

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:

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

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

_____	_____	____/____/____	M F	_____	_____
Last Name	First Name	Date of Birth	Gender	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



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 (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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name 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

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



Authorization For Transfer Of Academic and Disciplinary Records

I authorize the school named below to transfer all academic and disciplinary records pertaining to my child to the Henry County School System. I understand that my child will be enrolled on a conditional basis until all school records are received. I understand that my child may be found ineligible for enrollment based on information about current suspensions or expulsions obtained from school records. I certify that the information provided in this document is true and correct to the best of my knowledge.

Student's Legal Name: _____ Date of Birth: _____

Parent/Guardian Name (Please Print) _____ Parent/Guardian Signature _____ Date _____

Records Requested From - Last School Attended	Please Send Records To
School System:	Henry County Schools
School:	Luella Middle School
Address:	2075 Hampton - Locust Grove Road
City/State/Zip:	Locust Grove, GA 30248
Phone / Fax:	Phone: 678-583-8919 Fax: 678-583-8920

As required by Georgia law 20-2-670, the parent/guardian of a transferring student enrolling in a grade higher than the sixth grade shall disclose whether the student has ever been found guilty of committing a felony act, and whether the student is currently serving a suspension or expulsion from another school.

Is this student currently serving a suspension or expulsion from the last school attended? Yes No

If yes, state the reason for the suspension or expulsion: _____

If yes, give the date when the suspension or expulsion will end: _____

Has this student been found guilty of committing one or more of the following felonies? Yes No

If yes, please check each of the following offenses that apply to this student:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Possession of a pistol or revolver (second offense) <input type="checkbox"/> 2. Kidnapping (age 13 or older) <input type="checkbox"/> 3. First-degree arson (age 13 or older) <input type="checkbox"/> 4. Aggravated assault (age 13 or older) <input type="checkbox"/> 5. Second-degree arson (age 13 or older) <input type="checkbox"/> 6. Aggravated battery (age 13 or older) <input type="checkbox"/> 7. Robbery (age 13 or older) <input type="checkbox"/> 8. Armed robbery without a firearm (age 13 or older) <input type="checkbox"/> 9. Battery of school personnel (age 13 or older) <input type="checkbox"/> 10. Attempted murder (age 13 or older) <input type="checkbox"/> 11. Attempted kidnapping (age 13 or older) <input type="checkbox"/> 12. Possession of a weapon on school property, including buses or in a school zone (age 13 or older) <input type="checkbox"/> 13. Hijacking a motor vehicle (age 13 or older) <input type="checkbox"/> 14. Manufacture, transportation, distribution, possession, use, or offer of distribution of an explosive device (age 13 or older) | <ul style="list-style-type: none"> <input type="checkbox"/> 15. Third offense of any act which, if committed by an adult, would be a felony <input type="checkbox"/> 16. Trafficking cocaine, illegal drugs, marijuana, or methamphetamine <input type="checkbox"/> 17. Racketeering <input type="checkbox"/> 18. Escape after being found guilty of a felony <input type="checkbox"/> 19. Manufacture, possession, transportation, distribution, or use of a hoax destructive device or detonator; interference in the detection, disarming, or destruction of a destructive device (second offense) <input type="checkbox"/> 20. Murder <input type="checkbox"/> 21. Voluntary manslaughter <input type="checkbox"/> 22. Rape <input type="checkbox"/> 23. Aggravated sodomy <input type="checkbox"/> 24. Aggravated child molestation <input type="checkbox"/> 25. Aggravated sexual battery <input type="checkbox"/> 26. Armed robbery with a firearm <input type="checkbox"/> 27. Motor vehicle theft (second offense) |
|--|--|

Date found guilty: _____ Sentence imposed: _____
 County: _____ State: _____

Student Educational Needs Survey

1. Does your child have an IEP? (A blueprint or plan for a child's special education experience at school.)
 - Yes
 - No
 - I'm not sure
2. Does your child have a 504 Plan? (A blueprint or plan for how a child will have access to learning at school. This plan is for medical reasons.)
 - Yes
 - No
 - I'm not sure
3. Has your child had MTSS or SST support at their prior school? (Most decisions within the framework of multi-tier system of supports (MTSS) are made by teams—parent teacher teams, student support teams, or grade-level teams.)
 - Yes
 - No
 - I'm not sure



LUELLA MIDDLE SCHOOL BAND & CHORUS REGISTRATION 2019-2020

MARY CAROL STANLEY
PRINCIPAL

CLARENCE CALLAWAY, JR.
ASSISTANT PRINCIPAL

DR. ROBIN COLLINS
ASSISTANT PRINCIPAL

Luella Middle School is pleased to offer students an exciting chance to become a member of band and/or chorus. We hope that your child will choose to be a part of one of these Fine Arts programs that offers musical training, performance opportunities, and new challenges.

Please review the policies below as you consider the music program. If you have any questions, please feel free to contact the Band Director or Chorus Director at (678) 583-8919.

- ❖ Band and Chorus are performance classes. Daily participation, after school rehearsals and performances are required and are part of a student's grade.
- ❖ Participation in Band and Chorus is a yearlong commitment. The director, counselor, and administrator must approve any exceptions. Changes will only be made at the end of a grading period if approved.
- ❖ Students in Band or Chorus will receive specialized musical training. This class will count as one of the connection classes that all students receive in the school year.
- ❖ Students in Band are responsible for obtaining their own instruments. Students who do not have their instrument by the end of the second six weeks of the school may be removed from Band.

Please fill out the information below and return it along with your child's school registration form for next school year.

PLEASE CHECK A BOX

BAND

CHORUS

My child WILL NOT join Band nor Chorus for the 2019-2020 school year.

Student's Name: _____

Parent's Signature: _____

Date: _____



Mandatory School Attendance for Middle School and High School Students

Truancy

Based on Georgia Law (20-2-690.1) and State Board of Education Rule (JB), any child between the ages of 6 and 16 who during the school calendar year has more than five days of unexcused absences from school will be considered truant.

Penalties

The legal penalties and consequences for truancy include referral of parents, guardians, or custodians to State Court and referral of juveniles to Juvenile Court for prosecution.

Any parent, guardian, or other person residing in this state who has control or charge of a child or children and who violates the Mandatory Attendance Code section of Georgia law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be subject to a fine of not less than \$25.00 and not greater than \$100.00, imprisonment not to exceed 30 days, community service, or any combination of such penalties per absence. Each day's absence from school is a violation of this provision and shall constitute a separate offense.

If convicted of truancy, juveniles may face severe penalties under the Juvenile Code of the State of Georgia.

Teenage and Adult Driver Responsibility Act

The Teenage and Adult Driver Responsibility Act, Georgia Code Section 40-5-22 (TAADRA), requires that students must meet attendance and discipline requirements in order to receive and maintain a Georgia driver's permit or license. Between the ages of 14 and 18, unexcused absences may result in students becoming ineligible to receive or maintain a Georgia driver's permit or license.

Tardies and Early Checkouts

Unexcused tardies to school or unexcused early checkouts from school are detrimental to the academic success of individual students and classmates. Students should arrive at school on time and should remain in school for the complete school day. Acceptable excuses for tardies to school or early checkouts are the same as excused reasons for full-day absences. Excessive unexcused tardies and early checkouts will be referred to the Henry County Courts for consideration for prosecution.

Student Signature

Parent Signature

Date



2019-2020
**STUDENT & PARENT HANDBOOK
ACKNOWLEDGEMENT FORM**

Please complete and return this form to your student's school within five (5) days. An acknowledgment form must be on file for each student enrolled.

STUDENT & PARENT HANDBOOK

The Student & Parent Handbook contains important information about the policies, procedures and programs of Henry County Schools. Students and parents should read the handbook at the start of the school year and keep the handbook for future reference.

Student & Parent Handbooks are available in an electronic format this school year. If you have an email address on file with your student's school, you received a copy of the 2019-2020 Student & Parent Handbook on the first day of school, August 1, 2019. You may also access a copy of the 2019-20 Student & Parent Handbook from the District webpage at www.henry.k12.ga.us (Site Shortcuts) or at your student's school webpage.

_____ ***If you do not have access to an electronic copy of the 2019-2020***

Student & Parent Handbook, please check here and the school will provide you with a paper copy.

Each of the undersigned hereby acknowledges having read and received the Henry County Schools Student and Parent Handbook ("Handbook") for the year set forth. Each parent/guardian named below has also received, read, and discussed the requirements of the Handbook with his/her child, including but not limited to the code of conduct, disciplinary procedures, dress code, and the requirements of and penalties for violation of Georgia's compulsory attendance law, and each parent/guardian and student named below agree to fully abide by the same.

Print Parent(s)/Guardian(s) Name

Print Student Name

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Student

Date

School

Grade

Homeroom Teacher/Advisor: _____



Luella Middle School

Volunteer Form

Luella Middle School LOVES our parents and community. We greatly appreciate the support and assistance we get from many of our parents and community members. It truly takes a village and we are looking forward to working with you because we are definitely #bettertogether! If you are interested in volunteering, please return the bottom portion of the form. Please check as many areas of interest as are applicable. We will be in touch with you over the next few weeks to invite you to an information meeting for volunteers and to discuss opportunities to help out here at LMS. We understand many parents work and are unable to volunteer at this time, but feel free to contact us later during the year if you are available.

Parent or Guardian Name: _____

Student Name: _____ **Grade:** _____

I am interested in volunteering on a regular basis.

I am interested in volunteering occasionally

I am interested in assisting with athletic events

I am interested in volunteering with special events

I am interested in volunteering for teacher recognition events

I cannot volunteer time, but would be happy to donate items or provide support from home.

Other _____

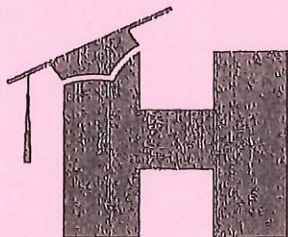
Parent/Guardian Phone number: _____

Parent/Guardian Signature: _____

OFFICE USE ONLY

DATE SENT: _____

BY: _____



Henry County School System

Department of Curriculum and Instruction
33 N. Zack Hinton Parkway
McDonough, Georgia 30253
770-957-6601
770-957-0301 (fax)



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION OF GIFTED RECORDS

Student's Name: _____ Birthdate: _____

Parent/ Legal Guardian: _____ Relationship: _____

Address: _____ Home Phone: _____

I authorize you to release all confidential records pertinent to gifted placement; I understand that the party receiving this information will not release it to a third party, without written consent. I may request and receive a copy of all transmitted records.

(Date)

(Signature of Parent/Legal Guardian)

RECORDS BEING REQUESTED FROM:

(School)

(Address)

(City, State, Zip)

(Phone Number, Fax Number)

(Person Sending Records)

RECORDS SENT TO:

LUELLA MIDDLE SCHOOL
(School)

2075 HAMPTON-LOCUST GROVE ROAD
(Address)

LOCUST GROVE, GA 30248
(City, State, Zip)

PHONE 678-583-8919 / FAX 678-583-8920
(Phone Number, Fax Number)

(Person Requesting Records)



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

33 N. Zack Hinton Parkway McDonough, GA 30253

(770) 957-8086 – Phone

(770) 898-1190 – FAX

PLEASE FAX OR EMAIL RECORDS TO Chrystal.Volianites@Henry.k12.ga.us

Student's Name: _____

Grade: _____ Birthdate: _____ Henry Co. School Attending: _____

Parent/Legal Guardian: _____ Home/Cell Phone: _____

Address: _____

- All Data for Appropriate Educational Placement
- Educational Screening
- Eligibility Report
- Individual Education Program (IEP)

- Medical & Social History
- Psychological/Intellectual Report
- Other information: _____

I, the undersigned Parent or Legal Guardian, hereby authorize the release of all confidential, psychological, due process, special education and other records listed above concerning the above named student. The Henry County School District shall have no responsibility or liability concerning the actions of any person or entity receiving the above said records and cannot guarantee that the person/entity receiving such records will comply with any duties of confidentiality that may exist under the law. This information will be used in the placement and planning of my child's education program. Granting this consent is voluntary on my part. I understand that I may request and receive a copy of all transmitted records received upon payment of all copy fees charged by the Henry County School District with respect to any requested records. This Authorization for Release will expire one year from the date signed below if not designated otherwise in writing. I understand and agree to all the terms set forth in this Authorization for Release of Confidential Information.

_____ Date _____ Signature of Parent/Legal Guardian

According to Section 99.31 of the Family Education Rights and Privacy Act (FERPA), prior consent is not required.

<input type="checkbox"/> REQUESTED FROM:	<input type="checkbox"/> SEND TO:	<input type="checkbox"/> REQUESTED FROM:	<input type="checkbox"/> SEND TO:
		HENRY COUNTY SCHOOLS	
		Exceptional Student Education	
Addressee/Name		33 N. Zack Hinton Parkway	
Street		McDonough, GA 30253	
City, State, Zip		(770) 957-8086 – Phone	
Phone #		(770) 898-1190 - FAX	
Email or Fax#		Attn: Chrystal Volianites Chrystal.Volianites @henry.k12.ga.us	

I.D. Checked by _____

Unless records are being picked up in person, specify how they are to be received: Fax Email

