

Union County School System

Enrollment Office

124 Hughes Street • Blairsville, GA • 30512

Phone: 706-835-4321 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 the Enrollment Office located in the Union County Board of Education Office at 124 Hughes Street • Blairsville, GA 30512.

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.

▶ 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.

▶ 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 Enrollment Office if you have any questions regarding student registration.

Sincerely,
Union County Schools'
Enrollment Office

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.

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 Philippine 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 Lives with: Both Parents Mother Father
 No 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

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 No
If yes, please provide school names, state and dates attended:
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

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.

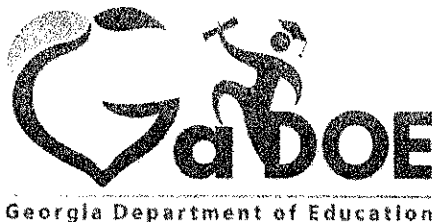
This consent is in effect for the current school year or until the parent otherwise notifies the school.

 Signature of Parent of Record Relationship Date

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



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

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.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

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, epinephrine auto injector, diabetic medication and/or prescription medication with him/her.

Student's Printed Name

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.