride Regular Bus Bus # / Driver _____

To: _____ Address: _____

Ride Different Bus Bus # / Driver _____

To: _____ Address: _____

Parent Will Pick-up Will Be Picked-up By: _____

Other: _____

Union County Schools—Student Registration Information

Medical Information:

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

Pre-K Program Student Attended:

- GA Pre-K Publicly Sponsored Head-Start Other Public School
 Private-Non-Profit Private For Private Did Not Attend a Pre-K

Pre-School Name: _____ City, State: _____

Has student ever been Home-schooled? Yes No

Has student ever attended Union County Schools? Yes No If yes, which grades and years? _____

Has student ever repeated a grade? Yes No If yes, which grade(s) and why? _____

Is student enrolled in Special Ed. Program? Yes No If yes, which one? _____

Has student ever had a psychological evaluation? Yes No If yes, when was it completed? _____

Primary School Students Only:

Please explain any complications during the pregnancy / birth or any delays in the early development. _____

Has the student ever had any experience that might have upset him/her emotionally or is there any other milestones regarding the student that you would like to share with us that may help us know and serve him/her more effectively? _____

Please provide information for the school the student most recently attended, so we may request educational records.

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

***** WITHDRAWAL INFORMATION *****

The individual enrolling a student is the only person permitted to withdraw the student.

Enrolling Parent

The person who enrolls a student during the school year assumes parental status; this can be mother or father (or both), a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA Law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pick-up list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me (and designated other listed below) as the school system's enrolling parent for the above named student.

Enrolling Parent Printed Name Enrolling Parent Signature Date

Optional Additional Enrolling Parent Printed Name Optional Additional Enrolling Parent Signature Date

**Union County School System
Immunization Waiver
Hearing/Vision/Dental/Nutrition Waiver**

Please Print

Student: _____ Grade: _____

Address: _____ Birth Date: _____

_____ Phone: _____

This waiver is being granted by the principal/principal's designee of: _____
for the justifiable reason indicated below: _____ Name of School

- New student attending Georgia Schools for the first time.
(Waiver expires 30 days after 1st day of school enrollment.)
- Current Georgia student with a current DHR Immunization Certificate (Form 3231) with an expiration date of _____ (Waiver expires 30 days after the expiration date.)
- Student without a current DHR Hearing/Vision/Dental/Nutrition (Form 3300).
(Private School and Out of State students are required to have a current and valid document less than one year old at the time of enrollment.)



Attention Parent/Guardian:

Please read and initial the appropriate waiver conditions the school principal/designee has granted on this day.

In compliance with Georgia law O.C.G.A. 20-2-771, O.C.G.A. 20-2-770 and the Department of Human Resources guidelines, the above student **will be prohibited from attending Union County Schools** after the waiver expiration date stated below, unless the required valid certificate(s) or an approved exemption has been submitted on or before said expiration date.

- 30 Day Waiver - This waiver is granted to extend the expiration date indicated on student's Immunization Certificate -Form 3231 or for a new student enrolling from another state.

Waiver Expiration Date: _____ Parent/Guardian Initials: _____

- 120 Day Waiver - this waiver is granted to extend the date on which the certificate of Hearing/Vision/Dental/Nutrition -Form 3300 is required. This information will be shared with the School Nursing Staff.

Waiver Expiration Date: _____ Parent/Guardian Initials: _____

I have read and understand the conditions of this waiver granted by the Union County School System.

Parent/Guardian Printed Name Parent/Guardian Signature Date

School Official Printed Name School Official Signature Date

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

Thank You

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

Union County School System Consent for School Health Services

Please read, complete, sign, date & return to the school within 3 days. If you have any questions before signing, please contact the school. This consent form must be completed and signed by the parent or guardian in order for your child to receive services from the nurse. Without your consent, we will not be able to give your child minor or emergency treatments.

Student's Last Name	First Name	Birthdate	Grade	Homeroom
Student's Doctor: _____		Phone # _____		
Parent/Guardian: _____		Home Phone # _____		
Address: _____				
Work phone: _____		Cell Phone # _____		

PAST MEDICAL HISTORY	YES/NO	IF YES, EXPLAIN
Allergies (drugs or food)	/	_____
Current Medications	/	_____
Diabetes	/	_____
Seizure Disorder	/	_____
Asthma	/	_____
Wears Contact Lens	/	_____
Mental Illness	/	_____
Previous Surgery	/	_____
Previous Hospitalizations	/	_____
Other Illness	/	_____

Below is a list of medicines that the nurse might use on or give to your child. Please circle any medicines that you **DO NOT** want your child to receive. If you wish for your child to receive Tylenol, Advil, or any other medicines while at school, you will need to provide the medicine and complete the Authorization of Medication form for that medicine.

<u>Sore Throat:</u> <u>Eyes:</u> <u>Mouth:</u> <u>Mild Stomach</u> <u>Upset:</u>	Sore Throat Spray Warm Salt Gargle Visine Eye wash Vaseline Anbesol/Orabase Antacid/ Tums	<u>Rash/Insect Bites:</u> <u>Cuts/Scrapes:</u> Head/Body Aches	Hydrocortisone cream Benadryl cream/Spray Caladryl Bactine/Hibiclens Dermoplast/Solarcaine Antibiotic Ointment Tylenol/Ibuprofen
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Should my child suffer an accident while at school, Union County School System has permission to transport my child to the nearest health care facility in case of my absence.

I give permission for the above named student to receive services from the School Health Clinic. I understand that all services are free and confidential. I have given accurate and complete information to the best of my knowledge.

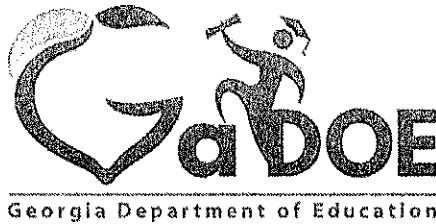
This consent is in effect for the current school year or until the parent otherwise notifies the school.

Signature of Parent/Guardian	Relationship	Date
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OR

No, I do not want the above student to receive services or have access to the School Clinic.

Signature of Parent/Guardian	Relationship	Date
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Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

Date: _____

Parent Occupational Survey

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

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

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

If you answer "yes", check all that applies:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): _____

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

Current Address: _____

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

Thank You!
 Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your 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

Regional Office use only:

UNION COUNTY SCHOOL SYSTEM
RECORDS RELEASE FOR TRANSFER STUDENTS
(7th Grade and Higher)

Student's Legal Name: _____

Student's Date of Birth: ____/____/____ Social Security # ____ - ____ - ____

Other name in which records may be listed: _____

Name and address of previous school(s) attended: _____

Date last enrolled: _____ Grade at time of withdrawal: _____

DISCIPLINARY HISTORY:

- (a) Is student currently suspended or expelled from school last attended? _____
- (b) Did student withdraw from school to avoid suspension/expulsion? _____
- (c) Has student ever been suspended or expelled for being convicted of, adjudicated to have committed, indicted for or having information filed for, the commission of any felony or any delinquent act which would be a felony if committed by an adult? _____

If the answer to any of the above questions is yes, give the reason for the suspension/ expulsion and the date on which the suspension/expulsion ends or ended _____

Georgia Law, O.C.G.A. §20-2-670,³² requires that:

A transferring student's parent applying for admission to a grade higher than 6th shall disclose whether the student has been adjudicated guilty of the commission of a designated felony; date of adjudication, place of adjudication, and sentence imposed.

Has the student ever been adjudicated guilty of a designated felony, as that term is defined in Georgia law (see back of this document) _____

If yes, please supply the following information.

- (a) Date of adjudication:
- (b) Court, including county and state, of adjudication:
- (c) Offense committed:
- (d) Sentence imposed, including any probation or other conditions:

RELEASE: We hereby authorize _____ School System/District or any private or public school in which my child was previously enrolled to forward to the Union County School System immediately all academic and disciplinary records of the above named student, including SST records and special education records, if applicable.

Student Signature: _____ Date: _____

Parent / Guardian Signature _____ Date: _____

UNION COUNTY SCHOOL SYSTEM
RECORDS RELEASE FOR TRANSFER STUDENTS
(7th Grade and Higher)

DESIGNATED FELONIES:

- (a) ...a second or subsequent offense under subsection (b) of Code Section 16-11-132; (a person under the age of 18 years is carrying on his or her body or attached to his or her clothing a pistol or revolver and the ammunition for such pistol or revolver.)
- (b) If done by an adult, would be one or more of the following crimes:
 - (1) Kidnapping or arson in the first degree, if done by a juvenile 13 or more years of age;
 - (2) Aggravated assault, arson in the second degree, aggravated battery, robbery, or armed robbery not involving a firearm, or battery in violation of Code Section 16- 5- 23.1 if the victim is a teacher or other school personnel, if done by a juvenile 13 of more years of age;
 - (3) Attempted murder or attempted kidnapping, if done by a juvenile 13 or more years of age;
 - (4) The carrying or possession of a weapon in violation of subsection (b) of Code Section 16-11-127.1;
 - (5) Hijacking a motor vehicle, by a juvenile 13 or more years of age;
 - (6) Any violation of Code Section 16-7-82 (manufacturing, transporting, distributing or possession of an explosive device), 16- 7 -84 (distribution of certain materials to persons under 21), or 16-7-86 (attempt or conspiracy to commit any offense with regard to bombs, explosives and chemical and biological weapons) by a juvenile 13 or more years of age;
 - (7) Any other act which, if done by an adult, would be a felony, if the juvenile committing the act has three times previously been adjudicated delinquent for acts which, if done by an adult, would have been felonies;
 - (8) Any violation of Code Section 16-13-31, relating to trafficking in cocaine, illegal drugs, marijuana, or methamphetamine;
 - (9) Any criminal violation of Code Section 16-14-4, relating to racketeering;
 - (10) Any violation of code Section 16-10- 52, relating to escape, if the juvenile involved in the commission of such act has been previously adjudicated to have committed a designated felony;
- (c) Constitutes a second or subsequent adjudication of delinquency based upon a violation of Code Section 16-7-85 (hoax devices) or 16-7-87 (interference with officers);
- (c.1) Constitutes any violation of Code Section 16-15-4 relating to criminal street gangs;
- (d) Constitutes an offense within the exclusive jurisdiction of the superior court pursuant to subparagraph (b)(2)(A) of Code Section 15-11-5 (murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated sexual battery or armed robbery if committed with a firearm) which is transferred by the superior court to the juvenile court for adjudication pursuant to subparagraph (b)(2)(B) of Code section 15-11-5 or which is transferred by the district attorney to the juvenile court for adjudication under subparagraph (b) (2) (C) of Code Section 15-11-5; or
- (e) Constitutes a second or subsequent violation of Code Sections 16-8-2 through 16-8-9, relating to theft, if the property which was the subject of the theft was a motor vehicle.