



Student # _____

School: _____

Student information:

Last Name	First Name	Middle Name	Suffix
Name student goes by: _____	Date of Birth: _____ / _____ / _____	Grade: _____	

Gender: Male Female Social Security Number: _____

Is the student Hispanic or Latino? _____ Yes _____ No

Please indicate a race (choose all that apply-**YOU MUST CHOOSE AT LEAST ONE**):

- American Indian or Alaska Native Asian
- Black or African American Native Hawaiian or Other Pacific Islander
- White Multi-Racial

Birth Place: _____

Date of first entry in U.S. school (if the student was born outside of the U.S.): _____

Is parent/guardian active in the military? _____ Is parent/guardian in Military Reserve? _____

If yes, circle: Deployed, Not Deployed, Retired, or Discharged. Branch of service: _____

Student lives with: Both Parents Mother only Father Only Mother/Stepfather
 Father/Stepmother Legal Guardian Grandmother Grandfather Other: _____

Parents Marital Status: Single Married Divorced Separated Other: _____

Emergency Contact #1(other than parent(s) (Name & Phone Number): _____

Emergency Contact #2(other than parent(s) (Name & Phone Number): _____

Adults Authorized to check out student (list individual names) : _____

Please Circle: If you are not in a PRZ (Parent Responsibility Zone), will your child ride the Bus? YES/NO

Please Circle: If YES, My child will ride the bus: In the morning/in the afternoon/BOTH

Please Circle: On early release day my child will: ride the bus, be a car rider, walk

Medical Alerts: _____

Medication: _____

Health Concerns: _____ Past Surgeries: _____

Doctor: _____ Pharmacy: _____

Please check the appropriate physical education program (P.E.) for the student: Regular Restricted

Note reason for restriction: _____

OFFICE STAFF ONLY

INITIALS: _____

Date Entered in IC: _____

Additional Information:

Do your religious beliefs affect the student from receiving medical attention? Yes No

Do your religious beliefs prevent the child from saluting the flag? Yes No

Enrollment History

Did the student attend a 4-year old Pre-K program? If yes, what program? _____

Has the student previously attended another Georgia School? Yes No

Name of School: _____

Please list the last three schools the student attended:

School Name	City/State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the student **CURRENTLY** participating in any special programs, such as Special Education, Speech, ESOL, Gifted, EIP, SST/504, etc.? Yes No

If yes, please specify: _____

Has the student **PREVIOUSLY** participated in any special programs, such as Special Education, Speech, ESOL, Gifted, EIP/IEP, SST/504, etc.? Yes No

If yes, please specify: _____

Is the student currently suspended/expelled from another public or private school? Yes No

If yes, please explain: _____

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. I understand that it is against the law to lie or falsify on a legal document and that I may be prosecuted, held criminally liable, and punished 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, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71. _____ Initials

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

Print Name: _____ Signature: _____

Date Registered: _____

My relationship to the student is:

- Parent Legal Guardian (documentation needed) Person having legal Court Order (copy required)
 Other (Kinship Affidavit required)

Información Adicional:

¿Sus creencias religiosas afectan que el estudiante reciba atención médica? Si No

¿Sus creencias religiosas afectan que el estudiante salude la bandera? Si No

Historia Académica:

¿Asistió su hijo(a) a un programa de PRE-Kinder para niños de cuarto años?
Si su respuesta es si. ¿A cual programa asistió? _____

¿El estudiante ha asistido previamente a otra escuela en el estado de Georgia? Si No
Nombre de la escuela: _____

Por favor liste las últimas tres escuelas que el estudiante asistió:

Nombre de la Escuela	Ciudad/Estado	Fecha que asistió
_____	_____	_____
_____	_____	_____
_____	_____	_____

¿El estudiante esta **ACTUALMENTE** participando en algún programa especial, por ejemplo clases de alto nivel, educación especial, clases de habla, ESOL, IEP, SST/504, etc.? Si No
Si su respuesta es si, que tipo de servicios recibe el estudiante: _____

¿El estudiante ha participado **PREVIAMENTE** en algún de educación especial, por ejemplo clases de alto nivel, clases, de habla, ESOL, IEP, SST/504, etc.? Si No

¿El estudiante ha sido acusado o condenado previamente de haber cometido algún acto criminal o delito grave que si fuese cometido por un adulto seria tratado como un delito grave? Si No
Si contesto que si, por favor adjunte la información completa al respecto de dicho crimen o acto

Por favor lea e inicie:

Yo estoy autorizado(a) para matricular a este estudiante, y entiendo que en conforme a la ley OCGA 20-2-780 que al haber matriculado al estudiante, soy la única persona que puede dar al estudiante de baja, al menos que una orden de corte se aplique. Comprendo que es contra la ley mentir o falsificar en un documento legal y que puedo ser procesado y ser criminalmente responsable y condenado a una multa de mas de \$1,000.00 o Por encarcelamiento por no menos de uno ni mas de cinco años, o ambos, si soy declarado culpable de pretérito a O.C.G.A. §16-10-71.

Initials

El suscrito certifica que la información contenida en este formulario es cierta y correcta al mejor de miconocimiento:

Nombre (letras legibles) _____ Firma: _____

Fecha de matriculación _____

Mi relación con el estudiante es:

- Madre/Padre Tutor Legal (se requiere documentación adecuada)
- Persona con mandato judicial (es requerido presentar una copia) Otro: _____

Household Information Sheet

Home or Cell Phone: (_____) _____ - _____

Primary Physical Address:

Street Number/Name _____

Apt. #: _____ City: _____ State: _____ Zip Code: _____

Secondary Household (If Applicable):

Street Number/ Name _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different):

Address/P.O. Box _____

City: _____ State: _____ Zip Code: _____

Mother/Female Guardian: _____

Does this person live in the student's home? YES NO

Father/Male Guardian: _____

Does this person live in the student's home? YES NO

Please list all other household members and their relationship to the student:

Phone Messenger Preferences:

You can receive messages/alerts from the Dalton Public School's messenger service through telephone, email and text messages regarding events and news at your child's school.

Messages are grouped according to their content and urgency and you can select the type of messages you would like to be notified about.

General Notification consists of notices regarding upcoming school events, PTA meetings, fund raisers, etc.

High Priority consists of School Closings/Delays, Early Dismissal due to weather or emergency situations, etc.

Text Messages can be sent to your cell phone when it is a **High Priority alert**. (Note: All rates and fees with your cell phone provider will apply according to the terms and conditions of your Carrier agreement.)

Please complete the information below and check the type of notification you would like to receive.

Household Telephone: _____ High Priority General

Mother/Guardian Cell Phone: _____ High Priority General Text

Mother Email Address: _____ High Priority General

Employer: _____ High Priority General

Mother/Work Phone: _____

Father/Guardian Cell Phone: _____ High Priority General Text

Father Email Address: _____ High Priority General

Employer: _____ High Priority General

Father/Work Phone: _____

I would like my telephone and email messages in: ENGLISH SPANISH

Información de Hogar:

Teléfono de Casa o de celular: (_____) _____ - _____

Dirección Física:

Dirección: _____
No. de Apto.: _____ Ciudad: _____ Estado: _____ Código Postal _____

Hogar secundario (si corresponde):

Dirección: _____
No. de Apto.: _____ Ciudad: _____ Estado: _____ Código Postal _____

Dirección de Envío (si es diferente a su dirección de domicilio):

Dirección/P.O. Box: _____
Ciudad: _____ Estado: _____ Código Postal _____

Madre/Tutora legal:

¿Esta persona vive en casa con el estudiante? **SI** **NO**

Padre/Tutor legal:

¿Esta persona vive en casa con el estudiante? **SI** **NO**

Por favor nombre cualquier otra persona que vive en este hogar y la relación que tiene con el estudiante:

Preferencias de Mensajes de Teléfono:

Usted puede recibir alertas y mensajes por teléfono, correo electrónico, o mensajes de texto, sobre eventos y noticias de la escuela de su hijo(a) por parte del servicio mensajero de las Escuelas Publicas de Dalton.

Los Mensajes son agrupados dependiendo de su contenido y urgencia. Usted puede seleccionar el tipo de mensajes que desea recibir.

Información General: consiste de noticias sobre eventos, juntas, funciones para recaudar fondos, etc.

Alta Prioridad: Consiste de noticias sobre cancelaciones, retrasos, o salida temprana de clases por causa de emergencia o mal tiempo, etc.

Mensajes de texto pueden ser enviados a su celular cuando sean de alta prioridad. (Nota: Se aplicaran cargos y tarifas de mensajes según sea su plan de teléfono celular.)

Por favor complete la información y seleccione el tipo de notificación que desea recibir.

Teléfono de Casa: _____	___ Alta Prioridad	___ General	
Tel. de Celular: _____	___ Alta Prioridad	___ General	___ Texto
Coreo electrónico: _____	___ Alta Prioridad	___ General	
Lugar de Empresa: _____	___ Alta Prioridad	___ General	
Tel. de Trabajo: _____			
Padre/Tutor Legal			
Tel. de Celular: _____	___ Alta Prioridad	___ General	___ Texto
Coreo electrónico: _____	___ Alta Prioridad	___ General	
Lugar de Empresa: _____	___ Alta Prioridad	___ General	
Tel. de Trabajo: _____			

Deseo recibir mensajes de teléfono y correo electrónico en: INGLES ESPAÑOL

Georgia Department of Education
ESOL & Title III Unit



Required Home Language Survey

Dear Parent or Guardian:

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. Thank You.

Student Name (required information):

Language Background (required information):

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?

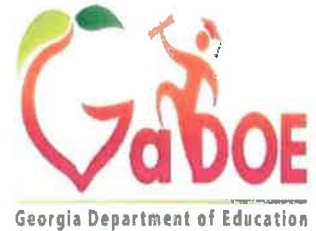
Language for School Communication (not required):

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

Signature of Parent/Guardian/Other

Date

Georgia Department of Education
ESOL Unit
Encuesta obligatoria en el idioma nativo



Estimado padre o tutor:

Para proporcionarle a su hijo la mejor educación posible, debemos determinar qué tan bien habla y entiende el inglés. Esta encuesta ayuda al personal de la escuela a determinar si su hijo puede ser un candidato para recibir apoyo adicional en inglés. La calificación final para el apoyo idiomático está basada en los resultados de una prueba en inglés. Gracias.

Nombre del estudiante (información obligatoria):

Antecedentes idiomáticos (preguntas obligatorias):

1. ¿Qué idioma su hijo entiende y habla **mejor**?

2. ¿Qué idioma su hijo habla con **mayor** frecuencia en el hogar?

3. ¿Qué idioma usan con **mayor** frecuencia los adultos del hogar cuando hablan con el niño?

Idioma para la comunicación con la escuela (pregunta recomendada):

4. ¿En qué idioma prefiere recibir toda la información escolar?

Firma del padre/tutor/otro

Fecha



Dalton Public Schools

Student Residency Questionnaire

(COMPLETE ONE FORM PER FAMILY)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student(s) may be eligible to receive.

Name of Student	Male/Female	Date of Birth	School	Grade	Student #

Please list any other children in home with their name and age: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is your living situation due to loss of housing or economic hardship? _____ Yes _____ No
3. Have you been evicted in the past 12 months? _____ Yes _____ No
4. Is the student currently under state care or custody? _____ Yes _____ No

If yes, from which county? _____ Date child entered state care _____

If you answered YES to any of the questions above, please complete the remainder of this form. If you answered NO to all of the questions above you may stop here.

Where is the student(s) presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
- In a foster home

Name of Parent(s)/Legal Guardian(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Presenting a false record or falsifying records is an offense under OCGA 16-10-20.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Foster Parent: _____ Date: _____

TO BE FILLED OUT BY THE MCKINNEY-VENTO LIAISON

Please send a fax (706-226-5457) and send original through inter-office mail to Jackie Taylor, School Social Worker at City Park. I Certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____

Signature of McKinney-Vento Liaison



Dalton Public Schools

Cuestionario de Vivienda del Estudiante

(LLENE UN FORMULARIO POR FAMILIA)

Este cuestionario intenta cumplir con la Ley McKinney-Vento 42 U.S.C. 11435. Las respuestas a esta información sobre vivienda ayudarán a determinar para qué servicios es elegible el estudiante.

Nombre de Estudiante	Masculino/ Femenino	Fecha de Nacimiento	Escuela	Grado	# de Estudiante

Por favor escriba los nombres y las edades de los otros niños que viven en la casa: _____

POR FAVOR CONTESTE TODAS LAS SIGUIENTES PREGUNTAS:

1. ¿La dirección actual donde vive es temporal (por corto tiempo)? ____ Sí ____ No
2. ¿Su situación de vivienda se debe a que perdió su vivienda o situación económica difícil? ____ Si ____ No
3. ¿Ha sido desalojado de su vivienda en los últimos 12 meses? ____ Si ____ No
4. ¿Está el estudiante actualmente bajo cuidado o custodia del estado? ____ Si ____ No

Si contesto que si de que condado? _____ Fecha de ingreso en el cuidado de estado _____

Si contesto SI a una o más de las preguntas de arriba, por favor llene el resto de este formulario. Si contesto NO a todas las preguntas, puede para aquí.

¿Dónde vive el estudiante ahora? (Marque una caja)

- En un motel
- En un refugio
- Con más de una familia en una casa o apartamento
- Mudándose de lugar en lugar
- En un lugar no diseñado para dormir, como un carro, un parque o un campamento
- Bajo cuidado o custodia del estado

Nombre del Padre(s)/Tutor Legal: _____

Dirección: _____

Ciudad: _____ **Estado:** _____ **Código Postal:** _____ **Numero Teléfono** _____

Presentar información falsa es una ofensa, según OCGA 16-10-20.

Firma del Padre/Tutor Legal: _____ **Fecha:** _____

Firma de padre adoptivo: _____ **Fecha:** _____

TO BE FILLED OUT BY THE MCKINNEY-VENTO LIAISON

Please send a fax (706-226-5457) and send original through inter-office mail to City Park for Jackie Taylor, School Social Worker
I certify the above named student(s) qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____

Signature of McKinney-Vento Liaison

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child (ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

If you answer "yes", check all that applies:

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637 Toll Free (800) 621-5217 Fax (912) 842-5440 Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? Sí No

Si la respuesta es "sí", marque todo trabajo que aplique:

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer





AUTHORIZATION TO OBTAIN RECORDS/ NOTICE OF RELEASE OF RECORDS

Student's Name: _____
(First) (Middle) (Last)

Student's Date of Birth: _____ **Student's Grade:** _____

Please answer both of these questions:

Is the student currently suspended or expelled from his/her previous school? **Yes No**

Has he/she been adjudicated guilty of felony act(s)? **Yes No**

If the above named student has been adjudicated guilty of felony act(s) please list the felony(s) in the space provided.

Last School Attended: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Fax: _____

NOTE: According to Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within 10 calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees

Fax or Mail ALL REGULAR EDUCATION RECORDS INCLUDING:

Withdrawal Form	Birth Certificate	Transfer Grades	Attendance
Current Transcript	Immunization Certificate	Health Records	ESOL Records
Discipline Records w/ notes	Eye, Ear, Dental Form	SST Records	TAB
Standardize/ State Test Scores	Social Security Card Copy	Summer School Grades	Challenge/Gifted
Documentation related to commission of any felony offenses			

Please send records to the school highlighted below:

School	Address	Phone/Fax
Blue Ridge Elementary	100 S. Bogle St. Dalton, GA 30721	706-876-4100/706-260-2848
Brookwood Elementary	501 Central Ave. Dalton, GA30720	706-876-4200/706-278-8224
City Park Elementary	405 School St. Dalton, GA 30720	706-876-4500/706-226-5457
Dalton High School	1500 Manly St. Dalton, GA30720	706-876-4804/706-271-2374
Dalton Middle School	1250 Cross Plains Trail Dalton, GA30721	706-876-4652/706-428-7852
Morris Innovative High School	104 Ft. Hill Terrace Dalton, GA 30721	706-876-4150/706-278-4998
Park Creek Elementary	1500 Hale Bowen Dr. Dalton, GA 30721	706-876-4286/706-428-7725
Roan School Elementary	1116 Roan St. Dalton, GA 30721	706-876-4356/706-278-0979
Westwood Elementary	708 Trammel St. Dalton, GA30720	706-876-4425/706-278-1379

I have received notice that the records indicated above have been requested or released and that the information regarding the suspension/ expulsion and designated felony act(s) is correct.

Parent Signature

Date

NOTE: According to Final Regulations – Family Education Rights and Privacy Act (Buckley Amendments) dated June 17, 1976; it is no longer necessary to obtain written consent to release school records. It states that the school officials of other schools in school systems in which student may intend to enroll may receive student's record without a written consent for such release.

