



Welcome To Henry County Schools

Office Use Only

Form Revised: January 2018

School: _____

Date Enrolled: _____ Grade: _____

Student #: _____ Teacher: _____

Entered in IC by: _____ Date: _____

Parent Preferred Language

Do you (parent/guardian or caregiver) wish to fill out this document in your primary language? ___ Yes ___ No

Do you (parent/guardian or caregiver) need the assistance of an interpreter to assist you with the enrollment of your student(s)? ___ Yes ___ No

My preferred language for communication from my child's school is (please check): ___ English ___ Spanish

Other language: _____
(Please specify language)

Home Language Survey

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?

Student Information (Please Print):

Student's Legal Name: _____
(Last) (First) (Middle) (Called)

Date of Birth: _____ Sex: _____

Social Security Number: _____

*Parent may provide a copy of Social Security card or Statement of Objection (Waiver)

Place of Birth: _____
(City) (County) (State) (Country)

Current Address: _____
(Street) (City) (Zip) (Home Phone)

Academic Information:

Name / Address of last school attended: _____
(Street) (City) (State) (Phone)

Please list each Henry County school the student has attended and the year attended: _____

Has student ever received any of the following support services? **Please check all that apply:**

___ Special Education ___ Gifted Education ___ Remedial Education ___ English for Speakers of Other Languages ___ Speech
___ Early Intervention Program ___ Title I ___ Student Support Team ___ 504 ___ Other: _____

Please initial if applicable: _____ **I certify that my child has never received any of these services.**

Registration Documentation (the following documents are **required** for registration):

- 1. Birth Certificate (or other proof of age _____)
- 2. Proof of Residency: current property tax or settlement statement, valid residential lease, or rental agreement and one current home utility bill (gas or electric)
- 3. Custody/Guardianship documentation, if applicable
- 4. Kinship Caregiver Affidavit, if applicable
- 5. Georgia Certificate of Immunization, Form 3231
- 6. Georgia Eye, Ear, and Dental Certificate, Form 3300
- 7. Certified copy of the student's academic transcript and disciplinary record from the school previously attended.

Registration Documentation (the following documents are **requested** for registration):

- 1a. Copy of Social Security card
- or -
- 1b. Statement of Objection to Providing Social Security Number (Waiver)

Race/Ethnicity:

Part A. **Is this student Hispanic/Latino?** (*Choose only one*)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (*Choose all that apply*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Emergency / Medical Information:

Does student have any health problems or allergies? Yes No If yes, please explain: _____

Does the student require medication on a regular basis? Yes No If yes, please complete a Medication Authorization Form (Please obtain this form from your student's school).

Parent Information

Parent Name: _____ Authorized to check child out of school: Yes No
 Natural Mother Female Legal Guardian Natural Father Male Legal Guardian Kinship Caregiver

Current Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax #: _____ E-mail: _____

Parent Name: _____ Authorized to check child out of school: Yes No
 Natural Mother Female Legal Guardian Natural Father Male Legal Guardian Kinship Caregiver

Current Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax #: _____ E-mail: _____

Send school mail to (identify which parent/guardian or kinship caregiver): Name: _____

Active Military is defined as the natural parent or legal guardian meeting one of the following criteria at any point during the school year:

1. Is an active duty member of the uniformed services, including members of the National Guard and Reserve on active duty.
2. Is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement.
3. Is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death.

Do any of the conditions listed above apply to either parent? Yes (if so list the name below) No

_____ (Name of Active Military Parent)

Authorized Contact Information (Identify other persons authorized to check out student - Picture ID is required for check out)

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other Family Members Living in the Same Household:

Last Name First Name Date of Birth / / M F School (if Applicable) Relationship to Student

Last Name First Name Date of Birth / / M F School (if Applicable) Relationship to Student

Last Name First Name Date of Birth / / M F School (if Applicable) Relationship to Student

Does the student have a brother or sister enrolled in Henry County Schools? If yes, please complete the following:

Name: _____ School: _____ Date of Birth: _____

Name: _____ School: _____ Date of Birth: _____

Name: _____ School: _____ Date of Birth: _____

Disciplinary Information:

Is the student currently on suspension or expulsion from another school or school system? _____ Yes (explain below) _____ No

Has the student ever been charged with or convicted of a felony crime? _____ Yes (explain below) _____ No

Has the student ever been charged or found delinquent of a crime that would be considered a felony? _____ Yes (explain below) _____ No

Is the student presently assigned to or scheduled to attend an alternative school or program? _____ Yes (explain below) _____ No

False Swearing Notice (O.C.G.A. § 16-10-71)

- (a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.
- (b) A person convicted of the offense of false swearing shall 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.

Residency Notice (HCBOE Policy JBCA)

To be enrolled in Henry County Schools, students must reside full-time in Henry County 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 Henry County residents for the entire period of enrollment in Henry County 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 Henry County 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 county, but does not reside in the county, is not considered a resident for the purpose of this policy.

Student enrollment forms, as well as other official documents of the school, must be signed by the natural parent, legal guardian, legal custodian, or kinship caregiver (“parent/guardian”) with whom the child resides. Educational decisions concerning the child are reserved for the enrolling parent/guardian. Multiple parents/guardians can be involved in the enrollment process; however, if there is disagreement between the parents/guardians or parties listed on the enrollment documents, the enrolling parent’s decision shall be the governing decision.

**I SWEAR THAT I AM A FULL-TIME RESIDENT OF HENRY COUNTY
AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS,
TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT**

Enrolling Parent / Guardian Name (Please Print)

Enrolling Parent / Guardian Signature

Date

Please note that by signing this registration form you will be considered the enrolling parent for this student. Educational decisions concerning the student are reserved for the enrolling parent/guardian, although both parents or other parties may be involved in the enrollment process. If there is a disagreement between the parents/guardians or other parties, the educational decision of the enrolling parent/guardian shall supersede the educational decision of the non-enrolling parent/guardian or the other parties.

Henry County Schools
An Equal Opportunity Employer and Service Provider