

# WORTH COUNTY SCHOOLS

## Registration Form

### Registration Checklist

Parent/Guardian should provide the following documentation to the school:

1. **Picture ID** of person enrolling the child (Driver's License)
2. **Proof of Residence** (One of the following required)

Worth County tax receipt, current utility bill, current lease agreement, warranty deed, current residential telephone bill, notarized current rent receipt that contains the parent/guardian's name and physical address, current cable bill, or Worth County tag receipt. Military: MCLB Family may provide a letter from the MCLB housing department stating their physical address. If the family lives in Worth County and any of the documents listed above can't be provided, please contact the school's registrar to complete the multi-family certification form.

3. **Copy of Divorce Decree** (If applicable due to custody of child)
4. **Birth Certificate**
5. **Social Security Card** (optional)
6. **Georgia Immunization Form 3231**
7. **Georgia Eye, Ear, Dental & Nutrition Form 3300**

**If the person enrolling the student is not the biological parent, additional documentation will be required. The registrar will inform the person enrolling the child of their options.**

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

**STUDENT INFORMATION:**

Child's Name/Nombre: \_\_\_\_\_  
Last First Middle

Grade: \_\_\_ Social Security No. (optional): \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Birthdate/Fecha de nacimiento: \_\_\_\_\_ Age: \_\_\_\_\_

**Race/Ethnicity:**

Is the student Hispanic/Latino: Yes ( ) No ( )

**Race(Check all that applies):**

Asian( ) American Indian/Alaskan Native( ) Black ( ) Native Hawaiian/Pacific Islander ( ) White( )

**Address of Child/Direccion actual:**

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City Zip Code

Street Address: \_\_\_\_\_  
Street City Zip Code

Home telephone number: \_\_\_\_\_

**ENROLLMENT HISTORY:**

School Last attended/Escuela:

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip Code

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Has your child ever attended a Worth County School Yes ( ) No ( )

Did your child attend a Pre-K program, public or private, prior to entering Kindergarten?

Yes( ) No( )

If yes, what program:

Public Pre-Kindergarten ( ) Head Start ( ) Private Pre-Kindergarten ( )

Has your child participated in any of these services?

Special Education (IEP) ( ) Speech ( ) Gifted ( ) ESOL/EL ( ) SST ( ) 504( )

Early Intervention Program (EIP) ( ) Remedial ( )

Which school district: \_\_\_\_\_ School's Name: \_\_\_\_\_

Dates attended: \_\_\_\_\_

List any activities that your child may not participate in due to religious beliefs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**EMERGENCY CONTACT INFORMATION:**

Person to contact if Parent/Guardian cannot be reached:

Name	Address	Telephone #	Relationship

Persons with permission to pick up this child:

Name	Address	Telephone #	Relationship

Person(s) who MAY NOT pick up my child:

Name	Relationship		Name	Relationship

**MEDICAL INFORMATION:**

Local Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

Routine medications \_\_\_\_\_

Does child have a health problem? Yes ( ) No ( )

If so, list: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it's impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian \_\_\_\_\_

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**Home Language Survey:**

If student was not born in the USA, list country of birth \_\_\_\_\_  
If not the USA, answer questions 1 and 2.

1. What date did the student first enter any US School? \_\_\_\_\_
2. Has this student been attending school in the US more than three full academic years?  
Yes \_\_\_ No \_\_\_
3. Have you ever worked or come here with the intention of working in the fields, poultry, and meat processing plant, pulpwood timber industry, fishing or any other agricultural jobs?/¿Ha trabajado o ha venido con la intencion de trabajar en el campo, la pollera, procesadora de carne, sembrando y cortando arboles, pesca, o algun otro tipo de trabajo en la agricultura? **Yes/Si** \_\_\_\_\_ **No** \_\_\_\_\_
4. How many families live in the house? \_\_\_\_\_ Is this temporary? \_\_\_\_\_  
What relationship are you to the Head of Household? \_\_\_\_\_
5. Is language other than English used in the home? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Did student have a first language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does the student speak a language other than English most of the time?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If YES to questions 5, 6, or 7, what is the language? \_\_\_\_\_

Registrars: If yes to Questions 2, 3, 5, 6, or 7 contact Christie Foerster at 776-8600.

Names of Brothers and Sisters:

Name/Nombre	Age	Birthdate	Grade/Grado	School/Escuela
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Directions to home from school/*Direccion actual:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

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

**These rules state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without written consent for each release.**

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### **RACE/ETHNICITY SURVEY**

The US Department of Education requires the use of new ethnicity/race codes beginning in August of 2009. All parents must complete this survey for each child so we can prepare for the required reporting.

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

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

1. **EVERYONE** must answer the following question. Choose the correct answer.

Is your ethnicity Hispanic/Latino/Spanish Origin regardless of race?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

2. **EVERYONE** must select **ONE OR MORE** of the following races regardless of how you answered question one.

\_\_\_\_\_ a. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

\_\_\_\_\_ b. Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

\_\_\_\_\_ c. Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

\_\_\_\_\_ d. Black or African American (A person having origins in any of the Black racial groups of Africa)

\_\_\_\_\_ e. American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America including Central America), who maintains a tribal affiliation or community attachment.

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**PARENT/GUARDIAN CERTIFICATION:**

**Please initial by any statement that applies:**

\_\_\_\_\_ I am authorized to enroll the student in school.

\_\_\_\_\_ I have provided the Georgia Certificate of Immunization (GA Form 3231)

\_\_\_\_\_ I will provide Form 3231 within 30 days of the student's first day of school.

\_\_\_\_\_ I have provided the Georgia Certificate of Eye, Ear, and Dental Examination (GA Form 3300)

\_\_\_\_\_ I will provide form 3300 within 30 days of the student's first day of school.

\_\_\_\_\_ I have provided the birth certificate

\_\_\_\_\_ I will provide the birth certificate within 30 days of the student's first day of school.

\_\_\_\_\_ I have provided a copy of the social security card (optional)

\_\_\_\_\_ I give the Worth County School District permission to obtain my child's social security number from the Georgia Department of Education Guide Program. However, I will provide the school with a copy of the social security card within 30 days of the student's first day of school.

\_\_\_\_\_ I do not give the Worth County School District permission to obtain my child's social security number from the Georgia Department of Education Guide Program. However, I will provide the school with a copy of the social security card within 30 days of the student's first day of school.

\_\_\_\_\_ I understand the student is provisionally enrolled into school pending the receipt of all required documents. I also understand that changes may be made to the student's grade placement, classes, and instructional setting once the official school records are received from the previous school. Furthermore, I understand that the student may be withdrawn from school if all required documents are not provided to the school within 30 days of the student's first day of enrollment.

**PARENT/GUARDIAN SIGNATURE:**

I certify that the information provided in the registration form is correct to the best of my knowledge.

Signature of Parent or Guardian \_\_\_\_\_

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

**SCHOOL OFFICIAL USE ONLY:**

Home Room/Advisor: \_\_\_\_\_ Date Enrolled : \_\_\_\_\_

Bus #: \_\_\_\_\_

Proof of Residence ( )

Birth Certificate ( )

Certificate of Immunization ( )

Social Security Card ( )

Withdrawal Form ( )

Computer Access/Lunch #: ( )

Proof of Guardianship ( )

Test Scores ( )

Gifted Eligibility ( )

EL Records ( )

Certificate of Eye, Ear, Dental ( )

Attendance Record ( )

Discipline Record ( )

9<sup>th</sup> Grade Entry Date ( )

Transcript ( )

Parent Portal Access ( )

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**Records Request:**

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

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

**School Requesting Information**

**Worth County Primary School**

1304 N. Isabella St.  
Sylvester, GA 31791  
Telephone #: 229-776-8660 Fax #: 229-776-8665

**Worth County Elementary School**

1906 GA Hwy 313  
Sylvester, GA. 31791  
Telephone #: 229-776-8605 Fax #: 229-776-8607

**Worth County Middle School**

1305 N. Isabella St.  
Sylvester, GA 31791  
Telephone #: 229-776-8620 Fax #: 229-776-8624

**Worth County High School**

406 W. King St.  
Sylvester, GA 31791  
Telephone #: 229-776-8605 Fax #: 229-776-8607

**School Releasing Information** (Provided by parent)

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The student listed above is seeking admission to Worth County Schools. Please assist us by providing the information listed below:

- |  |  |
|--|--|
| Standard Educational Record                                    | Section 504 Plan                               |
| Immunization Certificate                                       | Eye Ear & Dental Certificate                   |
| Gifted Eligibility   | ESOL/ELL Record                                |
| Disciplinary Transcript  | Social Security Number                         |
| Birth Certificate  | Ninth Grade Enrollment Date (High School Only) |
| Withdrawal Form  | Attendance Record                              |
| Any other information that is vital to the student's education |  |

School Official Signature: \_\_\_\_\_

*Georgia House Bill 180 provides that a student enrolling for the first time in any school in grades seven or higher must provide a copy of his or her scholastic and discipline records. Every school system in the State of Georgia must provide complete information to a requesting school within ten (10) days of receipt of such request.*

**Georgia requires that all students entering Georgia schools for the first time, regardless of their grade level, provide a shot record showing that they are adequately immunized. Please include this shot record in your release along with all available school records including psychological, a copy of standardized test scores, social security card, certified birth certificate, screening and health information.**