

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.

The following documentation will be required for registration:

- ▶ **Parent/Guardian 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 "Complete for School" Georgia Department of Human Resources Form 3231
 - 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
- ▶ **Notarized Affidavit of Residency**;
 - Located in the Enrollment Packet available at www.ucschools.org
 - The form can be notarized during the registration, if the parent/guardian has not signed the form
- ▶ 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

SSN: Male Female Date of Birth: Grade:

Phone: Best Contact Number Place of Birth: City County State Country

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 or Latino (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 Native Hawaiian or Other Pacific Islander Asian Black or African American White

Home Address: Street City State Zip County

Mailing Address: 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: (If Applicable) Employer:

Day Phone: Cell: E-mail:

Guardian's Relationship to Student:

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

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

Emergency Contacts:

The following people may be contacted, if the school system is unable to contact parent/guardian.
Note: If any of these contacts may need to pick-up the student, they will need to be listed in 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 be pick up / sign-out student without the school contacting parent/guardian for permission.

Name

Relationship to Student

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:

Circle & Complete Only One Option

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

1.

Ride Regular Bus Bus # / Driver: _____
To: _____ Address: _____

2.

Ride Different Bus Bus # / Driver: _____
To: _____ Address: _____

3.

Parent Will Pick-up

4.

Will Be Picked-up by: _____

5.

Other: _____

Medical Information:

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

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Pre-K Program Student Attended:

_____ Pre-School Name GA Pre-K Publicly Sponsored Head Start Other Public School

_____ City, State Private-Non-Profit Private For Profit Did Not Attend a Pre-K

=====

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 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.

What is a Parent of Record?

The person who enrolls a student and during the school year assumes parental status; this can be mother OR father, a legal guardian or any other person who has assumed the role of parent. For the purpose of this school system the parent of record is the one & only person responsible for the above named student and will be the school system's sole contact for this student and any school communications regarding this student.

I verify that all of the 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 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.

Current Parent of Record
Printed Name

Current Parent of Record
Signature

Date

Union County School System
AFFIDAVIT OF RESIDENCY

State of Georgia
County of Union

Personally before the undersigned Notary Public authorized to administer oaths appeared _____, who, after being duly sworn, deposes under oath as follows:

1. I am the parent/guardian(parent of record) of _____, a minor of school age whose birthday is _____ and is presently _____ years old. I make this affidavit in support of my child's right to enroll in Union County _____ School in the Union County School System.
2. I affirm that my child and I are bona fide residents of the County of Union and that our address is _____. In support of our residency at this address, I affirm that the following is true:

(Check the statements that are true)

- _____ a. I have provided this address in registering to vote in County of Union;
- _____ b. I have provided this address in acquiring a Georgia drivers license, or my application for a Georgia drivers license is pending;
- _____ c. I have receipts for utilities furnished to my home in Union County at the address listed above that I will provide the School District on request;
- _____ d. Other evidence of my intent to make this address in Union County my legal residency is as follows:

If your response to a) through d) above is no, please explain below:

I understand that the school district will rely upon this affidavit to verify my residency in the County of Union in order to enroll my child in _____ School. If at any time I am no longer a resident of the County of Union, I will so advise the principal where my child is enrolled. I understand that any information furnished to the school system that is intentionally false may constitute the offense of false swearing under Georgia law.

Date

Parent/guardian
(Parent of Record)

Sworn to and subscribed before me this _____ day of _____, _____

Notary Public: _____ My Commission Expires: _____

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



School System: _____

Parent Occupational Survey

Please complete this form to determine if your children 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 Students	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 children 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 Migrant Education Agency (MEA) serving your district

For additional questions regarding this form, please call the MEA serving your district:
Region 1 – Live Oak MEA (Brooklet) 1- 800-621-5217; Fax (912) 842-5440
Region 2 – Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251
Region 3 – Piedmont MEA (Clarksville) 1-800-648-0892; Fax (706) 754-3594

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.

Ailment	Possible Treatment(s)		
Sore Throat	Sore Throat Spray	Warm Salt Gargle	
Rash/Insect Bites	Hydrocortisone Cream	Benadryl Cream/Spray	Caladryl
Cuts/Scrapes	Bactene/Hibiclens	Dermoplast/Solarcain	Antibiotic Ointment
Mild Stomach Upset	Antacid/Tums		
Mouth	Vaseline	Anbesol/Orabase	
Eyes	Visine	Eye Wash	

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.

Yes, 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 of Record	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 of Record	Relationship	Date
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Union County School System

**STUDENT AUTHORIZATION TO POSSESS AND ADMINISTER A PRESCRIPTION INHALER,
EPI-PEN, GLUCAGON, INSULIN, OR OTHER APPROVED MEDICATION***

Section A. To Be Completed By A Licensed Physician

_____ needs to carry the following prescription asthma medication,
Student's Printed Name
epinephrine auto injector, diabetic medication and/or prescription medication with him/her.

Medication: _____ Dosage: _____

Amount: _____ Time Schedule: _____

Method of Administration: _____

The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

Physician's Signature & Stamp _____
Date

* Other Approved Medication shall be defined as prescribed medication used for emergency purposes and/or medication approved by the school nurse in collaboration with the student's health care provider.

It is highly recommended that each student keep a second prescription inhaler, epi-pen, additional insulin or other prescribed medication in the school clinic in case of emergency and in the event the first is lost or left at home.

Section B. To Be Completed By School's Current Parent of Record

I hereby request that the above named student be permitted to possess and use the above prescribed medication at school, at a school sponsored activity, while under the supervision of school personnel or while in before-school or after-school care on school operated property.

- ▶ I accept legal responsibility should the medication be lost, not immediately available, given, or taken by a person other than the above named student, or used in an improper manner.
- ▶ I understand that if this should happen, the student may be in violation of the Student Code of Conduct and may be subject to disciplinary action, including but not limited to, altering the privilege of possessing the medication.
- ▶ I release Union County School System and its employees and agents of any legal responsibility when the above named student administers his/her own medication and if he/she should suffer an adverse reaction as a result.
- ▶ Completion of this form authorizes the school nurse or principal's designee to discuss this medication order/request/administration with the prescribing provider if indicated.

Parent of Record's Signature _____
Date

Section C. To Be Completed By Student

- ▶ I have been instructed in the proper use of my prescription labeled medication and fully understand how it is administered.
- ▶ I will not allow another student to use my medication under any circumstances.
- ▶ I understand that if I misuse or abuse the medication, or use it in a manner other than as prescribed, or in a manner that endangers the safety of other students, that I may be in violation of the Student Code of Conduct, and may be subject to disciplinary action, including but not limited to, altering the privilege of possessing my medication.
- ▶ I also accept the responsibility for notifying the school nurse or principal's designee each time I use/take my medication.

Student's Signature _____
Date

This form shall be submitted each school year and shall be updated if the medication, dosage, frequency of administration, or reason for administration changes.

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.