Student Enrollment Requirements

Megaweyer County Board of Education

Please assist us by bringing these papers with you when you arrive at the school to register your child(ren).

The following documents are required upon registration in the Megaweyer County:

- Current (less than 30 days old) rent receipt and rental agreement where the tenant is residing for proof of residence.
- Current Megaweyer County OR lease or mortgage form OR a driver's license OR homeowner's form W-2 or W-4.
- Picture ID of parent or legal guardian registering child.
- Any restating orders or other legal documents specifically limiting the access of any individual.
- Any court orders that prevent or limit access of a parent to the child or the child's educational records.
- Custody of guardianship papers issued by the court if student lives with anyone other than the natural parents, as listed on the birth certificate.
- Completed Georgia Immunization Form and EED Georgia Certificate of Vision, Hearing, Dental.
- Parent may elect to sign a form at the time of registration stating the individual does not wish to provide the social security number (per O.C.A. 20-2-160).
- Copy of the enrolling student's social security card.
- Copy of Social Security number.
- Certified copy of student's original birth certificate.
- Most recent report card and current transcript from last school attended.

Also, when you arrive at the school, to register your child, please have the following information available in order to complete the necessary enrollment paperwork:

- Family living with the student(s) being enrolled.
- Picture ID of parent or legal guardian registering child.
- Any restating orders or other legal documents specifically limiting the access of any individual.
- Any court orders that prevent or limit access of a parent to the child or the child's educational records.
- Custody of guardianship papers issued by the court if student lives with anyone other than the natural parents, as listed on the birth certificate.
- Completed Georgia Immunization Form and EED Georgia Certificate of Vision, Hearing, Dental.
- Parent may elect to sign a form at the time of registration stating the individual does not wish to provide the social security number (per O.C.A. 20-2-160).
- Copy of the enrolling student's social security card.
- Copy of Social Security number.
- Certified copy of student's original birth certificate.
- Most recent report card and current transcript from last school attended.
I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

[Signature]

Please provide your full name and any other identifiable information here.

[Printed Name]

Date

[Date]

My relationship to the student is:

[Relationship]

[Signature]

SECTION 1: Parent / Guardian Information

[Name]

[Relationship]

[Address]

[City, State, Zip]

[Phone]

[Email]

[Employer]

[Occupation]

[Annual Income]

[Social Security Number]

[Driver's License Number]

[Expiration Date]

[Parent's Signature]

SECTION 2: Residency Information

[Address]

[City, State, Zip]

[Phone]

[Email]

[Employer]

[Occupation]

[Annual Income]

[Social Security Number]

[Driver's License Number]

[Expiration Date]

[Residency Verification]

[Residency officer]

[Signature]

[Date]

[Exemption]

[Exemption Officer]

[Signature]

[Date]

SECTION 3: Current Living Arrangements

[Type of Housing]

[Address]

[City, State, Zip]

[Phone]

[Email]

[Employer]

[Occupation]

[Annual Income]

[Social Security Number]

[Driver's License Number]

[Expiration Date]

[Residence Verification]

[Residence officer]

[Signature]

[Date]

[Exemption]

[Exemption Officer]

[Signature]

[Date]

SECTION 4: Language

[Language Spoken at Home]

[Language Spoken at School]

[Language Spoken in Community]

[Language Spoken in Church]

[Language Spoken in Work]

[Language Spoken in Media]

[Language Spoken in Leisure]

[Language Spoken in Transportation]

[Language Spoken in Medical]

[Language Spoken in Legal]

[Language Spoken in Other]

[Number of Hours Spoken per Day]

[Number of Days Spoken per Week]

[Number of Months Spoken per Year]

[Number of Years Spoken]

[Language Proficiency]

[Proficiency Officer]

[Signature]

[Date]

[Exemption]

[Exemption Officer]

[Signature]

[Date]
**SECTION 1: Primary Household (Household in which students reside the majority of the time)**

- **Primary Telephone Number:**
- **Physical Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Mailing Address:**

**SECTION 2: Secondary Household (Household in which students do not reside at the same residence as students)**

- **Primary Telephone Number:**
- **Physical Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Mailing Address:**

**Note:** If more than one additional address applies to students within the primary household, please see Registration for additional instructions.
<table>
<thead>
<tr>
<th>SECTION: Signature of Person Completing Form:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Printed Name:</td>
<td></td>
</tr>
<tr>
<td>Relationship:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT TWO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT THREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT FOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACT SIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
</tr>
<tr>
<td>Relationship</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>DOB</td>
</tr>
</tbody>
</table>

**Emergency Contacts:**
For registering more than one student and
the following people are permitted to pick up my child(ren) from school without further notice from me: (If registering more than one student and
please see Registrar)

<table>
<thead>
<tr>
<th>Parent/Guardian 1</th>
<th>Relationship to Student</th>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian 2</td>
<td>Relationship to Student</td>
<td>First Name</td>
<td>Last Name</td>
<td>Middle Name</td>
<td>DOB</td>
</tr>
</tbody>
</table>

**SECTION 4: Student Information**

- **Other (Please specify occupation):**
  - Farming
  - Processing/Seaweed harvesting
  - Livestock
  - Fishing or fish farming
  - Agriculture/Planting/Planting vegetables or fruits such as tomatoes, grapes, oranges, strawberries, blueberries, etc.

**SECTION 3: Written Information**

- Has anyone in your immediate family been involved in one of the following occupations, either full time or part-time, or temporarily during the last three years?
  - Yes
  - No

**SECTION 2: Student Information**

- Has your family moved in order to work in another city/town in which you reside?
  - Yes
  - No
PART II: ALL CURRENT MEDICATIONS
Please give details for all that are made YES above.

<table>
<thead>
<tr>
<th>Medication Taken</th>
<th>Heart Problem</th>
<th>Arthritis</th>
<th>Headache</th>
<th>Head Injury/Concussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These necessary doctors orders by the end of the second week of school will result in the student being excused from school.

- **Vision Defects:** (explain correction below)
- **Hearing Defects:** (explain correction below)
- **Physical Disability:**
- **Special Education:**
- **Medication:**
- **Epilepsy:**
- **Allergies:**
- **Medication Taken:**
- **Home Room Teacher:**
- **Grade:**
- **Name of Student:**

**CONFIDENTIAL**
ANNUAL STUDENT HEALTH INFORMATION
MERIWETHER COUNTY SCHOOLS
The undersigned, first being duly sworn, and under penalty of law, do depose that all the information given in the

AFFIDAVIT OF RESIDENCY

Driver’s License, age receipt and voter’s registration
W-2 or W-4 Form of a Meriwether County Property Tax Assessment Form
Current and valid lease or rental agreement or deed establishing home ownership

Proof of residence documentation presented and attached (check one):

[ ]

Date of Birth

Current full time address: [City/State: ]

Full names of parent/guardian:

School:
1. Date

Signature

Name of Parent/Guardian: ______________________________________________________________________

I certify that the information provided above is correct and complete; understand that providing false information on this form may be prosecuted under penalty of perjury.

I understand that the information provided above is correct and complete; understand that providing false information on this form may be prosecuted under penalty of perjury.

2. Previous School Year

3. Current School Year

4. Were you suspended from a public or private school during the current or previous academic year?

   Yes ( )

   No ( )

5. Has this student EVER been suspended from a public or private school for more than 10 consecutive days?

   Yes ( )

   No ( )

6. Has this student EVER been expelled from a public or private school or suspended for more than 10 consecutive days?

   Yes ( )

   No ( )

7. Has the student EVER been arrested in an alternative program (for more than 10 consecutive days) at which the student was placed due to disciplinary infractions?

   Yes ( )

   No ( )

8. Was the student suspended due to disciplinary infractions at another public or private school in an alternative program at which the student was enrolled?

   Yes ( )

   No ( )

9. Are you withdrawing the student from the previous school pending expulsion or other disciplinary action?

   Yes ( )

   No ( )

10. Is this student currently under suspension or long-term suspension (more than 10 consecutive assigned days) at another public or private school?

    Yes ( )

    No ( )

11. Has the student been adjudicated to have committed, been found guilty of, or had information filed for the commission of

    a. A prank or transgression that would be a felony if committed by an adult?
      Yes ( )
      No ( )

    b. A class B or C misdemeanor or a class A violation as defined in O.C.G.A. §1-13-1-2?
      Yes ( )
      No ( )

12. Student's Legal Name: __________________________

13. Parent/Guardian Name: __________________________

14. Home Phone: __________________________

15. Cell Phone: __________________________

16. Date of Birth: __________________________

17. Current Grade: __________________________

18. Address: __________________________

19. Court/Officer of Probation/Parole: __________________________

20. City: __________________________

21. State: __________________________

22. Zip Code: __________________________

23. Phone Number: __________________________

24. Records/Transcripts: __________________________

25. Signed: __________________________

26. Date: __________________________

27. County Schools: Safe Schools Questionnaire

28. Meriwether County Schools
Social Security Number Waiver Form

Georgia law (O.C.G.A. § 20-2-150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student. No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.

I do not wish to provide the school with the Social Security number of my child/children.

Name of Child/Children Enrolled at this School (Please Print):

1. 
2. 
3. 
4. 
5. 

(Print) Name of Parent/Legal Guardian:

Signature of Parent/Legal Guardian:

Date:

Name of School:

The Meriwether County School District does not discriminate on the basis of race, color, religion, national origin, disability, sex, age, or any other legally protected characteristic in the education programs or activities it provides and which it operates. This includes admission to, treatment in, or employment in such programs and activities. Meriwether County School District is an Affirmative Action/Equal Opportunity Employer. It is the policy of Meriwether County School District to comply fully with the requirements of Title VI and Title IX of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Age Discrimination in Employment Act of 1967.
Date
Parent/Guardian Printed Name
Parent/Guardian Signature

The school to present such additional proof of residency (such as lease agreement, mortgage, driver's license, etc.) as shall be reasonably required.

I certify that the student listed above is/he/she is the new household resident address provided on this form. I agree upon request by

New School (if applicable)
Previous School
Student Name
Date of Birth

Students Moving to New Residency Address

to their child(ren) and their child(ren)'s educational records.

NOTE: In absence of custody papers or court orders, we will continue to provide parents and legal guardians access

Provide custody papers or court orders to parent/legal guardian, access to one of more children in this household has been

Provide written expression of the circumstances of the household membership change of which the school system should be

Complete a new Family Registration Form. Including current household information and relationships

Following steps are required:

D New address indicated above
D Household membership changed. Check this option if the household split or combined with another household. The

D Change of Residency Type (please check one):

Primary Household (please check one)

City

State zip

Mailing Address

New Household Address:

Primary Household Telephone

City

State zip

Mailing Address

Previous Household Address:

New Household Address:

Primary Household Telephone

City

State zip

Mailing Address

Previous Household Address:

Please complete this form and return to the Secretary/Register at your child(ren)'s school.

Instructions

Notification of Change of Student Address

Meriwether County Schools