

School Yr _____ Grade _____ School _____ R/Eth H: Y N / AI As B W NH
 Residence: P W R O Affidavit OOD Cust/Non-Parent W/D Kinder: BC SS IM EED

STUDENT INFORMATION

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

Address: _____ Apt/Lot# _____ City: _____ Zip: _____

Mailing Address (if different): _____ City: _____ Zip: _____

Birth date: _____ Birthplace: _____ Social Security # _____

Gender : ☐ Male ☐ Female Date first entered US school: _____

HOUSEHOLD INFORMATION

Student lives with:

☐ Both parents ☐ Mother ☐ Father ☐ Step Parent ☐ Joint Custody ☐ Foster Parent ☐ Legal Guardian

Home Phone: _____

Name of person enrolling student: _____

Relationship: _____

Circle one

Mother/Step-Mother/Guardian's Name: _____

Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

Circle one

Father/Step-Father/Guardian's Name: _____

Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

Please list **all** school age brothers and sisters living in the home.

Name **Relationship to student** **Date of Birth**

ENROLLMENT HISTORY

Student's Previous School: _____ City: _____ State: _____

List any Whitfield County Schools attended: _____

TRANSPORTATION INFORMATION

Morning Transportation:

☐ Car ☐ Bus

Afternoon Transportation:

☐ Car ☐ Bus**SPECIAL PROGRAMS**

Does the student currently receive any of these services? ☐ Early Intervention (EIP) ☐ Special Education/IEP
☐ 504 Plan ☐ Response to Intervention (RTI) ☐ Speech

Does the student participate in Gifted/ Talented Programs? Yes ☐ No ☐Is either parent/ guardian/ step-parent with whom the student resides on full-time military duty status? ☐ Yes ☐ No

WHITFIELD COUNTY SCHOOLS
AUTHORIZATION TO OBTAIN RECORDS/ NOTICE OF RELEASE OF RECORDS

Student's Full Name

Last School Attended

Student's Grade

School Address

Student's Date of Birth

City

State

Zip

Fax # (Do not write phone number)

Is the student currently suspended or expelled from his/her previous school? ☐ Yes ☐ No

Has the student been adjudicated (found guilty) of the following designated felony act(s)? ☐ Yes ☐ No

- Kidnapping or arson in the first degree.
- Aggravated assault, arson in the second degree, aggravated battery, robbery, armed robbery not involving a firearm, or battery in violation of Code Section 16-5-23.1 if the victim is a teacher or other school personnel.
- Attempted murder or attempted kidnapping.
- The carrying or possession of a weapon in violation of subsection (b) of Code Section 16-11-127.1
- Hijacking a motor vehicle.
- Violation of Code Section 16-7-82, 16-7-84, or 16-7-86 relating to explosive devices.
- Other act which if done by an adult, would be a felony.
- Any violation of Code Section 16-13-31, relating to trafficking in cocaine, illegal drugs, marijuana, or methamphetamine.
- Violation of Code Section 16-14-4, relating to racketeering.
- Violation of Code Section 16-10-52, relating to escape.

I have received notice that the records indicated below have been requested or released and that the information regarding the suspension/ expulsion and designated felony acts is correct.

Parent /Guardian Signature

Date

Office use only: Do not write below this box

NOTE: According to Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within 10 calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees

Please Fax or Mail: **ALL REGULAR EDUCATION RECORDS INCLUDING:**

Withdrawal Form
Current Transcript
Discipline Records w/ notes
Standardize/ State Test Scores
Documentation related to commission of any felony offenses

Birth Certificate
Immunization Certificate
Transfer Grades
Health Records

Social Security Card
EED
SST Records
Report Cards from previous school terms

Attendance
Summer School Grades
ESOL Records

Attention: _____

Enrollment Start Date

FAX #: _____

Please Mail: **ALL SPECIAL EDUCATION RECORDS INCLUDING:**

IEP
Eligibility Reports

Psychological
Parent Consent

Speech Records

To:
Whitfield County Schools
Special Education Department
201 East Tyler Street
Dalton, GA 30721

School Official

Race and Ethnicity Identification Form

Whitfield County Schools

To Parents/Guardians:

Please complete **Parts 1, 2, and 3** by completely darkening the circle beside your answers.

Student _____
Last Name First Name

Date of Birth _____ Grade _____ School _____

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**. ☐ Yes ☐ No

Part 2: Race Designation

Directions: Read the definition below and completely darken the circle or circles that indicate this student's race.

You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate the student's race. (Select all that apply answer.)

- ☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North, South, Central America (including Mexico), and who maintains a 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 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.
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North 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.

Part 3: I verify the information on this form is accurate.

Signature, Parent/Guardian

Date

If this form is incomplete or not returned we are required by the Department of Education to report a race/ethnicity designation based on observation.



**The form on the next page is the
Home Language Survey.**

**If you answer the questions with a language
other than English,
your student will be tested for the
ESOL Program (Language Services)**

Thank you.

Home Language Survey



Student's Name: _____ Date of Birth: _____

School: _____

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

-
1. Which language does your child most frequently speak at home? _____
 2. Which language do adults in your home most frequently use when speaking with your child? _____
 3. Which language(s) does your child currently understand or speak? _____
-

Signature of Parent /Guardian/ Other

Date

In what language do you prefer all school communication?



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 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

Whitfield County Schools

Student Residency Questionnaire

Name of School: _____

Grade: _____

Name of Student: _____
Last First Middle

Gender: M or F

Date of Birth: ____/____/____ Age: ____ Social Security #: _____

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

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Have you lost your housing due to economic or other hardship (eviction, fire, or other emergency)? _____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, please sign below.

Where is the student presently living? (Check on Box)

- ☐ In a motel _____
- ☐ In a shelter _____
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- ☐ Placed in state care or custody _____
- ☐ Unaccompanied youth
- ☐ Other living situation (please explain): _____

Name of Parent(s)/ Legal Guardian (s) _____

Address _____ Zip Code _____

Telephone Number _____ Alternate Telephone Number (s) _____

Other children (newborn – age 17) also living with this student:

Name	Date of Birth	Name of School/Preschool/Daycare
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Presenting a false record of falsifying records is an offense under OCGA 16-10-20.

Signature of Parent/Legal Guardian _____ Date _____

Please send a copy to Teresa Sefcik at the Student Services Center. Fax: (706) 260-2256

Office use only

I Certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

☐ Parent/Guardian received copy of rights of McKinney-Vento Act

If, due to lack of housing, you must live in a shelter, motel, vehicle, or campground, on the street, in abandoned buildings or trailers, or doubled-up with relatives or friends, then according to the McKinney-Vento Act, you are considered homeless.

Who is homeless?

(McKinney-Vento Homeless Assistance Act of 2001 – Title X, Part C, of the No Child Left Behind Act – Sec 725)

The term “homeless children and youth”—

- A. means individuals who lack a fixed, regular, and adequate nighttime residence...; and
- B. includes —
 - i. children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - ii. children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...
 - iii. children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - iv. migratory children...who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Educational rights

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

- ✧ Go to school, no matter where they live or how long they have lived there
- ✧ Attend either the local school or the school of origin, if this is in their 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
- ✧ Appeal the enrollment decision made by the school if you disagree
- ✧ Receive transportation to and from the school of origin
- ✧ Enroll in school immediately, even if missing records and documents normally required for enrollment such as a birth certificate, proof of residence, previous school records, or immunization/medical records
- ✧ Enroll, attend classes, and participate fully in all school activities while the school arranges for the transfer of records
- ✧ Have access to the same programs and services that are available to all other students including transportation and supplemental educational services
- ✧ Attend school with children not experiencing homelessness; segregation based on a student’s status as homeless is prohibited



Local Contact:
Teresa Sefcik, MSW
Homeless Education Liaison
Whitfield County Schools
201 E Tyler St., Dalton, GA
Tel (706) 876-3927 Fax (706)260-2255



Right to Know Professional Qualifications of Teachers and Paraprofessionals

Date: August 10, 2015

Dear Parents,

In compliance with the requirements of the Elementary and Secondary Education Act the **Whitfield County School System** would like to inform you that you may request information about the professional qualifications of your student's teacher(s). The following information may be requested:

- 1) Whether the teacher has met the Georgia Professional Standards Commission's requirements for certification for the grade level and subject areas in which the teacher provides instruction;
- 2) Whether the teacher is teaching under an emergency or other provisional status through which Georgia qualifications or certification criteria have been waived;
- 3) The college major and any graduate certification or degree held by the teacher;
- 4) Whether the student is provided services by paraprofessionals, and if so, their qualifications.

If you wish to request information concerning your child's teacher's qualification, please contact the **Chief Officer of Human Resource, Dr. Richard Hill** at **706-278-8070**.

Sincerely,

Judy Gilreath, Superintendent

8/10/2015