

La forma esta disponible en Espanol – Por favor preguntale al Principal de su Escuela.



Muscoogie County School District – Student Enrollment Form

School Name: _____ School Year: 20 ____ - 20 ____ Grade: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____ Preferred Name _____

Gender: _____ Male _____ Female Birth Date: ____/____/____ Social Security Number: _____

ENROLLING ADULT INFORMATION (Parent/Guardian 1) (The enrolling adult must sign at the bottom of this form in order to complete enrollment).
NOTE: The student must reside primarily with the enrolling adult.

Name of Enrolling Adult: _____¹ Relationship to Student: _____
Last First Middle

Parent Status: _____ Married _____ Separated _____ Divorced _____ Single

What is the primary language of the enrolling adult?: _____

Residential Address: _____ City _____ State _____ Zip _____

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

Occupation/Employer: _____ Email: _____

Do you: _____ Own your home _____ Rent your home or _____²Share a residence with another family

Is a parent/guardian on active duty military? _____ Yes _____ No Is a parent/guardian a civilian employed at Ft. Benning? _____ Yes _____ No

ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino _____ Yes _____ No *In the next line, check all options that apply.*

Race: _____ White _____ Black/African-American _____ Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander

If Not Born in the USA: Country of Birth _____ Date First Enrolled in School in the USA (DD/MM/YYYY) _____

School Last Attended: _____ City _____ State _____

Has student ever attended a Columbus school? _____ Yes _____ No If yes, give year and name of school. _____

³Has student ever attended public school in another district? _____ Yes _____ No If yes, give year and name of school. _____

Has student ever been served by a Special Ed. program? _____ Yes _____ No Gifted Education? _____ Yes _____ No

Does the student have a current IEP? _____ Yes _____ No Is the student on a 504 Plan? _____ Yes _____ No

English for Speakers of Other Languages (ESOL)? _____ Yes _____ No Speech Therapy at School? _____ Yes _____ No

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? _____ Yes _____ No

HOME LANGUAGE SURVEY (Required prior to enrollment – State Board of Education Rule 160-4-5-.02)

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? _____

TRANSPORTATION

Morning: _____ Car Rider _____ Student Driver _____ Before School Program _____ Walker _____ Bus Rider (Bus # _____)

Afternoon: _____ Car Rider _____ Student Driver _____ After School Program _____ Walker _____ Bus Rider (Bus # _____)

Name of Day Care: _____ Phone #: _____

¹ If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)
² Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)
³ Release of Records form may be required.

Student Name: _____

Grade: _____

SIBLING INFORMATION (Brothers and sisters 18 years of age or under)

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not in School _____

STUDENT HEALTH RECORD ** THE ATTACHED CLINIC CARD MUST BE COMPLETED ******

Does the student need to take medication at school?: _____ Yes _____ No Medication: _____

Food/Drug or other Allergies?: _____ Yes _____ No Allergies: _____

What medical information does the school need to know about the student?: _____

Student's Physician Name: _____ Phone: _____

In the event of an emergency, the school will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. Please indicate your preferred hospital (note: the school cannot guarantee transport to this facility):

Martin Army Hospital Doctors Hospital Midtown Medical Center St. Francis Other (Specify.) _____

STUDENT RELEASE INFORMATION

ADDITIONAL PARENT/GUARDIAN (#2) _____ Relationship to Student: _____
Last First Middle

Address (if different from Parent/Guardian #1): _____
Street City State Zip

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

Occupation/Employer: _____ Email: _____

Parent/Guardian #2 is authorized to pick up the student from school and may be called in case of emergency if enrolling adult cannot be reached?:

_____ YES _____ NO

STUDENT MAY BE CHECKED OUT BY THE FOLLOWING ADDITIONAL PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. ****Please indicate individuals other than enrolling adult****

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

EMERGENCY CONTACT **Please indicate an individual other than parents/guardians******

Name _____ Cell or Home Phone: _____ Work Phone: _____ Relationship _____

Signature of Parent/Legal Guardian
(Enrolling Adult)

Date Submitted

ONLY THE ENROLLING ADULT IS AUTHORIZED TO WITHDRAW OR TRANSFER THE STUDENT, AS WELL AS PICK-UP/CHECK-OUT THE STUDENT FROM SCHOOL, UNLESS OTHERWISE DESIGNATED ABOVE.

<i>Office Use Only</i>	
SCHOOL YEAR _____	
____ SS#	____ Birth Certificate
____ Immunization	____ Proof of Residency
____ EED	____ Clinic Card

Muscogee County School District Acceptable Use Policy (AUP) Agreement Form

Student's Last Name _____ First Name _____ Middle Initial _____

School Year _____ Student # _____

PARENT CONSENT FOR STUDENTS UNDER AGE 18

As the parent or guardian of this student, I understand that access to the Network and Internet is designed for educational purposes and that my student's school and MCSD have taken precautions to control controversial material; however, I also recognize it is impossible to restrict access to all such materials and I will not hold the school or MCSD responsible for materials acquired, viewed, or transmitted on the Network or Internet. I agree to abide by any changes in the AUP as approved by the Board. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

I have read and agree to the AUP

Parent/Guardian Name (Please Print)

Parent Guardian Signature

Date

STUDENTS AT LEAST 18 YEARS OF AGE OR ADULTS

As a user of the Network or Internet, I hereby agree to comply with this AUP and any Board-approved changes for the MCSD Network or Internet. I will use the Network and Internet in a responsible fashion while honoring all rules, policies, and restrictions. I understand that any violation may revoke my access and privileges or invoke disciplinary action and/or appropriate legal action.

I have read and agree to the AUP

Student Name (Please Print)

Student Signature

Date

PERMISSION FOR PUBLICATION OF PICTURE AND/OR STUDENT WORK

(Must be signed by parent/guardian or student if over 18 years of age)

I grant permission of the following:

- Publication of any student work on the school and or district website
- Student name to be published on the school and or district website
- Student photograph published on the school and/or district website
- Student information released to local news agencies for publication concerning school/district events.

Yes

No

Yes

No

Yes

No

Yes

No

Signature

Date



PARENT AND STUDENT NOTIFICATION
BAD CHECKS

The Muscookee County School District has a contract with CHECKredi to collect checks that are returned unpaid.

In the event a check is returned marked Account Closed, Fraudulent, Stop Payment, or NSF Item, CHECKredi will contact the check writer and make arrangements for recovery of the funds in addition to a \$35.00 fee. The cost of recovery is the responsibility of the check writer.

For additional information, call CHECKredi at (877) 524-7334 or visit the CHECKredi website at www.checkredi.com.

School: _____

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____



2017 – 2018
Behavior Contract
Student – Parent – School

Administrators, please have each student review the Muscogee County School District Handbook and Code of Conduct, and sign and return this form to be maintained by the school. Students, please place your initials by each statement and sign at the bottom. Parents/guardians, please review the statements with your child and sign. Your signature indicates that you and your child have read, reviewed, and understand the School District Handbook and Code of Conduct and all School Board policies contained therein.

Board policies are available at www.muscogee.k12.ga.us

____ I have received, read, and understand the Muscogee County School District Handbook and Code of Conduct.

____ I will not disrupt or interfere with the day-to-day operations of the school.

____ I will not damage or attempt to cause damage to school property.

____ I will not bully or otherwise verbally or physically harm any student or employee.

____ I will not have a weapon or anything that could be considered a weapon on school property, on the school bus, on the way to school, or at a school function or event.

____ I will not sell, possess, or be under the influence of alcohol, tobacco products, or illegal substances while on school property, on the way to school, or at a school function or event.

____ I will comply with all directions and commands given by any authorized school personnel.

____ I will take pride in my appearance by maintaining the MCSD and your school dress code.

____ I will attend all classes and not leave the school without permission.

____ I will not demonstrate gang signs, nor will I draw or wear gang insignia.

____ While at school or any school function, I will not participate in any inappropriate sexual behavior verbally, written, or physically.

____ I understand that my conduct off-campus could impact my school attendance.

____ I understand that riding a school bus is a privilege.

Student Signature

Date

Parent Signature

Date



2017-2018 Compulsory Attendance Law O.C.G.A §20-2-690.1
Parent & Student Notification Agreement

The Compulsory Attendance Law O.C.G.A. §20-2-690.1 continues to be in effect for the current academic year, which pertains to every school district in Georgia. The Compulsory Attendance Law states “children between their sixth and sixteenth birthday shall enroll and attend a public school, a private school, or a home study program”. If a child is under 6 years of age and has attended more than 20 days in a public school, he/she is then subject to this law. The law also provides “penalties for parent(s), guardian(s), or other person residing in Georgia who are in violation of O.C.G.A §20-2-690.1; which are imposed at the discretion of the court having jurisdiction”. Each day's violation of this law, after the School District has notified the parent, guardian, or other person in charge of a child having five unexcused absences from school, shall constitute a separate offense subjecting the person notified to the following measures:

1. Fine of not less than \$25 and not greater than \$100
2. Imprisonment not to exceed 30 days
3. Community service
4. Any combination of the above penalties

Elementary and middle school students may only miss **15** days per year before possible retention. High school students may miss only seven (**7**) days per semester to prevent loss of credits. Parents are required to provide proof of excused absences **within three days after the absence occurred**. Handwritten notes from parent(s), a doctor’s excuse, or a copy of a court order are a few examples of acceptable proof of absences. Schools may require additional verification for those students who have established a pattern of excessive absences.

The Muscogee County School District is required to obtain signatures from parents and students (who are ten years-old by September 1) as acknowledgment of receipt of the **Parent & Student Notification Agreement** and of the possible consequences due to non-compliance.

Thank you for your cooperation in acknowledging receipt of this agreement and the consequences in the event of any violation of the Compulsory Attendance Law. Please return this to your school's administration.

School: _____ Date: _____

Parent/Guardian Signature: _____

Student’s Signature: _____

Student’s Age as of September 1, 2017: _____



2017 – 2018

Parent Right To Know

Parents may request the following information about his/her student's teacher:

- Whether the teacher has met Georgia qualifications as licensing criteria for the grade level and subject matter he/she teaches.
- Whether the teacher is teaching under emergency or other provisional status through which Georgia requirements have been waived.
- The teacher's college major, whether the teacher has an advanced degree, and, if so, the subject of the degree.
- Whether any teachers' aides or similar paraprofessionals provide services to the child and, if so, their qualifications.

Point of contact: Title II office – Brandon McDonald (706)748-2138

School: _____

Parent/Guardian Signature: _____

Date: _____

*Principals: Federal regulations require the collection of this document from each of your parents. Please send a sampling (25 copies) to Title I and Brandon McDonald/Title II, Muscogee Public Education Center.



Protection of Pupil Rights Amendment Notice

The protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires MSCD to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas ("protected information surveys"):

1. Political affiliations or beliefs of the student or student's parents;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of other with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or the student's parents; or
8. Income, other than as required by law to determine program eligibility.

This parental notification requirement and opt-out opportunity also apply to the collection, disclosure or use of personal information collected from students for marketing purposes ("marketing surveys"). Please note that parents are not required by PPRA to be notified about the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions. Additionally, the notice requirement applies to the conduct of certain physical exams or screenings. This includes any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student. This does not include hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required by State law.

MCS D will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities, an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, D.C. 20202-8520



ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK & CODE OF CONDUCT

The undersigned hereby acknowledges receipt of the Muscookee County School District Handbook and Code of Conduct (“Handbook”) for the 2017-2018 school year. I have received, read, and discussed the requirements of the Handbook with my child, including but not limited to the code of conduct, disciplinary procedures, and the requirements of and penalties for violation of Georgia’s compulsory attendance law, and we agree to fully abide by the same.

Signature of Parent

Date

Printed Name of Student

Signature of Student

Date

School: _____

Grade: _____

Home Room Teacher/Advisor: _____

***** Please complete and return within 5 days of receipt of the Handbook. *****

The Muscookee County School District supports the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act and does not tolerate discrimination in any form.



**GUIDANCE AND COUNSELING
SAFE AND DRUG-FREE SCHOOLS ACTIVITIES/SURVEYS
PARENTAL PERMISSION FORM**

In order to provide the most effective prevention resources and/or activities for your child, Safe and Drug-Free Schools collect survey information from students at various grade levels during the school year. The surveys are totally anonymous, voluntary and ask for responses that pertain to student involvement in substance abuse, bully prevention, nutrition and suicide prevention. Students have the right to opt out.

The data collected will be used to identify critical areas of need for our Safe and Drug-Free Schools efforts. Survey analysis of these data provides information/data that:

- ~ Assists in the maintenance of a school environment that is free of drugs and violence.
- ~ Promotes a classroom atmosphere that allows teachers to teach and students to learn.
- ~ Develops and offers experiences that involve students in applying the concepts of making healthy decisions, accepting responsibility for behaviors, and understanding consequences.

Please check one:

I give permission for my child to participate in these important Safe and Drug-Free Schools' activities and surveys.

I would prefer that my child not participate in the Safe and Drug-Free Schools' activities and surveys.

Please sign and return this form to your child's school.

SCHOOL _____

STUDENT NAME _____ **GRADE** _____

Parent/Guardian Signature

Date

Thank you for your participation.