



Cartersville
School System

Student Registration Form

(Please Print Clearly)

This form must be completed for each child in the household that is enrolling.

OFFICE USE ONLY

School _____

Date Enrolled _____ Grade _____

Student ID _____

Homeroom _____

SECTION 1: Student Information

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

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 Attended _____ City _____ State _____ Zip _____

Has student ever attended Cartersville City Schools before? ☐ Yes ☐ No Which School? _____

What kind of pre-school did the student attend (Pre-K): ☐ Home ☐ Private Day Care ☐ Private Pre-School ☐ Babysitter's Home
☐ Head Start ☐ Pre-K Program Name and Location: _____

Country of Birth _____ Date first entered U.S. School, if born outside U.S. _____

If registering for grades 9-12, date student completed 8th grade _____

SECTION 2: Special Programs (Please initial in one of the spaces below)

_____ 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? _____

SECTION 3: Ethnicity/Race

Is this student of Hispanic/Latino
Ethnicity?

☐ Yes ☐ No



*Race (Check all that apply): You **MUST** check **AT LEAST** one option

☐ American Indian or Alaska Native ☐ Black or African-American

☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

SECTION 4: Language Survey

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.

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

SECTION 5: 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 additional Parent Occupational Survey)

SECTION 6: Custody and Parent/Guardian Information

Student lives with : ☐ Both Parents ☐ Father ☐ Mother ☐ Grandparent(s) ☐ Guardian(s) ☐ Foster Parent(s)
☐ Other, please explain _____

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

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 (Applies to parent(s) not living at the same residence as students)**Secondary Household Parent/Guardian 1:**

Name _____ Landline Phone _____
(First Middle Last)

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 _____ Landline Phone _____
(First Middle Last)

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

SECTION 7: Student Information (Include new students enrolling and currently enrolled students)

Please provide the names of all children in household currently enrolled or enrolling in Cartersville City Schools.

Name (first last)

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.

SECTION 8: 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. (If registering more than one student and the emergency contacts differ, please see Registrar).

CONTACT ONE**CONTACT TWO****CONTACT THREE**

Name

Relationship

Phone (1)

Phone (2)

FOR SCHOOL USE ONLY (please initial)**Enrollment Documents Received:**

☐ Birth Certificate
☐ Immunization Form 3231 *or waiver*
☐ Hearing, Dental, Vision Form 3300
☐ Social Security Card
☐ SSN Card/Waiver
☐ Parent ID
☐ Discipline Record
☐ Custody Documentation
☐ Report Card
☐ Withdrawal Form/Transfer Grades
☐ Court Documentation of Guardianship
☐ Grandparent Power of Attorney
☐ Non-Parental Affidavit
☐ GHSA Form (CHS Only)
☐ Transcript (CHS Only)

Power School Information -- Does Student already exist?

☐ Yes (Update your student only)
☐ No—Enroll student and enter all required data

PS Entry completed by _____ Date _____

TWO Residency Proofs: All items must have same address and show enrolling parent's name:

☐ ID
☐ (1) Lease or Mortgage Statement
 AND
☐ (1) Utility Bill (power, water or gas ONLY)

Affidavit of Residence:

☐ Owner Mortgage Statement
☐ Utility Bill

Other:

☐ Parent is CCS Employee
☐ Tuition Student
☐ Application Paid Date _____

Occupational Survey (Section 6): Did parent answer "yes" to first question?

☐ No
☐ Yes, Parent must complete Parent Occupational Survey, and send to Director of State/Federal Programs

Registration documentation received by:

Date _____

Transportation:

☐ Bus — Route # _____
☐ Walker
☐ Car Rider
☐ Day Care Bus
☐ After-School Program
☐ Boy's & Girl's Club

Previous CCS Student?

☐ No
☐ Yes Location _____

Date File Requested _____

Transcript/Records Request Date _____

Transcript/Records Received Date _____

Verified 9th Grade Cohort _____

SECTION 9: Parent/Guardian Certifications

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. (CHS & CMS)
- _____ 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).

SECTION 10: Parent/Guardian Signature

My relationship to the student is:

- ☐ Parent ☐ Person having lawful Court Order (copy required)
- ☐ Legal Guardian (documentation needed) ☐ 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.

Printed Name _____ Date _____

Signature _____

Communications Preference: _____ Electronically _____ Email Address: _____
_____ U.S. Postal Service

CARTERSVILLE CITY SCHOOLS

Exceed Expectations, Make It Personal

Student Residency Questionnaire

Student: _____ Gender: M or F School: _____
Last First Middle

Date of Birth: ____/____/____ Social Security Number: _____ (or FTE Number)
Month / Day / Year

Current Address: _____
Street City State Zip

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Presenting a false record or falsifying records is an offense under OCGA 16-10-20.

1. Is the student's current address a temporary living arrangement? _____ Yes _____ No
2. Is the student's living arrangement due to loss of housing or economic hardship? _____ Yes _____ No

If you answered YES to either of the above questions, please complete the remainder of this form.

If you answered NO, you may stop here.

Where is the student presently living? (Check one box)

- ☐ In a motel/hotel/lodge
☐ In a shelter
☐ With more than one family in a house or apartment
☐ Moving from place to place
☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
☐ Other

Name of Parent(s)/Guardians (s) _____

Address _____ Zip Code _____ Telephone _____

Alternate Contact Person _____ Telephone Number(s) _____

Other children (newborn – age 17) also living with this student:

Name Date of Birth Name of School/Preschool/Daycare

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Signature of Parent/Legal Guardian _____ Date _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature



Richard Woods, Georgia's School Superintendent

"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 |
|--------------------|----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or 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): _____

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, 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

Regional Office use only: ☐