



Clinch County Elementary/Middle School

Documents Required for Registration

*****PROOF OF RESIDENCE MUST BE PROVIDED BEFORE ANY
STUDENT CAN ENROLL*****

_____ Official birth certificate

_____ Immunization Record - *Georgia Certificate of Immunization (GA Form 3231)*.
This form is available from the Health Department or your child's physician.

_____ Certificate of Vision, Hearing, Dental and Nutrition Screening (*Georgia Form 3300*). This form is available from the Health Department or your child's physician.

_____ Social Security Card

_____ Proof of residence (*utility bill, rental agreement, cable bill, mortgage agreement, or land line phone bill ONLY*).

_____ Guardian papers (if applicable)

***Please notify the Registrar immediately if you have *Guardianship and/or Power of Attorney* for the student you are registering.

**** ALL FORMS IN THIS PACKET MUST BE COMPLETED ****

Clinch County Elementary/Middle School
575 Woodlake Dr
Homerville, GA 31634
Phone: 912-487-5385
Fax: 912-487-3347



Clinch County Elementary / Middle School

575 Woodlake Drive
Homerville, GA 31634
Phone (912) 487-5385
Fax 912-487-1732
kcrumbley@clinchcounty.com



Records Request

School transferring from (Name & Address):

Phone: _____

Fax: _____

Student's Name: _____ DOB: _____ Grade Level: _____

Please send a copy of all school records including the following checked items:

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Grades to date | <input type="checkbox"/> Grading Scale |
| <input type="checkbox"/> Health records (Imm. Cert. & EED) | <input type="checkbox"/> Dates of entry and withdrawal |
| <input type="checkbox"/> SST/RTI folder | <input type="checkbox"/> Discipline records (Please release from GO-IEP) |
| <input type="checkbox"/> Gifted records | <input type="checkbox"/> Special education records (IEP/Eligibility/Psych Report) |
| <input type="checkbox"/> Speech records | <input type="checkbox"/> CRCT/GA Milestones |
| <input type="checkbox"/> Date entering school in USA | <input type="checkbox"/> Other testing information |
| <input type="checkbox"/> ELL (ESOL) records | <input type="checkbox"/> EIP / REP |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Accelerated Reader records (please email to kwindham@clinchcounty.com) |

Is the student currently assigned to an Alternative School due to a disciplinary action? _____

Did the student withdraw from school to avoid placement in an Alternative School due to disciplinary action? _____

The Georgia School Safety Act requires the following information:

DISCIPLINE: (a) Is the student currently suspended or expelled from the school last attended? _____

(b) Did the student withdraw from school to avoid suspension/expulsion? _____

If the answer to either of the above questions is yes, please give the reason for the suspension/expulsion and the date on which the suspension/expulsion ends. _____

CRIMINAL HISTORY: (complete if student is in the 7th grade)

Has the student ever been adjudicated guilty of a designated felony as defined by Georgia Law? _____

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: _____

Enrollment may be denied if a student is found to be ineligible under the provisions of the Georgia School Safety Act. Enrollment is provisional pending the receipt of student's cumulative record. Students denied enrollment may enroll at such time as he/she becomes eligible.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Student Records Clerk: Kayla Crumbley Date: _____

Clinch County Elementary/Middle School Information Sheet – 2024-2025

Teacher: _____ **Grade:** _____ **Social Security #:** _____

Name: _____
Last First Middle Preferred Name

Date of Birth: _____ **Birthplace (city/state):** _____ **Country of Birth:** _____

Gender: M F **Home Phone # ()** _____ **County of Residence:** _____

Mailing Address: _____

Street Address (required): _____
Street City Zip

Parent/Legal Guardian #1: _____ **Parent/Legal Guardian #2:** _____

Relationship to student _____ Relationship to student _____

Work Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Email: _____ Email: _____

Emergency Contact #1 _____ **Phone # ()** _____

(Other than guardian) Relationship to student _____

Emergency Contact #2 _____ **Phone # ()** _____

(Other than guardian) Relationship to student _____

Emergency Contact #3 _____ **Phone # ()** _____

(Other than guardian) Relationship to student _____

Please list the names and phone numbers of those who have permission to check this student out of school.
NO ONE ELSE WILL BE ALLOWED UNLESS YOU CALL AND GIVE YOUR PERMISSION!

Name and grade of siblings enrolled in Clinch County Schools: _____

Does this student ride a bus? Yes No

Name, address and phone # of school last attended: _____

Has this student received any of these services?: Gifted Special Ed. Speech ESOL 504

Has this student ever been enrolled in the Clinch County School System?: Yes No

Has this student ever been retained?: Yes No If so, what grade(s): _____

Ethnicity: Is student Hispanic? Yes No

Race (check ALL that apply): American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White

Did student attend: GA Pre-K Head Start Private Pre-K for profit Private Pre-K for non-profit

What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____

What language(s) does the student speak most often? _____

Date student entered a US School if not born in the US _____

Office Use Only	
BC _____	Imm _____
SS _____	EEB _____
Proof of Residency _____	Virtual Learner _____

Does this student's parent/legal guardian serve in the active duty armed forces? Yes No

**** Please note that the home phone, cell phone and email address obtained here will be used for our Alert Now call system ****

Parent/Legal Guardian Signature

Date

Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child’s primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child’s level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<p>Communication Preferences</p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.</p>	<p>Parent Communication Language (Required)</p> <ul style="list-style-type: none"> In which language would you prefer to receive school communication? <p>_____</p>
<p>Identification of Potential English Learners</p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child’s level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>	<p>Home Language Survey (Required)</p> <ol style="list-style-type: none"> Which language does your child <u>best</u> understand and speak? _____ Which language does your child <u>most</u> frequently speak at home? _____ Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
<p>Additional Information from Multilingual Families</p> <p>If you indicated that your child and other adults in the home understand and use English and another language or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p>	<p>Additional Information from Multilingual Families. Choose <u>only one sentence that best describes your child’s primary language.</u></p> <p>My child understands and uses only the home language and no English.</p> <p>My child understands and uses mostly the home language and a little English.</p> <p>My child understands and uses the home language and English equally.</p> <p>My child understands and uses mostly English and only a little of the home language.</p> <p>My child understands and uses only English.</p>

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

² The Home Language Survey should be given to first time enrollees to United States public schools.

Clinch County School System

Encuesta de Georgia sobre el idioma en el hogar

Nombre de Estudiante/Grado: _____

Fecha: _____

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a¹ recopilar sus respuestas a² las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
<p>Preferencias de comunicación</p> <p>Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.</p> <p>Esta pregunta es solo <u>con fines informativos</u>. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.</p>	<p>Idioma de comunicación de los padres y tutores (Favor de contestar.)</p> <ul style="list-style-type: none"> • ¿En qué idioma prefiere recibir la comunicación escolar? <p style="text-align: center;">_____</p>

<p>Identificación de posibles aprendices de inglés</p> <p>Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma.</p> <p>Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.</p>	<p>Encuesta sobre el idioma en el hogar (Favor de contestar.)</p> <ol style="list-style-type: none"> 1. ¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____ 2. ¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____ 3. ¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
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<p>Información adicional para familias multilingües</p> <p>Si indicó que su hijo/a y otras personas adultas en su hogar entienden y utilizan el inglés y otro(s) idioma(s), las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.</p> <p>Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.</p>	<p>Información adicional para familias multilingües. (Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.)</p> <p>Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, no el inglés.</p> <p>Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y un poco de inglés.</p> <p>Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés por igual.</p> <p>Mi hijo/a entiende y utiliza principalmente el inglés y solo un poco del idioma que se habla en el hogar.</p> <p>Mi hijo/a entiende y utiliza solo el inglés.</p> <p>Firma de Padre: _____</p>
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¹ Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas (*Dear Colleague Letter*): *Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

² La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
2. 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 (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial 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, 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

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? Sí No

Si la respuesta es "si", marque todo trabajo que aplique:

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

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:

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Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Clinch County School System
Student Residency Questionnaire

This form is intended to address the McKinney-Vento Act 42 U. S. C. 11435, and must be completed for each student. The information you provide is **confidential**. Your child will not be discriminated against based upon the information provided.

Date: _____ School: _____

Student Name: _____ Birth Date: _____

Current Address: _____ Phone Number: _____

Please identify the student's current living arrangements. Please check one box:

- With another family or other person because of loss of housing or as a result of an economic hardship (i.e. foreclosure, eviction)
- Emergency or transitional shelter
- Hotel or motel
- With an adult who is not a parent guardian, or alone without an adult
- Campground, car, park, public places, abandoned building, street, or any other inadequate living space
- None of the above

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (please print)

Date

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school, even if they don't have the documents normally needed, such as proof residency, school records, immunization records, or birth certificate.

The Homeless Liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation.

See the reverse side of this form for a one-page attachment titled, **"Information for Parents: McKinney-Vento Homeless Assistance Act"**.

**Information for Parents:
McKinney-Vento Homeless Assistance Act**

If your family lacks a fixed, regular and adequate nighttime residence and is forced to live in any of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.).
- In a motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations.
- In an emergency or transitional shelter.
- Have a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In a car, park, public space, abandoned building, substandard housing, bus or train station, or a similar setting.

Then your children have the right to:

- Enroll in school without proof of residency, immunization, school records, or other documents.
- Choose between the local school where you are living or the school last attended before becoming homeless, when feasible.
- Receive transportation to school.
- Attend school and participate in school programs with children who are not homeless children cannot be separated from the regular school program because they are homeless.
- Receive all the school services available to other students.

Clinch County Public School System Homeless Liaison:

Renee Harris 912-487-5402

State Coordinator for Homeless Education:

Eric McGhee 404-651-7555

CLINCH COUNTY SCHOOLS CLINIC CONSENT FORM

Student Name: _____

Grade: _____ **Home Room:** _____

Family Doctor/Phone Number: _____

Contact Names, relation to child, phone numbers in the order you wish to be contacted in event of illness or injury:

1. _____
2. _____
3. _____
4. _____

Medications student currently taking: _____

Allergies (include medications, foods, and insect bites):

Medical History: (Please circle any that student has had in the past or currently has):

Asthma (childhood and/or current)	Hearing Problems	Vision Problems
Cerebral Palsy	Heart Problems	Wears glasses
Cystic Fibrosis	Hyperactivity	Hearing Aids
Diabetes	Seizures	Other: _____
Frequent Ear Infections	Sickle Cell Disease	_____

*In case of a serious illness/injury, the school nurse will render first aid. The parents/guardians will be contacted. If parent/guardian can not be reached and the situation is emergent, 911 will be called and the child will be transported to the emergency room. Any fees for that transportation and medical services will be the responsibility of the parent/guardian.

*I give permission for my child to receive medical care by the school nurse in the school clinic for minor illnesses as in accordance with the Georgia School Health Resource Manual. This includes over-the-counter medications for minor pain and discomfort, menstrual cramps, stomach aches and/or indigestion, sore throat, headaches, and first aid care for minor abrasions, skin irritations, and injuries. I do hereby grant the school nurse permission to perform these and other School Health Services (as described on back of page) without further notification by signing. I do hereby release the school system and the school nurse from any adverse reaction that might occur as a result of taking these medications.

(See reverse for list of clinic services, medications, and parent signature area.)

***** Check Yes or No to indicate if you allow your child to receive the following medications at school by the school nurse.**

- Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ®, Advil ®) at an age appropriate dose for discomfort, pain, or fever
 Yes No ***** students with fever > 100°F will be dismissed home**
- Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and age appropriate dose
 Yes No
- Benedryl ® (Diphenhydramine) for symptoms of allergic reactions, insect stings, or rashes at an age appropriate dose
 Yes No
- Sore throat relief spray for sore throat
 Yes No
- Cough drops for coughing (age appropriate due to choking hazard)
 Yes No
- Itch and rash relief cream/ointment for minor skin irritations
 Yes No
- Lubricating eye drops for eye irritations
 Yes No
- Oral pain relief gel for tooth/mouth discomfort
 Yes No
- Saline cleansing solution for cleaning of minor abrasions/wounds/cuts
 Yes No
- Triple antibiotic ointment for minor skin abrasions/wounds
 Yes No
- Cough Suppressant (Dextromethorphan HBr) syrup for mild cough with normal breath sounds and age appropriate dosing
 Yes No

Clinic Services:

- Nursing assessment of illness, injury, and other health related problems
- Administration of over-the-counter medications at age-appropriate doses per protocol
- Administration of prescription medication with parental consent
- Blood pressure screenings
- Blood sugar screenings (by finger stick if symptoms indicate the need)
- Head Lice screenings per policy
- Health promotion and wellness education including nutrition education
- Height and weight measurements as needed
- Implementing “Asthma Protocol” and “Severe Allergic Reaction Protocol” for students with asthma and severe allergic reactions.
- Screening of vision and hearing as needed and during class screenings

Parent/Guardian

Signature

Date

() I DO NOT WANT MY CHILD TO RECEIVE SCHOOL HEALTH SERVICE