

BRYAN COUNTY PUBLIC SCHOOLS
ENROLLMENT/REGISTRATION FORM

School _____

Student Last Name _____ **First Name** _____ **Middle Name** _____

Entry Date _____ Date of Birth _____ Gender _____ Grade _____ SSN _____

Residence Address _____ City _____ County _____ State _____ Zip _____

Mailing Address (P.O. Box or street if different from above) _____

Ethnicity: Hispanic/Latino - Yes ☐ No ☐

Race: Must Check at least one. Please check all that apply.

Am. Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐

Has the student attended school in Bryan County before? YES ☐ NO ☐

If "Yes", please list the name of school last attended _____ when last enrolled _____

Last school address, if not Bryan County Schools _____

School Transportation: School Bus Rider ☐ Car Rider ☐ Walker ☐ **Home Phone:** _____

Student Resides with: _____ Relationship _____

1. Primary Parent/Legal Guardian _____ Relationship _____

Cell Phone: _____ E-mail _____

Employer _____ Wk Ph# & Ext. _____ Military _____

2. Parent/Legal Guardian 2 _____ Relationship _____

Cell Phone _____ E-mail _____

Employer _____ Wk Ph# & Ext. _____ Military _____

Was your child born in the US? Yes ☐ No ☐ If Yes, which US State? _____

If No, in what other country was your child born? _____

On what date did your child enter the first school in the United States? _____

IMPORTANT: Federal and state laws require the following information be collected about the primary and home language for every student upon enrollment in the school district. Please complete the survey below for each child you are enrolling the school district:

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? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English Language development program.

If possible, would you prefer notice of school activities in a language **other** than English? Yes ☐ No ☐

If yes, which language? _____

Did your child receive any type of special services at a previous school? If yes, explain: _____

BRYAN COUNTY PUBLIC SCHOOLS
ENROLLMENT/REGISTRATION FORM

School _____

List Name(s) of School Age Siblings

Grade and School Attending

Emergency Information: Persons listed below will be contacted when the primary parent/guardian cannot be reached in case of an emergency. Persons listed below will be allowed to pick up your child from school.

Contact 1 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Contact 2 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Contact 3 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Medical Condition(s)

Physician's Name _____ Telephone _____ Ext. _____

Hospital Preference _____

Initials _____ I am the custodial parent/legal guardian of the above-named student.

_____ The address listed above is the physical location where the student actually resides.

_____ I have presented the student's Certificate of Birth.

_____ I have provided the student's Certificate of Immunization for diphtheria, pertussis, and tetanus.

_____ I give permission to transport my child to the nearest medical facility in the event of an emergency.

_____ This student is currently not on suspension or expulsion status from another school.

_____ If your child is being enrolled without records from his/her previous school, upon receipt of records, adjustments may possibly be necessary. Please sign below that you understand and agree with the conditions under which your child has been enrolled.

Parent/Legal Guardian Signature

Relationship

Date

Bryan County Schools
RESIDENCY AFFIDAVIT
School Year: 2015 - 2016

School: _____

I. Identifying Information – Please print.

This form is to be completed by the student's parent or legal guardian and signed/witnessed by a school district employee OR Notary Public. You must submit a separate Residency Affidavit for each child enrolled in the district. You may photocopy this form.

A. Student Information:

Student's Name _____
First Name Middle Initial Last Name

Date of Birth _____ Student's Social Security Number _____ Grade _____

B. Student lives with (Print name(s) and CHECK RELATIONSHIP TO STUDENT)

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Relationship to the Student ☐ father ☐ stepfather ☐ guardian ☐ foster parent
☐ _____

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Relationship to the Student ☐ mother ☐ stepmother ☐ guardian ☐ foster parent
☐ _____

C. Address (PLEASE DO NOT USE A POST OFFICE BOX AS IT IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS)

Address: _____
Street Address City State Zip

Phone Number _____
Home Father/Guardian Work Mother/Guardian Work

I declare under the penalty of perjury the above is the student's primary residency. I also agree to notify the school within two (2) weeks when residency has been changed. I understand a new affidavit and a new proof of residency must be submitted. If I move outside the district, I understand my child will not be allowed to attend Bryan County Schools.

I understand that the Bryan County Board of Education reserves the right to check the above information for accuracy and may at any time ask for address verification. Any misstatement or misrepresentation of the truth by me on this affidavit constitutes a form of fraud and may result in the withdrawal of my child from the school he/she is attending.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment, b) being held liable to reimburse the district for expenses incurred to educate this student, and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian Date

Subscribed and sworn before me on this _____ day of _____, 20____.

OFFICIAL SCHOOL DISTRICT SIGNATURE OR NOTARY PUBLIC SIGNATURE
(Place Notary Seal or Stamp Below)

BRYAN COUNTY SCHOOLS

II. Residency

A. Verification of Joint Residency

The person with whom the student lives must attach proof of residency, dated within the last five (5) days and must show parent, guardian or legal name and street address. Signature of person with whom student resides is to be signed in front of a School Official or a Notary Public.

PRINT FIRST AND LAST NAMES OF PERSON(S) providing proof of residency. I, declare under penalty of perjury, the above named student lives at this address with me. I also agree to notify the school within two (2) weeks when residency has changed.

First Name	Last Name	Signature(s) of Person(s)
_____	_____	_____
_____	_____	_____

Subscribed and sworn before me on this _____ day of _____, 20_____.

OFFICIAL SCHOOL
DISTRICT SIGNATURE

OR

NOTARY PUBLIC SIGNATURE
(Place Notary Seal or Stamp Below)

B. Proof of Residency

If you own and live on the resident property in Bryan County, please attach:

1. A County Property Tax Bill or a Mortgage Statement in your name showing residence property; and
2. A utility bill in your name for the current month showing the residence property address; and one of the items listed below:
 - a. Proof of residency from the County Registrar of Voters; or
 - b. Current vehicle registration showing residency property address; or
 - c. One other bill mailed to you at your residence address; or
 - d. A cancelled check in your name for the current month showing residence property address.
 - e. _____

If you rent and live on the resident property in Bryan County, please attach:

1. Copy of the lease/rental agreement; and
2. A utility bill in your name showing residence property address or, if such service is included as part of the rental agreement, you must provide satisfactory evidence that is so included; and one of the items listed below:
 - a. Proof of residency from the County Registrar of Voters; or
 - b. Current vehicle registration showing residency property address; or
 - c. One other bill mailed to you at your residence address; or
 - d. A cancelled check in your name for the current month showing residence property address.
 - e. _____

If you are living at a property with the owner or renter of the property in Bryan County, please attach:

1. The Residence Affidavit signed by the primary resident of the home and subscribed and sworn before a district school employee OR Notary Public.
2. A utility bill in your name showing residence property address or, if such service is included as part of the rental agreement, you must provide satisfactory evidence that is so included; and one of the items listed below:
 - a. Proof of residency from the County Registrar of Voters; or
 - b. Current vehicle registration showing residency property address; or
 - c. One other bill mailed to you at your residence address; or
 - d. A cancelled check in your name for the current month showing residence property address.
 - e. _____

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

BRYAN COUNTY SCHOOL SYSTEM

Please return records to the school circled below.

Richmond Hill Primary School
471 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5080
Fax (912) 756-5153

Richmond Hill Elementary School
473 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5100
Fax (912) 756-3916

Carver Elementary School
476 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5111
Fax (912) 756-5872

Lanier Primary School
6024 Hwy 280 East
Pembroke, GA 31321
(912) 626-5020
Fax (912) 858-4350

Bryan County Middle School
600 Payne Drive
Pembroke, GA 31321
(912) 626-5050
Fax (912) 653-2705

McAllister Elementary School
380 Henderson Park Blvd.
Richmond Hill, GA 31324
(912) 851-4000
Fax (912) 851-4093

Richmond Hill Middle School
503 Warren Hill Drive
Richmond Hill, GA 31324
(912) 459-5130
Fax (912) 756-5369

Richmond Hill High School
1 Wildcat Drive
Richmond Hill, GA 31324
(912) 459-5151
Fax (912) 756-4958

Bryan County Elementary School
104 Ash Branch Road
Pembroke, GA 31321
(912) 626-5033
Fax (912) 653-4350

Bryan County High School
1234 Camellia Drive
Pembroke, GA 31321
(912) 626-5060
Fax (912) 653-2858

Your child is being enrolled without records from his/her previous school. Upon receipt of records, adjustments may possibly be necessary.

Please sign below that you understand and agree with the conditions under which your child has been enrolled:

Yes, I understand and agree with this placement until records arrive.

Date_____ Parent/Guardian Signature_____

BRYAN COUNTY SCHOOL SYSTEM

Please return records to the school circled below.

Richmond Hill Primary School
471 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5080
Fax (912) 756-5153

Richmond Hill Elementary School
473 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5100
Fax (912) 756-3916

Carver Elementary School
476 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5111
Fax (912) 756-5872

Lanier Primary School
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Pembroke, GA 31321
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Richmond Hill, GA 31324
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Richmond Hill, GA 31324
(912) 459-5130
Fax (912) 756-5369

Richmond Hill High School
1 Wildcat Drive
Richmond Hill, GA 31324
(912) 459-5151
Fax (912) 756-4958

Bryan County Elementary School
104 Ash Branch Road
Pembroke, GA 31321
(912) 626-5033
Fax (912) 653-4350

Bryan County High School
1234 Camellia Drive
Pembroke, GA 31321
(912) 626-5060
Fax (912) 653-2858

Authorization for Release of Student Records

Student's Name: _____ DOB: _____ Entering Grade: _____

I hereby authorize the school listed below to release a complete and official copy of the following documents regarding this student as pertains to his/her educational, physical and social adjustments in school:

- ____ **Special Education records (Including Psychological & Evaluation)**
- ____ **Speech or Hearing Services/Gifted/RTI (Response to Intervention)**
- ____ **Withdrawal Form/Transcript (Must include grade level, withdrawal grades, and attendance.)**
- ____ **Disciplinary Records (Required by Georgia State Law)**
- ____ **Copy of Social Security Card**
- ____ **Immunization Records/Ear/Eye/Dental screening**
- ____ **Birth Certificate**
- ____ **Standardized Test History**
- ____ **W-APT Score / ACCESS Test Score/Original Home Language Survey**

Previous School Attended: _____

Address: _____

Telephone: _____ Fax: _____

Special Note: According to Section 99.31 of the Family Educational Rights and Privacy Act (FERPA), Buckley Amendment, June 17, 1976, it is not required to obtain written consent to release records between schools.

- Senate Bill 102, Article 5, Section 10947 Re: Privacy of Pupil Records-Parental release not required for transfer of Educational records between schools.
- Georgia DOE Board Rule 160-5-1-14, schools must mail or otherwise deliver requested records within 10 calendar days of request. Schools shall not withhold any student records because of payment of fees.

Signature of Parent or Guardian _____

Relationship to Student _____ Date: _____

Date Sent _____	Request #1
Date Sent _____	Request #2
Date Sent _____	Request #3

BRYAN COUNTY CUSTODY AFFIDAVIT

Statement Regarding Custody

Please complete this form for the child(ren) in your home. You will need a separate form for each child ONLY IF there are different parents. This one form will be used for natural siblings.

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

The above named minor child(ren) is/are residing with me at:

_____ (Address)

_____ (1) I am the natural parent of said child(ren) and reside full time within Bryan County,
GA

_____ (2) I am the legal Guardian of said child(ren) pursuant to a Court Order

date _____, in the _____ Court

of _____, State of _____

_____ (3) I am the permanent custodian of said child(ren) for the following reasons:

_____ Parents deceased

_____ Parents given up custody

_____ Other: _____

This _____ day of _____, _____

Parent/Legal Guardian/Legal Custodian



**NOTARIZED RESIDENCY AFFIDAVIT
Non-Parental Affidavit of Residence
DOE Rule 160-5-1-.28**

This form shall be completed for students seeking enrollment in Bryan County Public Schools, who live with their parents or legal guardians, but reside in the home of another adult. All Residency affidavits must be resubmitted annually at least 2 weeks prior to the beginning of each school year.

This form shall be completed by the adult with whom the student and parent/guardian are living.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The student whose legal name is _____ and whose birth date is ____/____/____ lives with me at the following address:

Name:

Address:

City: GA Zip Code:

Home Phone: Work Phone:

Cell Phone:

1. Reason the student is living with above named adult (check one or as many as apply)

A. ____ The loss or inhabitability of the student's home as a result of a natural disaster.

B. ____ The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.

C. ____ Other circumstances (explain below):



**NOTARIZED RESIDENCY AFFIDAVIT
Non-Parental Affidavit of Residence
DOE Rule 160-5-1-.28**

2. The name and last known address of the child's parent(s) or legal guardian:

Name:

Address:

City: State: Zip Code:

3. This student began 24 hours per day and seven days per week residency in my home on

____/____/____

4. The name and address of the last school that the student attended is:

Name of School:

Address:

City: State: Zip Code:

5. The Superintendent of Bryan County Public Schools or his or her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

Assurances:

1. I attest that this request to attend _____ School is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or any other similar reason.

2. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.

3. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.



**NOTARIZED RESIDENCY AFFIDAVIT
Non-Parental Affidavit of Residence
DOE Rule 160-5-1-.28**

NOTICE OF PENALTIES AND LIABILITY

I understand that:

**If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate Bryan County Public Schools as set forth in O.C.G.A. 20-2-133 (a) _____
(Initial)**

If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same _____ (Initial)

**I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1. _____
(Initial)**

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 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. _____ (Initial)

By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information and belief.

Signature of Affiant with whom student and parent/guardian are living

State of: _____, County of: _____

I, _____, a Notary Public for said county and state do hereby certify that _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2 _____

Signature of Notary Seal



**NOTARIZED RESIDENCY AFFIDAVIT
Non-Parental Affidavit of Residence
DOE Rule 160-5-1-.28**

Parental Assurances (if parent or legal guardian is available):

1. I attest that this request to attend _____ School is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or any other similar reason.

2. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.

Signature of Parent or Legal Guardian

**State of: _____, County of: _____ I,
_____, a Notary Public for said county and state do hereby certify that
_____ personally appeared before me this day and acknowledged the due
executing of the foregoing instrument.**

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary Seal



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



Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

School District: _____

Date Completed: _____

Encuesta Ocupacional para Padres

Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ Sí ☐ No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- ☐ 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- ☐ 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- ☐ 3) Procesando /empacando productos agrícolas
- ☐ 4) Lechería o ganadería
- ☐ 5) Empacadoras o procesadoras de carne/pollo o mariscos
- ☐ 6) Pescando o criando pescado
- ☐ 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes

Nombre de la Escuela

Grado

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

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

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: When **both** (Yes) "Si" 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