



# Meriwether County Board of Education Student Enrollment Requirements

The following documents are required upon registration in the Meriwether County Schools. Please assist us by having these papers with you when you arrive at the school to register your child(ren).

✓ Proof of Residency:

**Homeowners:** W-2 or W-4 form OR a Property Tax Assessment Form from Meriwether County OR a lease OR mortgage form OR a driver's license OR voter registration for proof of residence.

**Renters:**

**CURRENT** (less than 30 days old) rent receipt AND rental agreement, where the rental agreement is inclusive of all utilities.

✓ Most recent report card and current transcript from last school attended.

✓ Certified copy of student's original birth certificate.

✓ A copy of the enrolling student's social security card.

(Parent may elect to sign a form at the time of registration stating the individual does not wish to provide the social security number, pursuant to O.C.G.A. 20-2-150.)

✓ Completed Georgia Immunization Form and EED Georgia Certificate of Vision, Hearing, Dental, and Nutrition Screening Form.

✓ Custody or guardianship papers issued by the court if student lives with anyone other than the natural parents, as listed on the birth certificate.

✓ Any court orders that prevent or limit access of a parent to the child or the child's educational records.

✓ Any restraining orders or other legal documents specifically limiting the access of any individual to the student(s) being enrolled.

✓ Picture ID of parent or legal guardian registering child.

✓ If the family is living in the household with someone else, you must submit a notarized statement from the homeowner stating that the parent and child(ren) live in the house with them, along with valid proof of residency. Both the parent / legal guardian and the person the family is living with must come to the school at the time of registration to have this statement notarized.

✓ Documentation of any health concerns or allergies of which the school should be aware.

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

✓ Student / Parent Phone Numbers, Addresses, and E-Mail Addresses (if applicable)

✓ Emergency Contact Phone Numbers

✓ Physician Name & Phone Number



**Meriwether County Schools  
Student Registration Form  
(Please Print)**

Complete one form for each child in the household that is enrolling.

**SECTION 1: Student Information**

Student's Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ Student E-Mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*SSN: \_\_\_\_\_ If not known, may we record the student's SSN if found in the statewide Student Identity system?  Yes  No

\*\*Race (Check all that apply):  American Indian or Alaska Native  
 Black or African American  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 White

\*\*Must check AT LEAST one option.

Is this student of Hispanic /Latino ethnicity?  Yes  No

Gender:  Female  Male

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves?  Yes  No

**SECTION 2: Medical / Emergency Information**

Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the student have any medical conditions or serious allergies that the school should be aware of?

**SECTION 3: Enrollment History**

Previous School 1: \_\_\_\_\_  
School Name City/State Dates Attended

Previous School 2: \_\_\_\_\_  
School Name City/State Dates Attended

Previous School 3: \_\_\_\_\_  
School Name City/State Dates Attended

If student is in high school, what is the approximate date the student entered 9<sup>th</sup> grade for the first time? \_\_\_\_\_

**SECTION 4: Pre-K Program Attended**

Please choose one:

- Did not attend a Pre-K Program  DGA Pre-K Lottery (located at a public K-12 school)  Headstart  
 Other Public School  DGA Pre-K Lottery (located at private Pre-K center)  Private-For profit  
 Other Publically Sponsored (including Title I)  Private-Not for profit (including church-based programs)

**SECTION 5: Special Programs**

Please check below any programs your student CURRENTLY participates in or PREVIOUSLY participated in:

Check, if applicable		Date Exited (if applicable)	Program
Student Currently Participates	Student Previously Participated		
			Special Education (Primary Disability: _____)
			Speech
			English to Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program / Remedial Services
			Student Support Team / 504
			Other: _____

**SECTION 6: Transportation Information**

Morning Transportation:  Car  Bus Afternoon Transportation:  Car  Bus

If student is an afternoon car rider, who will pick the student up? \_\_\_\_\_

**\* If you do not wish to provide your child's Social Security Number, please request a Parent Objection of Use of Student Social Security Number form.**

**SECTION 7: Residency Information**

Please check here if any of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- With another family or other person because of loss of housing or as a result of an economic hardship (i.e., foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- Emergency shelter, group home, transitional shelter or housing
- Hotel, motel, camp ground or RV park
- With an adult who is not a parent / guardian, or alone without an adult
- Car, park, public places, abandoned building, street, or any other inadequate living space

**SECTION 8: Home Language**

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.

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? \_\_\_\_\_
4. Does Parent/Guardian read English?  Yes  No

**SECTION 9: Immigrant Information**

Country of Birth: \_\_\_\_\_ Date First Entered U.S. : \_\_\_\_\_ Date First Entered a U.S. School (K-12) : \_\_\_\_\_  
If Country of Birth is outside the U.S., has student been enrolled in U.S. schools for less than 36 cumulative months?  Yes  No  
Has student attended school(s) outside the U.S. (other than DOD schools) since first time entering into a U.S. school?  Yes  No

**SECTION 10: Parent / Guardian Certifications**

Please read and initial the following:

- I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.
- The address listed on this form is the physical location where the student actually resides.
- I have provided the student's Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Wavier form.
- I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.
- I agree upon request by the school to present such additional proof of residency (such as lease agreement, mortgage, driver's license etc.) as shall be reasonably required. I acknowledge that the Meriwether County Board of Education in its operation of the Meriwether County School System has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona-fide resident of Meriwether County. I also acknowledge that if the proof of residency furnished the Board or as contained in this certificate is not correct, the student will be subject to dismissal.
- I understand that if this student is being provisionally enrolled without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

**SECTION 11: Parent / Guardian Signature**

My relationship to the student is:

- Parent
  - Student (18 Years of Age or Older)
  - Grandparent
  - Legal Guardian
  - Person having lawful Court Order
  - Other
- } Relationship to Student: \_\_\_\_\_  
\*\*Please provide court documents establishing guardianship.

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



## MERIWETHER COUNTY SCHOOLS

### Family Registration Form

*Note: If more than one additional address applies to student(s) within the primary household, please see Registrar for additional instructions.*

#### SECTION 1: Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_  
(If only cell phones are used, please provide primary number at which you wish to be contacted.)

##### Primary Household Parent/Guardian 1:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

##### Primary Household Parent/Guardian 2:

Spouse \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

#### SECTION 2: Secondary Household Address, if applicable (Applies to parent(s) not living at the same residence as students)

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Telephone Number \_\_\_\_\_

##### Secondary Household Parent/Guardian 1:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

##### Secondary Household Parent/Guardian 2:

Spouse \_\_\_\_\_  
(Last) (First) (Middle)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ DOB \_\_\_\_\_

Pick Up Restrictions: \_\_\_\_\_

*Unless otherwise noted, all parent / guardians shall be allowed to pick up students without further contact with registering parent.*

**SECTION 3: Migrant Information**

Has your family moved in order to work in another city, county, or state in the last three years?  Yes  No

If so, what is the date your family arrived in the city/town in which 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 years?

*(Check all that apply)*

- Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
- Planting, growing, or cutting trees (pulpwood)/raking pine straw       Processing/packing agricultural products       Dairy/Poultry/Livestock
- Meatpacking/Meat processing/seafood       Fishing or Fish Farms       Other (Please specify occupation) \_\_\_\_\_

**SECTION 4: Student Information**

Please provide the names of **all students** residing in the primary household, along with date of birth and the relationship to each Parent/Guardian (i.e., son, daughter, step-son, step-daughter, granddaughter, grandson, sister, brother, etc.)

First Name	Middle Name	Last Name	DOB	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

In accordance with the Family Educational Rights and Privacy Act (FERPA), natural parents, legal guardians, and eligible students have a right to request copies of all educational records. This includes the right of non-custodial parents to request an Infinite Campus Portal account for the purpose of reviewing student grades and attendance. If there are custody issues that prevent a natural parent or legal guardian from having access to the educational records of the students listed above, court documentation must be provided.

**SECTION 5: Emergency Contacts / Pick-Up List**

The following people have permission to pick up my child(ren) from school without further contact from me: *(If registering more than one student and emergency contacts differ, please see Registrar.)*

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Name:			
Phone #s:			
Relationship:			
	CONTACT FOUR	CONTACT FIVE	CONTACT SIX
Name:			
Phone #s:			
Relationship:			

Signature of Person Completing Form: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MERIWETHER COUNTY SCHOOLS  
ANNUAL STUDENT HEALTH INFORMATION  
~ CONFIDENTIAL ~**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

**PART I: Student Health Status**

Does your child have ANY of the following health conditions:

Asthma?  Yes Medications taken \_\_\_\_\_  
Severe allergies? (other than seasonal)  Yes Allergic to: \_\_\_\_\_ Epipen Prescribed? \_\_\_\_\_  
 Diabetes?  Yes Meds/Dose: \_\_\_\_\_  
 Seizures?  Yes Type of seizure and medication taken: \_\_\_\_\_  
 ADD/ADHD?  Yes Medications taken \_\_\_\_\_

If your child has any chronic health condition (such as asthma, diabetes, seizures, severe allergies, etc.) you MUST provide an Action Plan signed by the student's doctor at the start of each school year. Failure to provide these necessary doctor's orders by the end of the second week of school will result in the student being excluded from school.

	Yes	No
Heart Problem/Defect		
Anemia (include sickle cell)		
Arthritis		
Back/Neck Injury or Condition		
Blood/Clotting Disorder		
Cancer/Leukemia		
Diet Restrictions		
Head Injury/Concussion		
Headaches		

	Yes	No
Hearing Deficit (explain correction below)		
Hepatitis		
Surgery		
Activity Restrictions		
Physical Disability		
Mononucleosis		
Vision Deficit (explain correction below)		
Other (explain below & on back)		

Please give details for all that are marked YES above

**PART II: ALL Current Medications**

Does the student take ANY medication (prescribed and/or over the counter (OTC)? \_\_\_\_\_

List: Include med dosage, reason and frequency \_\_\_\_\_

Is medication required during school hours?  Yes  No

If yes, please obtain necessary permission form at registration or from the nurse.

Yes  No **CONSENT TO CONTACT DOCTOR:** The school nurse has permission to contact my child's doctor if medically necessary. In case of serious illness/injury, the school will phone emergency medical services (911) for immediate evaluation and/or transportation to the closest appropriate facility. I, the parent/legal guardian authorize this transport and treatment by the hospital emergency staff for my child.

- \* I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.
- \* I understand that medications of any kind are not allowed on school grounds without the proper medical authorization on file and must be brought to the school by the parent/adult.
- \* I understand that school staff, including the nurse, MAY NOT administer or assist with any medication without the proper medical authorization on file.
- \* I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information be shared, I must request this in writing and file it with the school nurse.

Parent/Guardian Signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_



AUTHORIZATION TO GAIN AND/OR PROVIDE STUDENT RECORD INFORMATION

STUDENT \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_ SCHOOL \_\_\_\_\_

TO AUTHORIZE PROVISION OF INFORMATION TO THE MERIWETHER COUNTY SCHOOL SYSTEM\*:

- A. From records of (agency/individual) \_\_\_\_\_
- B. Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_
- C. Dates of Attendance \_\_\_\_\_
- D. Purpose of Information Request \_\_\_\_\_

TO AUTHORIZE THE MERIWETHER COUNTY SCHOOL SYSTEM TO PROVIDE INFORMATION TO:

- A. Agency/Individual\*\* \_\_\_\_\_
- B. Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_
- C. Purpose of Information Release \_\_\_\_\_
- D. Information to be released (verbally or in writing)\*\*\*

- |   |   |
|---|---|
| <input type="checkbox"/> Academic             | <input type="checkbox"/> Special Services Assessment – including psychological, speech, language, hearing, physical therapy, occupational therapy, audiology, casework, medical, vocational, etc. |
| <input type="checkbox"/> Attendance           | <input type="checkbox"/> Transcript   |
| <input type="checkbox"/> Behavior             |   |
| <input type="checkbox"/> District Testing     |   |
| <input type="checkbox"/> Non-District Reports |   |
| <input type="checkbox"/> Other: _____         |   |

Return information to: \_\_\_\_\_

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Signature of Person Giving Consent

\_\_\_\_\_  
Address City Zip Code

\_\_\_\_\_  
Home Phone No. Work Phone No. Relationship to Student

\*As per Family Educational Rights and Privacy Act (FERPA), parents (or students over the age of 18) have the right to inspect and review any and all official school records directly relating to their child.

\*\*The agency or individual agrees not to permit any other party access to such information without parent/guardian or eligible student consent.

\*\*\*As per Family Educational Rights and Privacy Act (FERPA), parents may have a copy of the information to be released if desired.

School: \_\_\_\_\_

Full names of parent/guardian: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current full time address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Children	Date of Birth	Children	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____

- Proof of residence documentation presented and attached (**check one**):
- \_\_\_ Current and valid lease or rental agreement or Deed establishing home ownership
  - \_\_\_ W-2 or W-4 Form or a Meriwether County Property Tax Assessment Form
  - \_\_\_ Driver's license, tag receipt and voter's registration

**AFFIDAVIT OF RESIDENCY**

**The undersigned, first being duly sworn, and under penalty of law deposes that all the information given in the Affidavit as follows is true and correct.**

1. That I am the parent/court appointed guardian of each child listed above. \_\_\_\_ (Initial)
2. That each child listed above resides with me full time at the address listed above. \_\_\_\_ (Initial)
3. That I am the legal renter, lessee or owner of the property listed above. \_\_\_\_ (Initial)
4. That I understand a student enrolled in Meriwether County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
5. That I am and the children listed above are bona fide, full time residents of Meriwether County, Georgia. \_\_\_\_ (Initial)
6. That I understand that making false statements or submitting false documentation to the Meriwether County School System and false swearing is a violation of O.C.G.A. § 16-9-2, § 16-10-20 and/or § 16-10-71 of the criminal laws of the State of Georgia and 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. O.C.G.A. § 16-10-71. \_\_\_\_ (Initial)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of the Notary Public

\_\_\_\_\_  
Signature of the Parent/Guardian

**The following section should be completed when the registering parent does not have a proof of address in their name and resides with another Meriwether County resident.**

I am a legal renter, lessee or owner of the property listed above. \_\_\_\_ (Initial)

The persons listed in this document are residing with me and have my consent to live full time at the address listed above. \_\_\_\_ (Initial)

\_\_\_\_\_  
Signature of renter/lessee/owner

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public





# Meriwether County Schools Safe Schools Questionnaire

Student's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Zoned School: \_\_\_\_\_

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1. Has this student been adjudicated to have committed, been indicted for, or had information filed for the commission of any felony, class A or class B designated felony as defined in OCGA 15-11-2 (see definitions on the back of Request for Records / Transcripts), or any delinquent act which would be a felony if committed by an adult?

NO  YES State: \_\_\_\_\_ County: \_\_\_\_\_

Court Official or Probation Officer's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

NO  YES ( \_\_\_\_\_ )  
School Name City, State

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

NO  YES ( \_\_\_\_\_ )  
School Name City, State

4. Was this student's MOST RECENT ENROLLMENT at another public or private school in an alternative program at which the student was placed due to disciplinary infractions?

NO  YES ( \_\_\_\_\_ )  
School / Program Name City, State

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

NO  YES ( \_\_\_\_\_ )  
School / Program Name City, State

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

NO  YES ( \_\_\_\_\_ through \_\_\_\_\_ ; \_\_\_\_\_ )  
Month / Year Month / Year School Name City, State

7. Was your child suspended from a public or private school during the current or previous academic year?

NO  YES (# of Days: \_\_\_\_\_ )  
Current Academic Year Previous Academic Year

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If you answered yes to any of the questions above, please describe the event giving rise to the charge or discipline and provide the term of any punishment, expulsion, or suspension (including alternative school assignment). Include the name(s) of the involved court, school, and school district as appropriate. Attach additional pages as necessary.

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

\_\_\_\_\_  
Name of Parent / Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## 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.

### Statement of Objection

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: \_\_\_\_\_

