



# 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

**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 \_\_\_\_\_

<i>Office Use Only</i>	
BC _____	Imm _____
SS _____	EED _____
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** \_\_\_\_\_

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**



**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





Georgia Department of Education

**Richard Woods, Georgia's School Superintendent**

*"Educating Georgia's Future"*

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

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

**Encuesta Ocupacional para Padres**

**Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C**

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? \_\_\_\_\_

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura: plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: \_\_\_\_\_

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

*Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.*

**Note for the school/district:** When both (Yes) "Si" 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:

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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):**

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**Language Background (required information):**

1. Which language does your child best understand and speak?

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2. Which language does your child most frequently speak at home?

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3. Which language do adults in your home most frequently use when speaking with your child?

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**Language for School Communication:**

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

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**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):**

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**Antecedentes idiomáticos (preguntas obligatorias):**

1. ¿Qué idioma su hijo entiende y habla mejor?

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2. ¿Qué idioma su hijo habla con mayor frecuencia en el hogar?

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3. ¿Qué idioma usan con mayor frecuencia los adultos del hogar cuando hablan con el niño?

---

**Idioma para la comunicación con la escuela:**

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

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**Firma del padre/tutor/otro**

**Fecha**

# CEMS Attendance Criteria

## K-5th Grade

- 3 unexcused absences - notified by school via phone, text and/or email
- 5 unexcused absences - letter sent home from CCEMS and school social worker notified
- 7 unexcused absences - mandatory attendance meeting at BOE and possible referral to Clinch Magistrate and DFCS
- 12 unexcused absences - retention meeting

## 6th - 7th Grade

- 3 unexcused absences - notified by school via phone, text and/or email
- 5 unexcused absences - letter sent home from CCEMS and school social worker notified
- 7 unexcused absences - mandatory attendance meeting at BOE and possible referral to Clinch Magistrate and DFCS
- 12 unexcused absences - retention meeting
- 13- 28 unexcused absences - Possible Summer School Attendance Recovery

## Summer School Attendance Recovery for 6th and 7th grade:

- 1-4 sessions = \$50
- 5-8 sessions = \$75
- 9-12 sessions = \$100
- 13-16 sessions = \$125

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Student Signature

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Date

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Parent Signature

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Date