

Union County School System
Enrollment Office
165 Elementary Way • Blairsville, GA • 30512
Phone: 706-835-4321 Fax: 706-745-3920

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 the Enrollment Office located in the Union County Elementary 4th/5th Grade Building at 165 Elementary Way.

Registration appointments are highly recommended to expedite the process.

The following documentation will be required for registration:

- ▶ Parent/Guardian's **Photo ID**;
- ▶ A certified copy of student's **Birth Certificate**; or certified hospital issued birth record or birth certificate;
- ▶ Copy of student's **Social Security Card**;
- ▶ **Immunization Certificate**;
 - A current Georgia Department of Human Resources Immunization Certificate (Form 3231)
 - **NOTE:** Out of State Immunization Records will need to be taken to your GA primary care physician or Union County Health Department (706-745-6292) to be transferred to a Georgia Immunization Certificate (Form 3231) prior to registration.
- ▶ **Proof of Union County residency**;
 - Utility bill reflecting address,
 - Driver's license with correct address,
 - Automobile Tag Receipt and/or,
 - Voter's Registration Card
- ▶ Copy of **Withdrawal Form/Report Card** from most recent former school.

The student's previous school records will be requested by the Enrollment Office once a registration appointment is scheduled. A scheduled appointment will expedite the enrollment process and aid in appropriate grade placement. If you transport school records to this office, they can only be accepted if they are official records in an unopened, sealed envelope.

Please feel free to contact the Enrollment Office if you have any questions regarding student registration.

Sincerely,
Union County Schools' Enrollment Office

Student Registration for Union County School System

Please Print

Please Print

Please Print

Student Legal Name: _____
Last First Middle Preferred

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

Place of Birth: _____
City County State Country Date Entered U.S. Schools

Phone: _____ Phone: _____
Best Contact Number Alternate Contact Number

Ethnicity: Is student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic or Latino
(Choose only one) (A person from Cuba, Mexico, Puerto Rico, South or Central America Countries, or other Spanish Culture or Origin, regardless of Race)

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

_____ 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 affiliations or community attachment).

_____ Native Hawaiian or Other Pacific Islander
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)

_____ Asian
(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 Philippine Islands, Thailand, and Vietnam.)

_____ Black or African American
(A person having origins in any of the black racial groups of Africa.)

_____ White
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Home Address: _____
911 Address Street City State Zip County

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

2nd Mailing Address: _____
If applicable P.O. Box/Street City State Zip 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 Most Often Spoken at Home (example: English, Spanish, French): _____

Emergency Contacts: The following people may be contacted, if the school system is unable to contact parent/guardian.

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 be pick up / sign-out student without the school contacting 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: (How will student go home in the case of an early school closing?)

Parent Will Pick-up Ride Regular Bus Ride Different Bus Bus # / Driver: _____

Other: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

Pre-K Program Student Attended: GA Pre-K Publicly Sponsored Head Start Other Public School

Pre-School Name

Private-Non-Profit Private For Profit Did Not Attend a Pre-K

City, State

Student's Siblings: Name: _____ Age/Grade: _____ D.O.B. _____
Name: _____ Age/Grade: _____ D.O.B. _____
Name: _____ Age/Grade: _____ D.O.B. _____
Name: _____ Age/Grade: _____ D.O.B. _____
Name: _____ Age/Grade: _____ D.O.B. _____

Has student ever been Home-schooled? Yes No
Has student ever attended Union Co. Schools? Yes No If yes, which grade(s) and/or year(s)? _____
Has student ever repeated a grade? Yes No If yes, which grade and why? _____
Is student enrolled in a Special Ed. Program? Yes No If yes, which one? _____
Has student had a psychological evaluation? Yes No If yes, when completed? _____

Primary School Students Only:
Please explain any complications during the pregnancy / birth or any delays in early development. _____

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

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

School Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

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

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

I verify all of the above information to be true 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 as the school system's parent of record for the above named student. As such, I am the person responsible for this student and will be the school system's primary contact for this student and any school communications regarding this student.

Parent of Record Signature

Date

Union County School System

Student Sign-Out Authorization

School Year

(Current School Year)

Dear Parent/Legal Guardian:

Please provide the school system with a list of ALL adults who may sign your son/daughter out of school without the school contacting you for permission at the time of sign-out.

(Please include yourself and any other guardians.)

Student Name:

Please Print

First

Middle

Last

School:

Primary School

Elementary School

Middle School

High School

Woody Gap

The following adults may sign-out the above named student without any additional permission from me.

Please include yourself and any other guardian(s).

Name of Adult

(Please Print)

Relationship to Student

This form may only be completed/signed by the parent/guardian-not a step parent or relative

Parent/Guardian:

Printed Name

Signature

Date

Note: This form must be completed annually and maintained on file at each school for every student.

Union County School System Inclement Weather/Emergency Dismissal Plan

Parent/Guardian:

In the event school should be dismissed early due to inclement weather or an emergency situation, it is important that there is an emergency plan in place for your student's transportation. Please take time to discuss this with your child and decide upon a plan of action. This plan is critical for a timely, efficient early dismissal as there will not be time to contact you for transportation instructions. The instructions below will be maintained on file and implemented in the case of an early school dismissal. Without an emergency dismissal plan, the student's regular afternoon transportation directions will be followed.

Student Name:
Please Print

_____ First _____ Middle _____ Last

School:

Primary School

Elementary School

Middle School

High School

Early Dismissal Plan for the Above Named **Primary School or Elementary School** Student: Please Print

Teacher's Name: _____ Grade: _____

Ride the regular bus

Bus #: _____ Driver: _____

To: _____ Address: _____

Will be picked up by: _____
Name of Person Picking Up Student and Relationship to Student

who can be contacted at the following phone numbers _____ or _____

Other: _____

Early Dismissal Plan for the Above Named **Middle School or High School** Student: Please Print

Ride a different bus

Bus #: _____ Driver: _____

To: _____ Address: _____

Will be picked up by: _____
Name of Person Picking Up Student and Relationship to Student

Will ride with a high school student: _____
High School Student's Name

Other: _____

_____ will be the designated caller for our family. If more than one child is in the middle or high school - only one student will place a phone call.

Parent's Name (Printed)

Parent's Signature

Date

Home Language Survey

Date _____ School _____ Grade _____

Student's Name _____
First Middle Last

Parent or Guardian's Name _____
First Middle Last

Address _____
Street City State Zip

Phone _____
Home Work Cell Other

1. Student's Date of Birth _____ (Month/Date/Year)

Was Student Born in U.S. ? Yes No If yes, in which state? _____

If no, in what other country? _____ Date student entered U.S. _____

2. If not born in the U.S., has the student attended any school in the U.S. for any three years during his/her lifetime? Yes
If yes, please provide school names, state and dates attended: No

Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if student is: Native American Indian Native Alaskan Native Pacific Islander Native U.S. Virgin Islander

6. Is the student's first learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? _____
(Father) (Mother)

11. Please describe the language understood by the student. (Check only one)

- Understands only the home language and no English. Understands mostly the home language and some English.
 Understands the home language and English equally. Understands mostly English and some of the home language.
 Understands only English.

Parent/Guardian Signature

Date



MIGRANT EDUCATION PROGRAM

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another. Please answer these questions

Name of the School _____

Name of the Student(s) _____

Names of Parents or Legal Guardian(s) _____

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another.

Has your family lived in another county in the last three (3) years? _____ Yes _____ No

If so, what is the date your family arrived in this county? _____

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)

- ___ Agriculture; planting / picking tomatoes, squash, peppers, etc
- ___ Planting, growing, or cutting trees (pulpwood)
- ___ Processing / packing agricultural products
- ___ Dairy, Poultry, or Livestock
- ___ Meatpacking / Poultry / Seafood
- ___ Fishing or fish farms
- ___ Other (Please specify occupation): _____

Name of current or most recent employer: _____

Current Address: Street _____ City _____

Home phone or phone where you can be reached: _____

Directions from School to the Home: _____

Thank You!

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 { 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.