



# 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) 487-3347 or 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 <small>(Please release from GO-IEP)</small>         |
| <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 7<sup>th</sup> 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 - 2022-2023

**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                      City                      SSSSSSSSSS  
Street                      City                      Zip

**Street Address (required):** \_\_\_\_\_  
Street                      City                      Zip

<p><b>Parent/Legal Guardian #1:</b> _____                  Relationship to student _____                  Work Phone: ( ) _____                  Cell Phone: ( ) _____                  Email: _____</p>	<p><b>Parent/Legal Guardian #2:</b> _____                  Relationship to student _____                  Work Phone: ( ) _____                  Cell Phone: ( ) _____                  Email: _____</p>
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<p><b>Emergency Contact #1</b> _____                  (Other than guardian)                  Relationship to student _____</p> <p><b>Emergency Contact #2</b> _____                  (Other than guardian)                  Relationship to student _____</p> <p><b>Emergency Contact #3</b> _____                  (Other than guardian)                  Relationship to student _____</p>	<p>Phone # ( ) _____</p> <p>Phone # ( ) _____</p> <p>Phone # ( ) _____</p>
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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? \_\_\_\_\_

*Office Use Only*

BC _____	Imm _____
SS _____	EED _____
Proof of Residency _____	
Virtual Learner _____	

Date student entered a US School if not born in the US \_\_\_\_\_

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 \_\_\_\_\_

**CLINCH COUNTY SCHOOL SYSTEM**  
46 South College Street \* Homerville, GA 31634 \* (912) 487-5321

Dear Parent/Guardian and Student,

We believe regular attendance and participation in class is essential for students to be successful and prepare themselves for the best quality of life. We also recognize the current health pandemic we are currently facing and encourage parents to monitor their students for signs of sickness and to keep students home if they are sick. **If your child is sick, please send a note from the parent or doctor's office that the student has been ill and the absence will be excused. Students who are in quarantine are also excused if the school has identified them as close contacts or if the school has been notified of home exposure.**

Attending school daily, as well as being on time, is the joint responsibility of the student and his/her parent or guardian. Please see below the attendance protocol related to **UNEXCUSED** absences as specified in the student handbook.

After three (3) **UNEXCUSED** absences K-12, the homeroom teacher or administrative designee will call parents. After five (5) unexcused absences K-7 and three (3) unexcused absences 8-12, the school will report to the school social worker. The school will notify, in writing, of attendance to date (absences, tardies, and early check-outs), compulsory attendance law, and potential consequences and penalties for failure to comply. Students aged ten (10) and over will receive a copy of the notice and provide a signature of receipt.

After seven (7) **unexcused** absences (and school social worker has made/attempted contact, and school has notified family in writing) a referral will be made to the Truancy Reduction Committee. The family will attend a meeting with the committee, where attendance issues will be discussed and the family will be scheduled to attend a Truancy Reduction Education Class. If the family fails to attend the class within the specified timeframe, a referral will be made to the Department of Family and Children Services (DFCS). Non-cooperation with DFCS may result in a warrant being issued through Clinch Magistrate Court for violation of Georgia's Compulsory School Attendance Law.

After ten (10) **unexcused** absences a referral will be made to the Department of Family and Children Services. If it is determined that the family is non-cooperative with DFCS a referral will be made to the Clinch Magistrate Court.

If you have any questions, please contact your school principal, the board office, or our school social worker, Renee Harris at 912-487-5385.

Sincerely,

  
Lori James, Superintendent

Each school shall have procedures to identify students who are truant. These procedures include attempting to determine the causes of failure to comply with compulsory attendance mandates and addressing the issue with children and their parents. This procedure may include:

- Daily contact with parent/guardian regarding student's absence
- Conference with classroom teacher
- Conference with school counselor
- Involvement with School Resource Officer
- Involvement with School Social Worker

I have read and understand the Clinch County School System attendance protocol.

Parent Signature

Student Signature

Date

Climch 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**



Georgia Department of Education

Educating Georgia's Future

School District: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent Occupational Survey

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

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

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

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

- 1) Planting/Picking vegetables (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 31607  
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





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
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No
- ¿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 "sí", 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

MCP Applied to school/district. Please give this form to the migrant liaison or migrant contact for your school/district. Non-MCP funded (non-migrant) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupation surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MCP office serving your district.

GaDOE Region 1 MEP, 201 West Lee Street, Doraville, GA 30115  
Toll Free (800) 621-9217 Fax (770) 402-5840

GaDOE Region 2 MEP, 2214 Robinson Street, Doraville, GA 30115  
Toll Free (866) 595-5182 Fax (770) 546-3252

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

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



Georgia Department of Education  
ESOL & Title III Unit



Georgia Department of Education

**Required Home Language Survey**

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

**Student Name (required information):**

**Language Background (required information):**

1. Which language does your child best understand and speak?  
\_\_\_\_\_
2. Which language does your child most frequently speak at home?  
\_\_\_\_\_
3. Which language do adults in your home most frequently use when speaking with your child?  
\_\_\_\_\_

**Language for School Communication (not required):**

4. In which language would you prefer to receive all school information?  
\_\_\_\_\_

**Signature of Parent/Guardian/Other**

**Date**

Georgia Department of Education  
ESOL Unit



**Encuesta obligatoria en el idioma nativo**

Estimado padre o tutor:

Para proporcionarle a su hijo la mejor educación posible, debemos determinar qué tan bien habla y entiende el inglés. Esta encuesta ayuda al personal de la escuela a determinar si su hijo puede ser un candidato para recibir apoyo adicional en inglés. La calificación final para el apoyo idiomático está basada en los resultados de una prueba en inglés.

Gracias.

**Nombre del estudiante (información obligatoria):**

\_\_\_\_\_

**Antecedentes idiomáticos (preguntas obligatorias):**

1. ¿Qué idioma su hijo entiende y habla mejor?  
\_\_\_\_\_
2. ¿Qué idioma su hijo habla con mayor frecuencia en el hogar?  
\_\_\_\_\_
3. ¿Qué idioma usan con mayor frecuencia los adultos del hogar cuando hablan con el niño?  
\_\_\_\_\_

**Idioma para la comunicación con la escuela (pregunta recomendada):**

4. ¿En qué idioma prefiere recibir toda la información escolar?  
\_\_\_\_\_

Firma del padre/tutor/otro

Fecha