



## **DOCUMENTS REQUIRED FOR SCHOOL REGISTRATION**

### **Proof of Authorized Person to Enroll**

*The following persons are authorized to enroll students:*

- **A Parent**
- **A Legal guardian**
- **An Eligible Student**
- **A grandparent with a properly executed Power of Attorney**
- **An adult who has assumed the duties and responsibilities of a parent with respect to the student seeking enrollment**

*The person authorized to enroll should present one of the following:*

- **Driver's License**
- **State identification card**
- **Passport**
- **Other official photo identification**

### **Documentation Needed:**

1. Student's birth certificate or Federal, state, county, or school document with date of birth (*Examples include hospital-issued birth record; military I.D.; valid driver's license; passport; adoption record; religious record; school transcript; or affidavit of age sworn by parent/guardian or other authorized person accompanied by a certificate of age signed by a licensed, practicing physician which states the physician has examined the child and believes the age, as stated in the affidavit, is substantially correct.*)
2. Proof of residence: Current utility bill plus one of the following: *current lease/rental agreement; recent income tax return; current paycheck stub with current address; current residential property tax statement or bill; current warranty or quitclaim deed; third person affidavit of residency (refer to Walton County School District - Residency Affidavit); current homeowner's insurance policy.*
3. Current Immunization Record (Georgia Immunization Form 3231) or medical or religious exemption.
4. If new to Georgia schools, GA Form 3300 – Certificate of Vision, Hearing, Dental, and Nutritional Screening.
5. Copy of student's social security card. Parents can sign a waiver in lieu of providing a Social Security card.
6. Previous school records: (Grades 1-8 latest report card) (Grades 9-12 latest transcript).
7. Legal documentation such as guardianship or custody paperwork, if applicable.

No student shall be denied enrollment in the Walton County Public School District for declining to provide his or her social security number or for declining to apply for such a number.

As required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, the Walton County School District does not discriminate on the basis of race, color, gender, religion, national origin, handicap, disability genetic information, or veteran status in its educational programs and activities. This includes but is not limited to admissions, educational services, employment, and in any aspect of their operations. For additional information or referral to the appropriate system coordinator, contact the system coordinator, Lance Young, Chief Human Resources Officer at 200 Double Springs Church Road, Monroe, Georgia 30656, or at 770-266-4410.



# Walton County School District Student Registration Packet

Version 17.03.16

OFFICE USE ONLY: \_\_\_\_\_ GA Immunization \_\_\_\_\_ Legal Documentation  
\_\_\_\_\_ Birth Certificate \_\_\_\_\_ GA Health Form \_\_\_\_\_ Proof of Residency  
\_\_\_\_\_ Social Security Card/Waiver \_\_\_\_\_ Signed Records Release

Has student ever attended a Walton County School? \_\_\_\_\_ No \_\_\_\_\_ Yes School attended \_\_\_\_\_

## Section 1: Student Information

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Is student of Hispanic/Latino ethnicity: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Race (must select at least one):  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Pacific Islander  
\_\_\_\_\_ White

## Section 2: Primary Household Information

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Name of Parents/Guardians living in the household:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who has legal custody: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other Legal documents provided: \_\_\_\_\_ Y \_\_\_\_\_ N  
Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_ Foster Parent

Siblings attending Walton County School District:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Section 3: Secondary Household Information

### Name of Parents/Guardians NOT living in the primary household:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 4: Emergency Contact Information

In the event that parents are unable to be contacted please list other people who are allowed to be contacted &/or pick up your child.

1. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List any additional people who are authorized to pick up your child:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

List any people who **MAY NOT** pick up your child:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Section 5: Previous School Information

1. Last School Attended & Address: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Prior School & Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Is your child currently on suspension or expulsion from this or another school system:  Y  N

Reason for expulsion: \_\_\_\_\_

School System: \_\_\_\_\_ Date: \_\_\_\_\_

Has this student been adjudicated delinquent or convicted of murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated battery or armed robbery?  Y  N

If yes where did this offense occur? \_\_\_\_\_

Has your child ever received any of the following services?

Special Education  Early Intervention Program (EIP)  English Language (ELL)  Gifted Program  
 POI/RTI  504  Speech

### Section 6: Student Residency

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

1. Is your current address a temporary living arrangement?  Y  N
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Y  N

If you answered **yes** to the above questions please complete the remainder of this form. Where is student living?

Sharing housing of other persons due to loss of housing, economic hardship, or a similar reason.

Motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations.

Emergency or transitional shelters or transitional housing shelter or agency.

Primary nighttime residence that is a place not designated for or ordinarily used as a regular sleeping accommodations for humans i.e. car, park, public spaces, abandoned buildings, or other.

How long do you anticipate living at this location? \_\_\_\_\_

Please indicate if your child participates or is eligible for any of the following (check all that apply):

SSI  TANF  Medicaid  Peachstate  
 Amerigroup  Food Stamps  Wellcare  Peachcare  
 Free & Reduced Price Meals under Child Nutrition Program/School Nutrition Program.



**WALTON COUNTY SCHOOL DISTRICT**  
*"In Pursuit of Excellence"*

**Home Language Survey: English As A Second Language**

School: \_\_\_\_\_

Student's Legal Name:

\_\_\_\_\_

Last

First

Middle

Suffix

Dear Parent or Guardian:

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. Thank you.

Has your child received ESOL instruction before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of school: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Which language does your child **most frequently** speak at home? \_\_\_\_\_

Which language do adults in your home **most frequently** speak? \_\_\_\_\_

Which language(s) does your child currently understand or speak? \_\_\_\_\_

If possible, would you prefer notice of school activities in a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes what language is needed? \_\_\_\_\_

*Please give two weeks advance notice when translation services are requested.*

In what country was your child born? \_\_\_\_\_

Date your child entered the USA: \_\_\_\_\_

Date your child first started school in the USA: \_\_\_\_\_

Date your child first started school in Georgia: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

**Registrars: Place in Permanent Record Folder and forward a copy to the Federal Program Director.**



**Richard Woods, Georgia's School Superintendent**

*"Educating Georgia's Future"*

School District: Walton County 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 three (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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names 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





**SCHOOL HEALTH INFORMATION CARD** (School Year 20\_\_ to 20\_\_)

Student # \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/HR \_\_\_\_\_  
Student: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health History**

ALLERGIES \_\_\_\_\_ YES \_\_\_\_\_ NO    PHYSICAL HANDICAPS \_\_\_\_\_ YES \_\_\_\_\_ NO  
DIABETES \_\_\_\_\_ YES \_\_\_\_\_ NO    SEIZURE DISORDER \_\_\_\_\_ YES \_\_\_\_\_ NO  
SICKLE CELL DISEASE \_\_\_\_\_ YES \_\_\_\_\_ NO    ASTHMA \_\_\_\_\_ YES \_\_\_\_\_ NO  
CANCER \_\_\_\_\_ YES \_\_\_\_\_ NO    ADHD/ADD \_\_\_\_\_ YES \_\_\_\_\_ NO

**If you answered yes to any of the above, please detail specifics in the space provided below along with any other physical or mental health issues which may be a concern at school.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Does your child have any condition that would limit physical education activities?

List: \_\_\_\_\_

\_\_\_\_ Does your child take any prescribed medications routinely?

List: \_\_\_\_\_

Do we have permission to complete Hearing and/or Vision Screenings on your child? \_\_\_ Yes \_\_\_ No

List name(s) of school-aged siblings:

- 1. \_\_\_\_\_ Grade/School \_\_\_\_\_ | \_\_\_\_\_
- 2. \_\_\_\_\_ Grade/School \_\_\_\_\_ | \_\_\_\_\_
- 3. \_\_\_\_\_ Grade/School \_\_\_\_\_ | \_\_\_\_\_
- 4. \_\_\_\_\_ Grade/School \_\_\_\_\_ | \_\_\_\_\_

**Emergency Contact Information**

**Parent/Guardian #1**

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Parent/Guardian #2**

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**If parents/guardians cannot be reached, list two persons show will assume care of your child.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to give my child (check all that apply) \_\_\_ Tylenol \_\_\_ Advil \_\_\_ Caladryl/Calamine Lotion \_\_\_ Benadryl Cream \_\_\_ Tums (or generic equivalent) according to label instructions; \_\_\_ cough drops according to label instructions.

\_\_\_ Yes \_\_\_ No (Box MUST be checked for medication administration – Parent will be contacted prior to administration.)

\_\_\_ Yes \_\_\_ No I understand that, if in the event of an emergency, I cannot be reached, the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_