



Cartersville
School System

Student Registration Form

OFFICE USE ONLY

Date Received _____ School _____

Start Date _____ Grade _____

Student ID _____

Homeroom _____

Please print clearly. Form must be completed for each child in the household that is enrolling. All sections are required.

Student Information

Student's Legal Name _____ Gender: ☐ M ☐ F
(Last First Middle)

SSN _____ Date of Birth _____ Place of Birth _____ Grade _____

Street Address _____ Apt. # _____
(Where Living)

City _____ Zip _____

Primary Phone Number _____
(This can be landline or cell, but a number where automated messages/attendance calls can be left.)

Previous School _____ Grade _____ City _____ State _____ Zip _____

Custody and Parent/Guardian Information

Student lives with : ☐ Both Parents ☐ Father ☐ Mother ☐ Grandparent(s) ☐ Guardian(s) ☐ Foster Parent(s)

☐ Other, please explain _____

Are any Parents/Guardians of the student:

An active duty military service member in the U.S. Armed Forces, National Guard? ☐ Yes ☐ No

A member of the military reserves in the U.S. Armed Forces, National Guard or Reserve? ☐ Yes ☐ No

Enrolling Parent /Guardian Full Name _____

Enrolling Parent/Guardian is: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single
(Copy of court order or other legal documents required in some cases.)

Primary Household Information

Primary Household Parent/Guardian 1:

Name _____ Landline Phone _____
First Middle Last

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

Primary Household Parent/Guardian 2:

Name _____ Landline Phone _____
First Middle Last

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

Secondary household Information, if applicable for parent(s) not living at the same residence as students

Secondary Household Parent/Guardian 1:

Name (First Middle Last) Landline Phone

Employer Cell Phone

Preferred Email Address Work Phone

This person is allowed to pick up student from school and can be contacted in the event of an emergency: Yes No

Secondary Household Parent/Guardian 2:

Name (First Middle Last) Landline Phone

Employer Cell Phone

Preferred Email Address Work Phone

This person is allowed to pick up student from school and can be contacted in the event of an emergency: Yes No

Additional Non Household Emergency Contacts

The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached. Please list at least 2, but not more that 5.

Name	Relationship	Main Telephone Number	Secondary Telephone Number

Children in household currently enrolled or enrolling in Cartersville City Schools

First Name	Last Name	Date of Birth	Grade
First Name	Last Name	Date of Birth	Grade
First Name	Last Name	Date of Birth	Grade
First Name	Last Name	Date of Birth	Grade
First Name	Last Name	Date of Birth	Grade

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided.

Ethnicity/Race

1. What is this student’s ethnicity? Yes No

2. What is this student’s race? **Select all that apply. You must check at least one.**

o American Indian or Alaska Native

o Asian

o Black or African-American, not Hispanic

o Hispanic/Latino

o Native Hawaiian/Other Pacific Islander

o White, not Hispanic

Special Services

_____ Initial here if student is **CURRENTLY** participating in any special program listed below

_____ Initial here if student **PREVIOUSLY** participated in any special program listed below

_____ Initial here if student **HAS NEVER** participated in any special program listed below

Please indicate which Special Programs student is/has been in:

☐ Special Education IEP ☐ Speech ☐ ESOL ☐ Gifted ☐ SST ☐ RTI ☐ 504 Plan

Has your student ever been retained? ☐ Yes ☐ No If so, what grade? _____

Occupational Survey

Has your family moved in order to work in another city, county, state, or country in the last three years? ☐ Yes ☐ No

If so, what is the date your family arrived in Cartersville? _____

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 years? (Check all that apply):

☐ Agriculture; planting/picking tomatoes, squash, peppers, etc.

☐ Processing/Packing agricultural products

☐ Planting, growing, or cutting trees (pulpwood)

☐ Dairy, Poultry, or Livestock

☐ Meatpacking / Poultry / Seafood

☐ Fishing or fish farms

Other (please specify) _____

Office Staff, please note: If answered "Yes" and checked one of the 6 occupational areas, parent must complete

State-Required Home Language Survey

Notice to Parents and Guardians:

Georgia school systems are required to collect your responses 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.

Parent Communication Language

In which language would you prefer to receive school communication? _____

Student Home Language

Which language does your child best understand and speak? _____

Which language does your child most frequently speak at home? _____

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

Additional Information from Multilingual Families.

Choose only one sentence that best describes your child's primary language.

- ☐ My child understands and uses only the home language and **no English.**
- ☐ My child understands and uses mostly the home language and **a little English.**
- ☐ My child understands and uses the home language and **English equally.**
- ☐ My child understands and uses **mostly English** and only a little of the home language.
- ☐ My child understands and uses **only English.**

Parent/Guardian Certifications and Signature

Please read and initial the following:

- _____ I am authorized by law to enroll the student, and I understand that I must give permission for anyone else to withdraw a student, except in circumstances permitted by State authority or by court order.
- _____ The address listed on this form is the physical location where the student actually resides. Cartersville School System Transportation Department will only transport city resident students to and from their legal address/assigned bus stop. I have provided the school with the required TWO Proofs of Residency to show evidence of my residency in the city of Cartersville.
- _____ Residency Notice: To be enrolled in Cartersville City Schools, students must reside full-time within the city limits of Cartersville with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Cartersville residents for the entire period of enrollment in Cartersville City Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Cartersville, and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Cartersville, but does not reside in the City of Cartersville, is not considered a resident for the purpose of this policy. (Exception: students who pay tuition or are the child of a school system employee)
- _____ I have provided the student's Georgia Certificate of Immunization (Form 3231). I have also provided the Hearing, Dental, Vision, and Nutrition Form 3300, required by the state of Georgia, a copy of the birth certificate, and social security card or waiver. For students enrolling from out of state, immunization records must be provided; however, in some cases, a 30-day grace period is granted to submit Form #3231 and Form #3300.
- _____ This student is NOT currently suspended, expelled, or assigned to an alternative education program by any school or school system. Additionally, the student is NOT currently subject to a disciplinary order from any school or school system that requires suspension, expulsion, or assignment to an alternative education program. I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools.
- _____ I understand that if this student is being provisionally enrolled in _____ grade without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher(s) assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- _____ False information may result in the loss of a student's athletic eligibility for one calendar year.
- _____ I understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided on this form, including, but not limited to, phone numbers, change in custody, etc. **within two weeks.**
- _____ I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Cartersville City Schools upon discovery. I also understand that a person who knowingly and willfully...makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter...shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both (OCGA 16-10-20).

My relationship to the student is:

- o Parent o Person having lawful Court Order (copy required)
o Legal Guardian (documentation needed) o Self/Student (must be 18 years or older)

I hereby certify that I am either a full-time resident of the City of Cartersville, pay tuition, or am an employee of Cartersville City Schools and affirm that all the information contained in this form is true and accurate to the best of my knowledge.

Signature _____ Date _____

FOR SCHOOL OFFICE USE ONLY

<u>ENROLLING DOCUMENTS RECEIVED</u>	<u>PROOF OF RESIDENCY</u>	<u>PREVIOUS CCS STUDENT</u>
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Form 3231 or waiver <input type="checkbox"/> Hearing, Dental, Vision Form 3300 <input type="checkbox"/> Social Security Card <input type="checkbox"/> Social Security Card Waiver <input type="checkbox"/> Enrolling Parent/Guardian ID <input type="checkbox"/> Discipline Record <input type="checkbox"/> Custody/Guardianship Documentation <input type="checkbox"/> Report Card <input type="checkbox"/> Withdrawal Form/Transfer Grades <input type="checkbox"/> Non-Parent Affidavit <input type="checkbox"/> GHSA form — CHS only <input type="checkbox"/> Transcript—CHS only </div> <div> Transcript/records request date _____ Transcript/records received date _____ Verified 9th grade Cohort _____ </div>	<div style="margin-bottom: 10px;"> TWO documents required with enrolling parent/guardian's name and matching addresses. <input type="checkbox"/> Lease or Mortgage Statement <div style="text-align: center;">AND</div> <input type="checkbox"/> Utility Bill, Power, Gas, or Water <input type="checkbox"/> Affidavit of Residence with Owner Mortgage Statement <div style="text-align: center;">AND</div> <input type="checkbox"/> Owner Utility Bill, Power, Gas or Water </div> <div> <u>Other</u> <input type="checkbox"/> Parent is CCS Employee <input type="checkbox"/> Out of district tuition student <input type="checkbox"/> Tuition paid _____ Date _____ </div>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> Infinite Campus updated <input type="checkbox"/> No <input type="checkbox"/> Infinite Campus enrollment </div> <div> <u>TRANSPORTATION</u> <input type="checkbox"/> Bus - Route # _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car rider <input type="checkbox"/> Daycare bus <input type="checkbox"/> ASP <input type="checkbox"/> Boy's & Girl's Club </div>
Registration documents received by _____ Date _____		