



# Welcome To Henry County Schools

<b>Office Use Only</b>	<b>Form Revised: March 2015</b>
School: _____	
Date Enrolled: _____	Grade: _____

<p><b>Parent Preferred Language</b></p> <p>Do you (parent/guardian) wish to fill out this document in your primary language? ___ Yes ___ No</p> <p>Do you (parent/guardian) need the assistance of an interpreter to assist you with the enrollment of your student(s)? ___ Yes ___ No</p> <p>My preferred language for communication from my child's school is (please check): ___ English ___ Spanish</p> <p>Other language: _____ (Please specify language)</p>	<p><b>Student Home Language Questions</b></p> <p>What was the first language your child learned to speak? _____</p> <p>What language does your child speak most often? _____</p> <p>What language is most often spoken in your child's home? _____</p> <p>Is student's primary language English? ___Yes ___No</p>
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**Student Information** (Please Print):

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

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

Social Security Number: \_\_\_\_\_

\*Parent may provide a copy of Social Security card or Statement of Objection (Waiver)

Place of Birth: \_\_\_\_\_  
(City) (County) (State) (Country)

Current Address: \_\_\_\_\_  
(Street) (City) (Zip) (Home Phone)

**Academic Information:**

Name / Address of last school attended: \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Phone)

Please list each Henry County school the student has attended and the year attended: \_\_\_\_\_  
\_\_\_\_\_

Has student ever received any of the following support services? **Please check all that apply:**

\_\_\_ Special Education \_\_\_ Gifted Education \_\_\_ Remedial Education \_\_\_ English for Speakers of Other Languages \_\_\_ Speech  
\_\_\_ Early Intervention Program \_\_\_ Title I \_\_\_ Student Support Team \_\_\_ 504 \_\_\_ Other: \_\_\_\_\_

Please initial if applicable: \_\_\_\_\_ I certify that my child has never received any of these services.

**Registration Documentation** (the following documents are required for registration):

- \_\_\_ 1. Birth Certificate (or other proof of age \_\_\_\_\_)
- \_\_\_ 2. Proof of Residency: current property tax or settlement statement, valid residential lease, or rental agreement and one current home utility bill (gas or electric)
- \_\_\_ 3. Custody/Guardianship documentation, if applicable
- \_\_\_ 4. Georgia Certificate of Immunization, Form 3231
- \_\_\_ 5. Georgia Eye, Ear, and Dental Certificate, Form 3300
- \_\_\_ 6. Certified copy of the student's academic transcript and disciplinary record from the school previously attended.

**Registration Documentation** (the following documents are requested for registration):

- \_\_\_ 1a. Copy of Social Security card
- or -
- \_\_\_ 1b. Statement of Objection to Providing Social Security Number (Waiver)

**Race/Ethnicity:**

Part A. **Is this student Hispanic/Latino?** (Choose only one)

- \_\_\_ **No, not Hispanic/Latino**
- \_\_\_ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's (or your) race to be.

Part B. **What is the student's race?** (Choose all that apply)

- \_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- \_\_\_ **Asian** (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.)
- \_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
- \_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- \_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Emergency / Medical Information:**

Does student have any health problems or allergies? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Does the student require medication on a regular basis? \_\_\_ Yes \_\_\_ No If yes, please complete a Medication Authorization Form.

***Ensuring Success for Each Student***

**Parent Information (Check if natural parent or legal guardian - Stepparents may be listed under *Authorized Contact Information*):**

Name: \_\_\_ Natural Father \_\_\_ Male Legal Guardian \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Pager #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_ Natural Mother \_\_\_ Female Legal Guardian \_\_\_\_\_

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

Employer: \_\_\_\_\_

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

Pager #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Send school mail to (check one): \_\_\_ Natural Father / Male Legal Guardian \_\_\_ Natural Mother / Female Legal Guardian

**Authorized Contact Information** (Identify other persons authorized to check out student - Picture ID is required for check out)

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

**Other Family Members Living in the Same Household:**

_____	_____	__/__/	<b>M F</b>	_____	_____
Last Name	First Name	Date of Birth	Gender	School (if Applicable)	Relationship to Student

_____	_____	__/__/	<b>M F</b>	_____	_____
Last Name	First Name	Date of Birth	Gender	School (if Applicable)	Relationship to Student

_____	_____	__/__/	<b>M F</b>	_____	_____
Last Name	First Name	Date of Birth	Gender	School (if Applicable)	Relationship to Student

_____	_____	__/__/	<b>M F</b>	_____	_____
Last Name	First Name	Date of Birth	Gender	School (if Applicable)	Relationship to Student

Does the student have a brother or sister enrolled in Henry County Schools? If yes, please complete the following:

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Disciplinary Information:**

Is the student currently on suspension or expulsion from another school or school system? \_\_\_\_\_ Yes (explain below) \_\_\_\_\_ No

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Has the student ever been convicted of a felony crime? \_\_\_\_\_ Yes (explain below) \_\_\_\_\_ No

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Is the student presently assigned to or scheduled to attend an alternative school or program? \_\_\_\_\_ Yes (explain below) \_\_\_\_\_ No

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**False Swearing Notice (O.C.G.A. § 16-10-71)**

- (a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.
- (b) A person convicted of the offense of false swearing shall be 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.

**Residency Notice (HCBOE Policy JBCA)**

To be enrolled in Henry County Schools, students must reside full-time in Henry County with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time Henry County residents for the entire period of enrollment in Henry County Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in Henry County and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county, but does not reside in the county, is not considered a resident for the purpose of this policy.

Student enrollment forms, as well as other official documents of the school, must be signed by the natural parent or legal guardian with whom the child resides. Educational decisions concerning the child are reserved for the enrolling parent, although both parents can be involved in the process. If there is disagreement between the two parties, the enrolling parent's decision shall be the governing decision.

**I SWEAR THAT I AM A FULL-TIME RESIDENT OF HENRY COUNTY  
AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS,  
TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT**

\_\_\_\_\_  
Parent / Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

Henry County Schools  
An Equal Opportunity Employer and Service Provider

***Ensuring Success for Each Student***