



JASPER COUNTY CHARTER SYSTEM STUDENT REGISTRATION PACKET 2020 - 2021

STUDENT INFORMATION

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

Grade: ___ Gender: ___ Date of Birth: _____ Social Security # _____ Place of Birth _____

Is student of Hispanic/Latino Ethnicity: ___ Yes ___ No

Race (must select at least one) _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander
_____ Asian _____ White
_____ Black/African American

Has student ever attended a Jasper County School? ___ No ___ Yes. If Yes, school attended _____

Is your child currently on suspension or expulsion from another school system: ___ Yes ___ No
If yes, 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? ___ Yes ___ No
If yes, where did this offense occur? _____

PRIMARY HOUSEHOLD INFORMATION

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (IF different from Physical Address): _____

NAME OF PARENTS/GUARDIANS LIVING AT THE PHYSICAL ADDRESS LISTED ABOVE

Name: _____ Relationship to student: _____

Primary Phone: _____ (cell or home) Work Phone: _____ Email: _____

Name: _____ Relationship to student: _____

Primary Phone: _____ (cell or home) Work Phone: _____ Email: _____

SIBLINGS ATTENDING JASPER COUNTY CHARTER SYSTEM:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

STUDENT NAME: _____ GRADE: _____

EMERGENCY CONTACT INFORMATION

In the event that you are unable to be contacted, please list the other people who are allowed to be contacted and have permission to pick up your child from school:

Name: _____ Relationship to student: _____

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

Name: _____ Relationship to student: _____

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

Name: _____ Relationship to student: _____

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

Name: _____ Relationship to student: _____

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

List any people who MAY NOT pick up your child:

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

MILITARY INFORMATION

(The GA Department of Education requires this information.)

Does the child have a parent/guardian who meets one of the following criteria at any point during this school year?

_____ **Yes (complete the information below)** _____ **No (proceed to next section)**

Name of Parent/Guardian _____

1. Is an active duty member of the uniformed services, including National Guard/Reserve? _____ No _____ Yes
If Yes, what branch of the military _____

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? _____ No _____ Yes
If Yes, what branch of the military _____

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? _____ No _____ Yes
If Yes, what branch of the military _____

4. Is a member of the military reserves? _____ No _____ Yes
If Yes, select one of the following: _____ US Armed Forces _____ National Guard _____ Reserve



JASPER COUNTY CHARTER SYSTEM
RELEASE OF STUDENT INFORMATION

Student Name: _____ **Date of Birth:** _____

Previous School: _____ **Grade:** _____ **Contact:** _____

Address: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____ **Email:** _____

While enrolled at the above-mentioned school, my child received the following services:

- | | | |
|--|---|---|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Early Intervention Program (EIP) | <input type="checkbox"/> English Language (ELL) |
| <input type="checkbox"/> RTI/MTSS/SST | <input type="checkbox"/> 504 | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Gifted/AP | | |

Parent Signature: _____ **Date:** _____

*Signature authorizes the school/agency listed above to release records & confidential information and/or communicate with the contact listed.

This section to be completed by school personnel only.

Date Requested _____

Records Requested

- | | | |
|---|---|---|
| <input type="checkbox"/> Permanent Educational Record | <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> RTI/MTSS Plan |
| <input type="checkbox"/> Withdrawal Form w/ current grades | <input type="checkbox"/> Screening & Health Information | <input type="checkbox"/> Gifted Eligibility |
| <input type="checkbox"/> Official transcript & recent report card | <input type="checkbox"/> ELL/ESOL Record | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Discipline Record (7 th -12 th grades) | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Special Education Eligibility/IEP | <input type="checkbox"/> Immunization Record |

Send Records to:

JASPER COUNTY CHARTER SYSTEM
1141 College Street
Monticello, Georgia 31064
Phone: (706) 468-6350 x. 128
Fax: (706) 468-6320

Attention: _____ **Email Address:** _____

STUDENT RESIDENCY STATEMENT

Student Name: _____ **Grade:** _____

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.

Do you live in any of the following situations? Please mark as appropriate.

- _____ Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.).

- _____ In a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations.

- _____ In emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing through MUST, Center for Family Resources, or other shelter/agency.

- _____ Have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans.

- _____ In cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

- _____ None of the above.

How long do you anticipate living at this location? _____

NOTIFICATION OF RIGHTS FOR HOMELESS STUDENTS PROGRAM

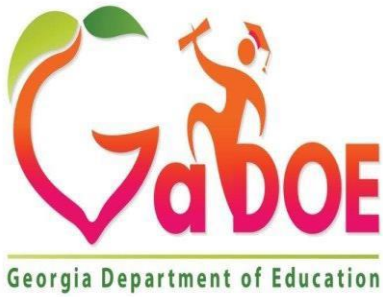
Under the McKinney-Vento Act, children in homeless situations have the right to:

1. Attend either the local school, or the school of origin, if this is in his/her best interest. The school of origin is the school the child attended when he/she was permanently housed or the school in which the child was last enrolled.
2. Receive transportation to and from the school of origin.
3. Receive meals through food services program.
4. Enroll in school immediately, even if missing records and documents normally required for enrollment.
5. Have access to the same programs and services that are available to all other students.
6. Attend school with children not experiencing homelessness.
7. Made aware of the PK enrollment process.

Local Homeless Liaison Contact Information:

Ms. Kathleen Hatchett or Dr. RaNae Fendley
Jasper County Charter System
(706) 468-6350

PARENT SIGNATURE: _____ **DATE:** _____



**Georgia Department of Education
ESOL & Title III Unit**

Required Home Language Survey

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

STUDENT NAME (required information): _____

Language Background (required information):

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?

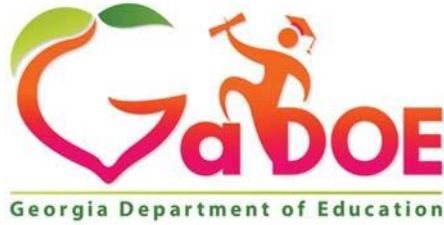
Language for School Communication (not required):

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

Signature of Parent/Guardian/Other

Date

Georgia Department of Education
Richard Woods, Georgia's School Superintendent
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Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: JASPER COUNTY CHARTER SYSTEM

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title 1, 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

1858 Twin Towers East – Jesse Hill Jr. Drive – Atlanta, Georgia 30334 – www.gadoe.org