

Chattahoochee County School District  
Cusseta, Georgia 31805  
CCEC Phone: (706) 989-3648  
CCEC Fax: (706) 989-3103  
CCMHS Phone: (706) 989-3678  
CCMHS Fax: (706) 989-3918  
[www.chattco.org](http://www.chattco.org)  
"One Heart Beat"



Kenyada Owens Heard  
Principal, CCEC

Brenda Jones  
Principal, CCMS

Dr. Nila Burt  
Principal, CCHS

## Chattahoochee County Registration Requirements

\* Please ensure that all documents are provided at the time of registration.

\*In order for your application to be processed please ensure you have the following documents:

- Birth Certificate
- Copy of Parent or Guardian ID
- GA Form 3231 (Immunization)
- GA Form 3300 (Eye, Ear, Dental, Nutrition Exam)
- Social Security Card
- 2 Proofs of Residency (lease/mortgage statement **and** power or cable bill)
- Residency Affidavit
- Records from Previous School- Students cannot be scheduled for classes without a transcript (official or unofficial) or a withdrawal from with grades.

\*Please notify the Registrar immediately if you have Guardianship and/or Power of Attorney for the student you are registering. Supporting documents must be provided at the time of registration.

\*Please notify our staff immediately if your child receives Special Education services, has a 504 plan, and /or is in the Gifted program or ELL (ESOL) program.

**Chattahoochee County Schools Student Enrollment and Registration**



**Date of Enrollment:**

\_\_\_\_\_

Has the student ever attended school in Chattahoochee County?  
 \_\_\_ YES \_\_\_ NO

Has the student ever been denied enrollment into Chattahoochee County?  
 \_\_\_ YES \_\_\_ NO

**STUDENT INFORMATION**

<b>Legal Last Name:</b>		<b>Legal First Name:</b>		<b>Legal Middle Name:</b>		<b>Suffix:</b>									
<b>Date of Birth:</b>		<b>Gender:</b>		<b>Social Security Number: (Required)</b>		<b>Phone # :</b>		<b>Grade:</b>							
<b>Home Address: (Physical Address)</b>				<b>Apt#:</b>		<b>City:</b>		<b>State:</b>		<b>Zip:</b>					
<b>Mailing Address if Different from Home:</b>															
<b>City of Birth:</b>			<b>State of Birth:</b>			<b>Country of Birth:</b>			<b>Date of Entry to U.S. School</b>			<b>Date Entered 9<sup>th</sup> Grade</b>			
Was the student involved in the Student Support Team? ___ YES ___ NO				Has Student ever been in Special Education? ___ YES ___ NO				Does the Student have a CURRENT IEP? (Special Education) ___ YES ___ NO				Has student ever received Speech Services? (Special Education) ___ YES ___ NO			
Does student have a 504? ___ YES ___ NO				Has the student ever been in Gifted Program? ___ YES ___ NO				What is the Student's Primary Language Spoken? _____							
Is your child Hispanic/Latino? ___ No, Not Hispanic/Latino  ___ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, or other Spanish Culture or origin, regardless of race.)				What is your child's race (choose all that apply)? ___ <b>American Indian or Alaska Native</b> (A person having origins in any of the original peoples of North and South America (including Central America, and who maintains a tribal affiliation or community attachment.) ___ <b>Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) ___ <b>Black or African American</b> (A person having origins in any of the Black racial groups of Africa- includes Caribbean Islanders and other of African origin.) ___ <b>Native or Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) ___ <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)											
Has student ever attended: ___ PRE-K ___ HEADSTART															
<b>Previous School Attended:</b>						<b>Previous School Address (city, state, zip):</b>									
<b>Previous School Phone Number:</b>						<b>Previous School Fax Number:</b>									
Is the Student currently suspended or pending expulsion from any school? ___ YES ___ NO If YES—name of the school: _____ State located in: _____						<b>Date of Withdrawal from Previous School:</b>									
<b>Reason for Expulsion/Suspension:</b>				<b>Dates:</b>		<b>Is Student enrolling from Alternative School?</b> ___ YES ___ NO									
Has the student ever been adjudicated guilty of a designated felony as defined in Georgia Law O.C.G.A. 15-11-63 ___ YES ___ NO If yes, please supply the following information. Date of adjudication: _____ Court, including county and state, of adjudication: _____ Offense committed: _____ Sentence imposed, including any probation or other conditions: _____															
Has the student been assigned to YDC? _____															

### Parent/Guardian Information

**STUDENT LIVES WITH:**     Both parents     Mother only     Father only     Legal Guardian     Grandparent     Other  
**(anyone other than parent, documentation is required)**

<b>PARENT /GUARDIAN</b>	Last name:	First Name:	Middle Initial:
Home Phone:	Work Number:	Cell Phone:	Employer:
E-Mail Address:	Lives on Federal Property: <input type="checkbox"/> YES <input type="checkbox"/> NO	Active Military: <input type="checkbox"/> YES <input type="checkbox"/> NO	Works on Federal Property: <input type="checkbox"/> YES <input type="checkbox"/> NO
			Migrant Worker: <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>PARENT /GUARDIAN</b>	Last name:	First Name:	Middle Initial:
Home Phone:	Work Number:	Cell Phone:	Employer:
E-mail Address:	Lives on Federal Property: <input type="checkbox"/> YES <input type="checkbox"/> NO	Active Military: <input type="checkbox"/> YES <input type="checkbox"/> NO	Works on Federal Property: <input type="checkbox"/> YES <input type="checkbox"/> NO
			Migrant Worker: <input type="checkbox"/> YES <input type="checkbox"/> NO

### NON-HOUSEHOLD EMERGENCY CONTACTS (YOU GIVE PERMISSION TO CHECK YOUR CHILD OUT OF SCHOOL) (PICTURE ID WILL BE REQUIRED)

Name:	Relationship:	Phone Number:	Work Number:
Name:	Relationship:	Phone Number:	Work Number:
Name:	Relationship:	Phone Number:	Work Number:

**For person who is registering the student:**

**How did you hear about us?**

Social Media     Ft Benning New Comers Orientation     From a former student

Newspaper     From a Friend     School Liaison Officer     Sibling attends ChattCo

**Name of Person Enrolling Student:** \_\_\_\_\_

**Relationship to student:**

Mother only     Father only     Legal Guardian     Grandparent     Other

**I affirm that the information I have given, in this document is, to the best of my knowledge, true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Chattahoochee County School District Mission Statement*

*The mission of Chattahoochee County is to prepare young people to become lifelong learners, based on high academic standards for all, individual appreciation for each student and teacher, a culture of trust, respect for the diverse traditions of Georgia, and involvement of family and community.*

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## Official Request for Student Records Request

The following student has enrolled in a school in the Chattahoochee County School District:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please **email** or **fax** an unofficial transcript, withdrawal grades, discipline records immunization records, and active IEP, if applicable to:

Chattahoochee County School District  
326 Broad Street  
Cusseta GA 31805  
Fax: 706-989-3776 Attn: Claudia Gardner  
Phone: 706-989-3774  
cadams@chattco.org

Please write in the date student entered 9<sup>th</sup> grade (if applicable)

\_\_\_\_\_

Please **mail** the follow information as soon as possible:

- Official Transcript of Credits Earned
- Withdrawal Sheet
- Test Scores
- Academic Grades (most recent report card)
- Birth Certificate and Social Security card (copy)
- Current Immunization Record
- Health Records
- Attendance Records
- Psychological Evaluations
- SST Records/Current IEP
- Discipline Records
- Gifted Records
- Other \_\_\_\_\_

Thank you so much for your prompt attention to this request.

\_\_\_\_\_  
Registrar

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

*Consent to request records from previous school. The Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release student educational records between schools. These rules state that school officials within systems may release and receive student records without written consent for request or release.*

**TO BE COMPLETED BY CCMSC OFFICE:**

Name of school request is being sent to: \_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Attempt

\_\_\_\_\_ 2<sup>nd</sup> Attempt

\_\_\_\_\_ 3<sup>rd</sup> Attempt

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### Nurse Form

School Year \_\_\_\_\_ Grade Level \_\_\_\_\_ Enrollment/Start Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

#### Medical Information

	YES*	NO
Does student have Allergies? if yes, list allergies: _____	_____	_____
My Child will have at school:		
INSULIN*	_____	_____
EPI-PEN*	_____	_____
INHALER*	_____	_____
MEDICATION*	_____	_____

My Child has a history/diagnosed with:	YES*
Seizures*	_____
Fainting Spells*	_____
Heart Problems*	_____
Diabetes*	_____
Kidney Problems*	_____
Concussions*	_____
<b>Any other Medical Diagnosis*</b>	_____

\*If **yes** to any of the information above, parents MUST sign an "**Authorization to Give Medication at School**" form and **any other corresponding medical forms**, before any medication will be given at school.

The parent/guardian must transport all medication to the School Nurse. All prescription medication must be in the original prescription bottle. A parent/ guardian is responsible for notifying RN of any changes with student's medication.

\_\_\_\_\_ initial

I give the School Nurse/staff member permission to administer Tylenol, Motrin, Anti-acids, Throat Lozenges, or any other Over the Counter medication for minor complaints to my child while at school.

\_\_\_\_\_ initial

I do hereby release Chattahoochee County School System & School Nurse/staff member from any adverse reaction that might occur as a result of taking these medications.

\_\_\_\_\_ initial

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

Date \_\_\_\_\_

**RETURN THIS FORM TO THE CLINIC AT YOUR SCHOOL**

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## CHATTCO ATTENDANCE LAW PARENT CONSENT FORM

The Chattahoochee County School System is required to obtain parent and student signatures as acknowledgment of receipt of the new attendance information.

**REMEMBER**, students may only miss **18 days per year**. Parents/Guardian, please make sure you send to the teacher proof of excused absences immediately following the absence. Notes from the parent, doctor's excuse, or a copy of a court order are a few examples of acceptable proofs of absence.

Parents/Guardians need to be aware of Georgia State Law O.C.G.A 20-2-690.1 entitled:

### **Georgia's Compulsory Attendance Law. O.C.G.A.20-2-690.1**

(a) provides for penalties for any parent, guardian, or other person residing in Georgia who has control or charge of a child or children for a violation of 20-2-690.1

(b), including the following measures to be imposed at the discretion of the court having jurisdiction.

Each day's violation of this law after the School System notifies the parent, guardian, or other person in charge of a child of five (5) unexcused days of absences shall constitute a separate offense subjecting the person notified to the following measures:

1. Fine of not less than \$25.00 and not greater than \$100.00
2. Imprisonment not exceed 30 days
3. Community service
4. Any combination of the above penalties

We are asking each parent, guardian or other person residing in Georgia who has control of a child or children to sign an acknowledgement or receipt of this Parent Notification form and the Georgia State Law 20-2-690.1 for the present school year. Also, as required by this new state law, the school is asking each child who is age ten or older by September 1, to sign the same statement indicating receipt of this written statement of possible consequences.

*Thank you for your cooperation in acknowledging receipt of the new Georgia State Law and its consequences in the event of any violation.*

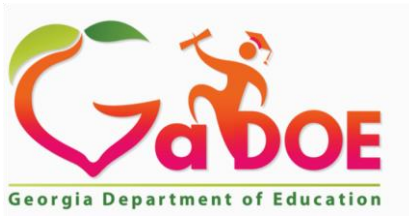
**Please return this page to your school's administration.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student's Full Name \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

*(Required for students age 10 and older)*



**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

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## Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps
2. The CYB-MFLC may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
  - Observe, participate and engage in activities with children and youth
  - Provide direct interaction with military children
  - Model behavioral techniques and provide feedback
  - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills
  - Outreach to military parents when they drop off or pick up their children or at family events
  - Available for military parents to contact for guidance and support
  - Facilitate psycho-educational groups
  - Conduct training for staff and parents
  - Recommend referrals to military social services and other resources as needed
3. CYB-MFLCs may assist military parents, military children and centers with the following issues: Communication, Self-esteem/self-confidence, Resolving conflicts, Behavioral management techniques, Bullying, Deployment and reintegration issues, and Helping children deal with angry feelings Sibling/parental relationships
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.
5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.

Name of installation and/or CYP, school, summer program, and camp: Fort Moore.

- I acknowledge that a CYB-MFLC is available and authorize my child \_\_\_\_\_ to receive CYB-MFLC support.
- I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child \_\_\_\_\_ to receive CYB-MFLC support.

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PARENT OR GUARDIAN SIGNATURE DATE



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## Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act as well as HB 855. Your answers will help determine necessary steps for the enrollment of this student(s).

**Please list ALL students within the family, (including pre-K children) enrolling at ANY school.**

Student Name	Male/Female	Date of Birth	Grade	School	In Foster Care: Yes or No

If any student is currently in foster care, please indicate the following:

When did the student enter foster care, if known: \_\_\_\_\_

When was the student placed with you: \_\_\_\_\_

Any concerns or information that you wish to share: \_\_\_\_\_

**Presently, where is the student living? Check one box:**

- We are staying in our own home/with others in a stable, adequate environment with no concern of being evicted.
- Due to financial hardships we are staying with another family member or friend.
- We are staying in a motel or hotel.
- We are sleeping in a vehicle or in a trailer park or campground, or in an abandoned building, or other substandard housing.
- We are staying in an emergency or transitional shelter.
- We are staying in a home that is not appropriate for living.
- Other: \_\_\_\_\_

**The enrolling student(s) is/are:**

- Staying with a parent or legal guardian
- Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian. If you checked this box, please complete the following:
  - o Caregiver Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_
  - o Phone Number: \_\_\_\_\_
- Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent. If you checked this box, how long has the student been living alone?  
 \_\_\_\_\_
- Other(explain): \_\_\_\_\_

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## VERIFICATION OF INFORMATION

*The undersigned certifies that the information provided is accurate. For additional questions regarding the McKinney-Vento Program or HB 855, including district policies and local resources, please visit our website at [www.chattco.org](http://www.chattco.org).*

Name of parent(s)/legal guardian(s)/Other: \_\_\_\_\_

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

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

Signature of parent/legal guardian/Other: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The McKinney-Vento Program provides rights to families who are experiencing housing transition. Chattahoochee County Schools will use the information provided to help determine eligibility of services through the federal McKinney-Vento Act, 42 U.S.C 11435 and HB 855.  
For more information, please visit [Chattco.org](http://Chattco.org).

<b>OFFICE USE ONLY</b>
<b>Please forward this Student Residency &amp; Information Form to the District Social Worker. All schools are required to keep a file (digital or paper) of all forms submitted.</b>

# Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

## Notice to Parents and Guardians:

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child’s primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child’s level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<p><b>Communication Preferences</b></p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.</p>	<p><b>Parent Communication Language (Required)</b></p> <ul style="list-style-type: none"> <li>In which language would you prefer to receive school communication?</li> </ul> <p>_____</p>
<p><b>Identification of Potential English Learners</b></p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child’s level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>	<p><b>Home Language Survey (Required)</b></p> <ol style="list-style-type: none"> <li>Which language does your child <u>best</u> understand and speak? _____</li> <li>Which language does your child <u>most</u> frequently speak at home? _____</li> <li>Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____</li> </ol>
<p><b>Additional Information from Multilingual Families</b></p> <p>If you indicated that your child and other adults in the home <b>understand and use English and another language</b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p>	<p><b>Additional Information from Multilingual Families. Choose <u>only one sentence that best describes your child’s primary language.</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child understands and uses only the home language and <b>no English.</b></li> <li><input type="checkbox"/> My child understands and uses mostly the home language and <b>a little English.</b></li> <li><input type="checkbox"/> My child understands and uses the home language and English <b>equally.</b></li> <li><input type="checkbox"/> My child understands and uses <b>mostly English</b> and only a little of the home language.</li> <li><input type="checkbox"/> My child understands and uses <b>only English.</b></li> </ul>

<sup>1</sup> U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, [Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.](#)

<sup>2</sup> The Home Language Survey should be given to first time enrollees to United States public schools.



**Chattahoochee County Schools**

**Residency Affidavit**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Current Full Time Address: \_\_\_\_\_

Please complete the information below for your school age children.

Child's Name	Grade Level	Date of Birth	Child's Name	Grade Level	Date of Birth

**Please Choose ONE of the Following Options:**

**Option 1: Please Complete the information in this column:**

Please provide two of the following as proof of residency:  
 • Current and valid lease or rental agreement  
 • Current and valid deed establishing home ownership  
 • Most recent property tax bill, mortgage statement, home insurance bill, electric, water, gas, or landline telephone bill  
 Please read and initial each statement:

\_\_\_\_ I am the parent/court appointed guardian of each child listed above.

\_\_\_\_ I am the legal renter, leasee or owner of the property listed above.

\_\_\_\_ I understand a student enrolled in Chattahoochee County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.

\_\_\_\_ I and the children listed above are bona fide, full time residents of Chattahoochee County, Georgia.

\_\_\_\_ I understand that making false statements or submitting false documentation to the Chattahoochee 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 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71

**Option 2: If you cannot provide proof of residence because you do not rent or own the home at the address listed above but live with another Chattahoochee County resident, the property owner must also complete the information in this column:**

This section is to be completed by the legal renter/owner of the property and must be notarized.

Name of property owner: \_\_\_\_\_

Please read and initial each statement:

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

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

Please provide one of the following as proof of residency:

- Current and valid lease or rental agreement
- Current and valid deed establishing home ownership
- Most recent property tax bill, mortgage statement, home insurance bill, electric, water, gas, or landline telephone bill

\_\_\_\_\_  
 Signature of owner/renter/leasee Date

\_\_\_\_\_  
 Signature of Parent/Guardian Date

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

\_\_\_\_\_  
 Signature of school personnel receiving this information

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



# Chattahoochee County School District

## SCHOOL RELATIONS WAIVER FORM (photos • video • artwork • profiles • stories)

Chattahoochee County Schools has my permission to use my photograph, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing Chattahoochee County School District. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

\_\_\_\_\_  
Date                                  Print Students Name

\_\_\_\_\_  
Date                                  Student Signature

\_\_\_\_\_  
Date                                  Parent Signature (If student under 18)

### **CCSD Club/Extracurricular Activity Participation**

I have read the club/extracurricular activity section of the student handbook and I have listed below the organizations that I **DO NOT** wish for my student to be a participant during the current school year. (list activities below)

\_\_\_\_\_  
Student Signature                                  \_\_\_\_\_  
Date    Parent Signature                                  \_\_\_\_\_  
Date

### **Declaration/Acknowledgement**

I have read the entire school handbook and understand that my son/daughter will be governed by the rules and regulations within. I also understand that it is my responsibility as the parent to ensure that my child obeys the rules, policies, and procedures outlined within this handbook. Failure to abide by the rules, policies, and procedures may result in disciplinary actions including, but not limited to: **Parent Contact, Student Conferences, Parent Conferences ISS, OSS, Recommendation to the Alternative Education Program Tribunal Referral to Chattahoochee County Board of Education for Expulsion**

\_\_\_\_\_  
Student Signature                                  \_\_\_\_\_  
Grade    Date

\_\_\_\_\_  
Parent Signature                                  \_\_\_\_\_  
Date

### **STUDENT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT- OUT**

*Instructions: Please complete all sections of this Opt-Out Form and return the signed form to your child's principal by [Date] of the current school year, or within 30 days of your child's enrollment in school.*

**Student Name:** \_\_\_\_\_

A parent may withhold permission to have a student photographed, videotaped, and/ or audiotaped during school-sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt-out, my child will not be included in pictures taken by school staff, students, or anyone outside the school, including commercial photographers and the media, nor will my child's picture be part of a school yearbook, memory book, memory video, sports team, club, or any other medium. Note: This does not include videotaping by security cameras in school or on school buses. If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

**DO NOT** allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Chattahoochee County School District

326 Broad Street  
Cusseta, Georgia 31805  
Phone: (706) 989-3774  
[www.chattco.org](http://www.chattco.org)



## Transportation Form

DATE: \_\_\_\_\_

PARENT/GUARDIAN Name: *(PLEASE PRINT)* \_\_\_\_\_

PARENT/GUARDIAN Phone #: \_\_\_\_\_

I am the parent/guardian of the following student(s) and give my permission for this transportation request:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### PLEASE CHECK ONE:

CAR LINE pick-up

DAYCARE (Elementary Students Only)

BUS

MORNING BUS STOP address: \_\_\_\_\_

AFTERNOON BUS STOP address: \_\_\_\_\_

### **REQUIRED for PRE-K through 2nd GRADE bus riders:**

The adult(s) that will be meeting my student at the bus stop: \_\_\_\_\_

*\* If adult is not present at the bus stop to meet Pre-K through 2nd grade students, students will be returned to school for parent pick-up.*

### PLEASE CHECK ONE:

Today Only

Until Further Notice

Date(s) of: \_\_\_\_\_



# Chattahoochee County Schools

## Computer Equipment Sign-out Form



This form assigns primary responsibility for Chattahoochee County Schools equipment to the Student. The Student will be responsible for taking the necessary precautions to protect the equipment and to store it in a manner that provides adequate protection when it is not in use, thus not subjecting the equipment to possible theft or damage. If it is determined that loss or damage is a result of negligence, the Student/Parent/Guardian may be held financially responsible for the repair or replacement of the equipment.

(Initial)

- \_\_\_\_\_ 1. I have read and understand the Student Chromebook Acceptable Uses/Handbook
- \_\_\_\_\_ 2. The Student will be responsible for returning the ChromeBook and all accessories in like condition as received (i.e., ChromeBook, Case, and Charging cable).
- \_\_\_\_\_ 3. The Student will not be permitted to place any ornamental stickers on the ChromeBook and Case. Screensavers and desktops images are expected to display appropriate content.
- \_\_\_\_\_ 4. Student must take responsibility for having their ChromeBook prepared for class, which includes a charged battery.
- \_\_\_\_\_ 5. Equipment cannot be loaned or transferred to a third party.
- \_\_\_\_\_ 6. The Student cannot modify the equipment in any way without written approval of the district.
- \_\_\_\_\_ 7. The Student will not lend their ChromeBook to friends and/or family under any circumstances. No student may take another student's ChromeBook. Students are not to touch, use or alter another person's ChromeBook in any manner.
- \_\_\_\_\_ 8. The Student will make the equipment available at any time as requested by the district.
- \_\_\_\_\_ 9. If loss or damage to the equipment/property occurs and determination is made that the loss or damage is a result of negligence, the Student/Parent/Guardian may be held financially responsible for the repair or replacement of the item(s). Reimbursement to the Chattahoochee County Schools by the Student/Parent/Guardian who checked the equipment out, \$215 for the replacement cost of a ChromeBook, \$50 for the replacement of a Chromebook screen, \$75 for the replacement of a Chromebook keyboard, \$30 for a ChromeBook case \$20 for a replacement charger.

I have read the above information and agree to the terms and conditions herein contained

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_