

Pike County Schools

New Student Information Sheet



Please adhere to the following guidelines for registration of new students:

1. Parent or guardian must accompany their child to registration.
2. Verification of Guardianship – Driver's License, Identification Card, or Legal Documentation
3. Required Documents:
 - a. Proof of Residence - Any two of the following items:
 - i. Power Bill, Propane, Phone, Water, Cable/Satellite, or Trash (Must be the original and not over 30 days old.)
 - ii. Notarized Lease, Rental Agreement, or Affidavit of Residency
___ Check here if you would like to talk to our Homeless Liaison regarding assistance you might qualify for under the McKinney – Vento Act (42 U.S.C. 11431)
 - b. Verification/Documentation of Grade Level
 - c. **Grades 6-12** - Discipline Information (Per O.C.G.A. 160-5-1-.28)
 - d. **Grades 9-12** - Unofficial Transcript
4. Your child will be provisionally enrolled for 30 days until the following documents are received, per O.C.G.A160-5-1-.28:
 - a. Birth Certificate
 - b. Social Security Card, Identification Number, or Waiver Form
 - c. Immunization Form 3231 or Waiver Form.
 - d. Certificate for Eye, Ear and Dental Form 3300

Last Name: _____ First Name: _____ Middle Name: _____

SSN: _____ Date of Enrollment: _____ Grade: _____

I do not wish to provide the Social Security Number of my child. Initial here _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Country of Birth: _____

Previous School (Name, City, and State): _____

Ethnicity: Is Student Hispanic or Latino? ___ If No please indicate Ethnicity by circling race or races below.

American Indian Asian Black/African American Native Hawaiian or Other Pacific Islander White

Gender: Male: ___ Female: ___

Father's Name: _____ Father's Home Phone: _____

Father's Employer: _____ Father's Work Phone: _____

Father's Email: _____ Father's Cell Phone: _____

Mother's Name: _____ Mother's Home Phone: _____

Mother's Employer: _____ Mother's Work Phone: _____

Mother's Email: _____ Mother's Cell Phone: _____

Guardianship: Mother: ___ Father: ___ Other: _____ Lives with: Mother: ___ Father: ___ Other: _____

Absolutely under no circumstances are you to let my child be released to: (Documentation must be provided)

Last Name: _____ First Name: _____ Relationship: _____

In case of an emergency school dismissal (Example: inclement weather, power outages, etc.) choose one of the following:

___ Send my child home on the bus/drive home (HS)

___ Hold my child at school for authorized pickup

___ Send my child to this address: _____

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Emergency Contact Information (Other than Mother and Father)

Last Name: _____ First Name: _____

Relationship: _____ Phone 1: _____ Home Cell Work (circle one)

Phone 2: _____ Home Cell Work (circle one)

Last Name: _____ First Name: _____

Relationship: _____ Phone 1: _____ Home Cell Work (circle one)

Phone 2: _____ Home Cell Work (circle one)

Last Name: _____ First Name: _____

Relationship: _____ Phone 1: _____ Home Cell Work (circle one)

Phone 2: _____ Home Cell Work (circle one)

Doctor: _____ Phone Number: _____

Allergies: _____

Medical Alerts: _____

Has the student received Special Education services? Yes: _____ No: _____ (If yes, notify Director of Special Education)

If yes, what type of service was received? _____

Has/Is your child currently in RTI or ever been in RTI? Yes: _____ No: _____

Has the student been retained at another school? Yes: _____ No: _____ If Yes what Grade Level? _____

Was the student enrolled in the Gifted Program at previous school? Yes: _____ No: _____

Is the student on medication on a regular basis? Yes: _____ No: _____ (If yes, see the school nurse.)

Is student currently suspended or expelled from another school? Yes: _____ No: _____ (If yes, attach Student Discipline Report)

Has student been found guilty of committing a felony? Yes: _____ No: _____ (If yes, attach Student Discipline Report)

What was the language(s) the student first learned to speak? _____

What language does the student speak at home? _____

What language does the student speak most often? _____

Do you want your student to have access to the internet? ___Yes ___No (Please refer to the AUP located in the School's Code of Conduct)

Has your child ever attended a Pike County School? Yes: _____ No: _____ If Yes, When: _____

Have you ever worked or come here with the intention of working in the fields, poultry, meat processing plant, pulpwood or timber industry, fishing or any other agricultural jobs? Yes: _____ No: _____ (If yes, complete Two Rivers Migration Education Agency sheet)

Has your child experienced any major/traumatic life events that you need to share with us? ___ Yes ___ No

Before the undersigned officer, and being first duly sworn, I depose/state as follows:

1. That I am the parent / court-appointed guardian of the child listed.
2. That the child listed resides with me full-time at the address listed.
3. That I understand that I must immediately notify Pike County Schools if I change residence or if the child listed should change residence.
4. That I understand that representatives of Pike County Schools may visit my home to verify residency and hereby voluntarily consent to such visits.
5. That I understand that a student enrolled in Pike County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that I will be charged tuition for that period of time that my child listed above is illegally enrolled in Pike County Schools.
7. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000.00, or by imprisonment for not less than one nor more than five years, or both. Georgia Code Annotated, 16-10-71.

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public

Signature of Parent / Guardian