

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 _____

Language

Student's First Language Learned _____ Language Student Uses Most Often _____
Language Student's Family Uses Most Often at Home _____

***Student will be assessed for ESOL for any answer other than English.**

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 ____

Media Release

To help celebrate the great work in OCS, the school system and media outlets may publish pictures and videos of classes, teachers, and students in a variety of print and electronic outlets. Any interviews for school system videos or other purposes will be overseen by an OCS employee at all times.

____ I APPROVE of my child's photograph and participation in school system communications efforts, as well as media purposes approved by the school system.

____ I would NOT like for my child's photograph to appear nor approve their participation in school system communications efforts or other media purposes approved by the school system.

Who is the enrolling adult? (circle one) Father/Guardian Mother/Guardian Both

***A student can only be withdrawn by the person who enrolls them.**

____ **Father/Guardian Signature** _____ **Father/Guardian Printed Name** _____ **Date**

____ **Mother/Guardian Signature** _____ **Mother/Guardian Printed Name** _____ **Date**