

Oconee County Schools

Enrolling School _____
School Year _____

STUDENT INFORMATION/ENROLLMENT SHEET

Locker # _____

Teacher _____

Demographics

Student Name _____ Grade _____ Male _____ Female _____
Last First Middle (Circle One)

Street Address _____

Mailing Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Home Phone _____

Previous Address _____

City _____ St _____ Zip _____

Student's Social Security Number _____

Date of Birth _____

***A parent/guardian who objects to incorporation of the social security number into the school records of a child may have the requirement waived by signing the STATEMENT OF OBJECTION TO THE USE OF SOCIAL SECURITY NUMBER FOR STUDENT IDENTIFICATION. Please be advised that in doing so, it may impact HOPE Scholarship/Grant Eligibility in the future.**

Father's Name _____

Mother's Name _____

Father's Day Phone _____

Mother's Day Phone _____

Father's Employer _____

Mother's Employer _____

Father's Home Phone _____

Mother's Home Phone _____

Father's Cell Phone _____

Mother's Cell Phone _____

Father's E-mail _____

Mother's E-mail _____

Does student reside with both parents? Yes _____ No _____

If "No," with whom does student reside? _____

Relationship _____

Are both persons named above the student's legal guardian(s)? _____ (Documentation may be requested.)

***The child must reside with the ENROLLING ADULT.**

Ethnicity – Is the student of Hispanic/Latino ethnicity? _____

Yes _____ No _____ (Must also indicate race.)

Sibling(s) _____ Age(s) _____ School(s) _____

Race (check **all** that apply)

_____ Black/African American

_____ American Indian/ _____ Native Hawaiian/Other

_____ Alaska Native _____ Pacific Islander

_____ Asian _____ White

Parent/Guardian Alert

If there are any special restrictions regarding your student's pickup, please explain. _____

Emergency Contacts/Medical

May either parent be contacted in case of an emergency? Yes _____ No _____ (If "No," please explain.) _____

Whom do we contact if parent or guardian is unavailable? By listing these contacts, you are hereby authorizing them to check your student out of school and to be responsible for your child's welfare and transportation from school.

Contact (Last/First) _____ Phone (No./Type) _____ Relationship _____

Contact (Last/First) _____ Phone (No./Type) _____ Relationship _____

Contact (Last/First) _____ Phone (No./Type) _____ Relationship _____

Doctor _____ Phone _____ Allergies _____

Medical Alert _____

In case of illness/injury, the school will render first aid as directed by OCS policy and procedures. If the situation is very serious, the school shall telephone Oconee County Medical Emergency (911) for immediate transportation to an emergency treatment hospital. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Do you have insurance for your Child? Yes _____ No _____

If not, and you qualify, would you be interested in receiving information regarding Peach Care for kids? Yes _____ No _____

Military

Is parent or guardian on active duty in the US Armed Forces, including National Guard or Reserve Forces? Yes _____ No _____

Is parent or guardian a member of the military reserves in the US Armed Forces, National guard or Reserve? Yes _____ No _____

Transportation AM
To School: Car _____ ☐ ☐ ☐ ☐ ☐
 Bus _____ ☐ ☐ ☐ ☐ ☐ Route # _____

Transportation PM
From School: Car _____ ☐ ☐ ☐ ☐ ☐
 Bus _____ ☐ ☐ ☐ ☐ ☐ Route # _____
 Daycare _____ ☐ ☐ ☐ ☐ ☐ Daycare Name _____ Phone _____

If high school student, does student drive his/her own vehicle? Yes _____ No _____ Parking space # _____

Weather or other emergencies could cause schools to dismiss early. Because it may be difficult to make or receive phone calls, schools cannot rely on last minute communication. Please designate BELOW how you would like your child to go home in the case of an unforeseen event.

_____ Ride regular bus home
 _____ Ride bus to another home: Name _____ Address _____
 _____ Daycare (YMCA, YWCO, & OCPRD will typically be closed.)
 _____ Car rider
 _____ Other (please explain) _____

State Specific

City of Birth _____	List any U.S. school(s) attended in the past three years (if applicable).		
State of Birth _____	School Name	State	Dates Attended
Country of Birth _____	_____	_____	_____
If born outside the U.S., entry date to U.S. schools _____	_____	_____	_____

Home Language Survey – This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. *Student will be assessed for ESOL for any answer other than English.

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

Name of Pre-K that the student attended _____

Please check one:

_____ Early Head Start	_____ Blended Head Start/GA Pre-K	_____ Head Start 3	_____ Head Start 4
_____ Head Start 5	_____ Title 1 Funded Pre-K	_____ GA Lottery Funded Pre-K	
_____ Spec. Ed. 3-Year Olds	_____ Spec. Ed. 4-Year Olds	_____ Other Pre-K	_____ Did Not Attend

Transferring from outside Oconee County Schools

To the best of your knowledge, does your child receive any of the following services:

Special Education:	Yes _____	No _____	ESOL Services:	Yes _____	No _____
Gifted Services:	Yes _____	No _____	EIP Services:	Yes _____	No _____
Section 504 Services:	Yes _____	No _____			

Picture Publications

In order to celebrate school events, OCS may publish pictures of classes, teachers, and students in the local newspapers, school district publications, and/or on our website. Student pictures that appear on the Internet will not be identified by name. Pictures that appear in the newspapers or school district publications may contain students' names.

_____ I would NOT like for my child's picture to be published in the local newspapers or school district publications.
 _____ I would NOT like for my child's picture to appear on the school website.
 _____ I APPROVE of my child's picture being published in local newspapers, school district publications, and/or on the school website.

Who is the enrolling adult? (circle one) Father/Guardian Mother/Guardian Both
 *A student can only be withdrawn by the person who enrolls them.

SIGNATURE OF ADULT ENROLLING THE CHILD

Father/Guardian Signature

Father/Guardian Printed Name

Date

Mother/Guardian Signature

Mother/Guardian Printed Name

Date