

WELCOME TO EAGLE'S LANDING HIGH SCHOOL!

As you prepare for your enrollment appointment, please note the following checklist of requirements:

- _____ 1) Bring your completed registration form and request for records form (attached) with you to your appointment which has been schedule for _____ at _____.
Date Time
*If your child has an IEP, a second appointment will be scheduled to meet with the case manager. You must bring a copy of your child's most recent IEP to your registration appointment.
- _____ 2) Only a parent or legal guardian (must have court document) can enroll a child. If applicable, please bring a copy of your custody agreement. Please bring with you a copy of your child's birth certificate and social security card if available.
- _____ 3) You must provide one (1) current electric or gas bill showing the name of the resident and address of service, AND a rental/purchase agreement as proof of residence in our school district. If you have owned your home for more than one (1) year, you must bring a copy of your most recent property tax statement. A driver's license, warranty deed, or notarized statement **will not** qualify as proof of residence. If you are unable to bring these items, please call 770-957-6601.
- _____ 4) You must withdraw your child from his/her previous school before enrolling here. Bring the withdrawal form with you to your registration appointment.
- _____ 5) To insure correct placement into classes, bring to your appointment a copy of your child's:
- _____ A) Transcript (A parent has a *legal right* to receive a copy. Call your school at least 24 hours ahead of time so that they can get it ready for you. We will request official records after meeting with you. Receiving records can take time. (We cannot appropriately place your child into classes without copies of the academic records.)
- _____ B) Recent standardized test scores.
- _____ C) IEP – only if your child is receiving special education services and was not enrolled in Henry County Public Schools for the 2017-18 school year.
- _____ 6) If your child has never previously been enrolled in a public school in Georgia, you will need (Form 3231) to provide the school with a copy of his/her immunization records. This state form can be obtained from your doctor or from the Health Department (770-954-2250). Students have 30 days to provide this form to the school before being withdrawn.
- _____ 7) All students entering a Georgia school for the first time must also provide the school with the Hearing, Vision, and Dental Certificate (Form 3300). Again, your doctor or the Health Department can provide you with this form. Students have 30 days to provide this form before being withdrawn.

We look forward to meeting you!



Welcome To Henry County Schools

Office Use Only	Form Revised: March 2015
School: _____	
Date Enrolled: _____	Grade: _____

<p>Parent Preferred Language</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>Student Home Language Questions</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.

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:

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

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

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

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 (HCSOE 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

Henry County Schools

Authorization For Transfer of Academic and Disciplinary Records

I authorize the school named below to transfer all academic and disciplinary records pertaining to my child to the Henry County School System. I understand that my child will be enrolled on a conditional basis until all school records are received. I understand that my child may be found ineligible for enrollment based on information about current suspensions or expulsions obtained from school records. I certify the information provided in this document is true and correct to the best of my knowledge.

Student's Legal Name: _____ Date of birth: _____

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____

Records Requested From – Last School Attended

Please Send Records To

School System: _____

Henry County Schools
Eagle's Landing High School

School: _____

301 Tunis Road

Address: _____

McDonough, GA 30253

City/State/Zip: _____

(770)954-9515 phone

(770)914-9789 fax

Phone: _____

Fax: _____

As required by Georgia law 20-2-670, the parent/guardian of a transferring student enrolling in a grade higher than the sixth grade shall disclose whether the student has ever been found guilty of committing a felony act, and whether the student is currently serving a suspension or expulsion from another school.

Is this student currently serving a suspension or expulsion from the last school attended? Yes No

If yes, state the reason for the suspension or expulsion: _____

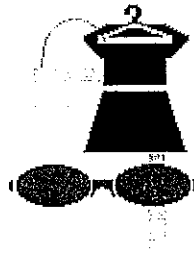
If yes, give the date when the suspension or expulsion will end: _____

Has this student been found guilty of committing one or more of the following felonies? Yes No

If yes, please check each of the following offenses that apply to this student:

- | | |
|--|--|
| <input type="checkbox"/> 1. Possession of a pistol or revolver (second offense) | <input type="checkbox"/> 15. Third offense of any act which, if committed by an adult, would be a felony |
| <input type="checkbox"/> 2. Kidnapping (age 13 or older) | <input type="checkbox"/> 16. Trafficking cocaine, illegal drugs, marijuana, or methamphetamine |
| <input type="checkbox"/> 3. First-degree arson (age 13 or older) | <input type="checkbox"/> 17. Racketeering |
| <input type="checkbox"/> 4. Aggravated assault (age 13 or older) | <input type="checkbox"/> 18. Escape after being found guilty of a felony |
| <input type="checkbox"/> 5. Second-degree arson (age 13 or older) | <input type="checkbox"/> 19. Manufacture, possession, transportation, distribution, or use of a hoax destructive device (second offense) |
| <input type="checkbox"/> 6. Aggravated battery (age 13 or older) | <input type="checkbox"/> 20. Murder |
| <input type="checkbox"/> 7. Robbery (age 13 or older) | <input type="checkbox"/> 21. Voluntary manslaughter |
| <input type="checkbox"/> 8. Armed robbery without a firearm (age 13 or older) | <input type="checkbox"/> 22. Rape |
| <input type="checkbox"/> 9. Battery of school personnel (age 13 or older) | <input type="checkbox"/> 23. Aggravated sodomy |
| <input type="checkbox"/> 10. Attempted murder (age 13 or older) | <input type="checkbox"/> 24. Aggravated child molestation |
| <input type="checkbox"/> 11. Attempted kidnapping (age 13 or older) | <input type="checkbox"/> 25. Aggravated sexual battery |
| <input type="checkbox"/> 12. Possession of a weapon on school property, including busses or in a school zone (age 13 or older) | <input type="checkbox"/> 26. Armed robbery with a firearm |
| <input type="checkbox"/> 13. Hijacking a motor vehicle (age 13 or older) | <input type="checkbox"/> 27. Motor vehicle theft (second offense) |
| <input type="checkbox"/> 14. Manufacture, transportation, distribution, possession, use, or offer of distribution of an explosive device (age 13 or older) | |

Date found guilty: _____ Sentence imposed: _____



EAGLE'S LANDING HIGH SCHOOL
DRESS CODE
Dress for Success!

The following expectations must be met by all ELHS students.

- Shoulders must be covered at all times with fabric a minimum of three fingers wide (garment must not expose sides and mid-section).
- Dresses, skirts, skorts, and shorts must reach the knees all the way around.
- No clothing that is too revealing or form fitting may be worn (for example, no leggings or yoga pants).
- Headpieces/head gear, including but not limited to hats, visors, hoods, grooming aids, headbands, head scarves, and sunglasses, will not be worn within the school building unless approved for special occasions by the principal.
- Bandanas will not be worn/displayed at any time on campus.
- Holes in pants above the knee and below the pocket may not expose bare skin or underwear.
- The midriff or back may not be exposed.
- Blankets, slippers or pajamas are not acceptable and should not be worn in the building.
- No undergarments should be visible at any time; pants should be worn at waist.
- Low or plunging necklines are not allowed.
- No inappropriate writing or pictures, including but not limited to, clothing that advertises alcohol, tobacco, drugs, any prohibited product, sex, depicts or suggests violence or which contains suggestive writings, pictures, or emblems that are inflammatory, vulgar, or discriminatory.
- Any other items deemed inappropriate by the principal could be added to this list. Please see the Henry County Student Handbook for additional information regarding student dress code.

Violation of the dress code will result in the following:

- 1st violation: Students are given the opportunity to change into something appropriate or to call home. If a change is not available, the student will sit in ISS for the remainder of the day.
- 2nd violation - ISS for 1-3 days
- 3rd & subsequent violations - next Section I disciplinary step according to record (5 days ISS, 2 days OSS, etc.)



Statement of Objection to Providing a Social Security Number for Student Identification

Georgia law (20-2-0150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student.

No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.

Statement of Objection

I do not wish to provide the school with the Social Security number of my child/children.

Name of Child/Children Enrolled at this School (Please Print)

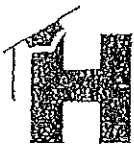
1. _____
2. _____
3. _____
4. _____
5. _____

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Name of School



Henry
County
Schools

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

HENRY COUNTY SCHOOLS

Exceptional Student Education

33 N. Zack Hinton Parkway McDonough, GA 30253

(770) 957-8086 – Phone (770) 898-1190 – FAX

PLEASE FAX OR EMAIL RECORDS TO Tonya.Godwin@Henry.k12.ga.us

Student's Name: _____

Grade: _____ Birthdate: _____ Henry Co. School Attending: _____

Parent/Legal Guardian: _____ Home/Cell Phone: _____

Address: _____

- | | |
|---|--|
| <input type="checkbox"/> All Data for Appropriate Educational Placement | <input type="checkbox"/> Medical & Social History |
| <input type="checkbox"/> Educational Screening | <input type="checkbox"/> Psychological/Intellectual Report |
| <input type="checkbox"/> Eligibility Report | <input type="checkbox"/> Other Information: _____ |
| <input type="checkbox"/> Individual Education Program (IEP) | |

I, the undersigned Parent or Legal Guardian, hereby authorize the release of all confidential, psychological, due process, special education and other records listed above concerning the above named student. The Henry County School District shall have no responsibility or liability concerning the actions of any person or entity receiving the above said records and cannot guarantee that the person/entity receiving such records will comply with any duties of confidentiality that may exist under the law. This information will be used in the placement and planning of my child's education program. Granting this consent is voluntary on my part. I understand that I may request and receive a copy of all transmitted records received upon payment of all copy fees charged by the Henry County School District with respect to any requested records. This Authorization for Release will expire one year from the date signed below if not designated otherwise in writing. I understand and agree to all the terms set forth in this Authorization for Release of Confidential Information.

_____ Date

_____ Signature of Parent/Legal Guardian

According to Section 99.31 of the Family Education Rights and Privacy Act (FERPA), prior consent is not required.

<input type="checkbox"/> REQUESTED FROM:	<input type="checkbox"/> SEND TO:
	HENRY COUNTY SCHOOLS
	Exceptional Student Education
Addressee/Name	33 N. Zack Hinton Parkway
Street	McDonough, GA 30253
City, State, Zip	(770) 957-8086 – Phone
Phone #	(770) 898-1190 - FAX
Email or Fax#	Attn: Tonya Godwin Tonya.Godwin@henry.k12.ga.us

I.D. Checked by _____

Unless records are being picked up in person, specify how they are to be received: Fax Email



EAGLE'S LANDING HIGH SCHOOL

301 TUNIS ROAD
McDONOUGH, GEORGIA 30253
(770) 954-9515

GABE CRERIE, ED.S.
PRINCIPAL
Date: _____

ASSISTANT PRINCIPALS
KATY BRANTLEY, ED.S.
AL KIZZIE, M.ED.
RICHARD JACOBY, M.ED.

Student Name: _____ DOB: _____

Race/Ethnicity: _____ Language: _____

Dear Parents:

Your child is currently enrolled in school under a **provisional status**. Students may be enrolled in Georgia schools for 30 calendar days while awaiting evidence of age, immunization, guardianship, or other required documentation.

The provisional enrollment for your child will expire on _____ (date).
If the required documents and/or information are not provided to the school by the end of the thirtieth calendar day, your child will be withdrawn from school. In accordance with Georgia State Board rule 160-5-1.28, please accept this notification as the required ten (10) day advance notification of this pending withdrawal.

Students attending Georgia public schools must have on file certifications of immunization and examination. An additional MMR booster and verification of Chicken Pox Immunization or documentation of the history of this disease (recorded on Form 3231) may be required. Please contact your doctor or the Henry County Health Department for details about immunization requirements for your child.

The following documents that are checked below are not currently on file:

- _____ Georgia Certificate of Immunization, Form 3231 or Religious waiver*
- _____ Georgia Eye, Ear, and Dental Certificate, Form 3300
- _____ A copy of the child's Birth Certificate or other proof of age
- _____ Guardianship or Custody Documentation (see page three of the elementary student handbook)

*The Georgia Department of Human Resources periodically audits student files for up-to-date immunization certificates. Further, Georgia law, Georgia State Board rules, and Henry County Board policies require that these documentations be on file with schools for students to remain enrolled.

Should you need additional information about this notification, please contact _____.

Sincerely,

Guardian Signature _____

Principal

Cc: Permanent file
Counseling office binder



Dear Parents/Guardian:

Henry County Library System, in partnership with Henry County Schools would like to provide a **“Digital Access Library Card”** for students. This program is free of charge for every HCS student to access the digital resources of the public library system. However, if you have a HCLS Library Card, you already have access to these resources.

The following are some of the digital resources that students can benefit from utilizing with their **“Digital Access Library Card”**:

- Student Resources in Context - Provides a wide array of information on research topics
- Learning Express Library - A study resource offering e-book study guides and practice tests and more
- Mango Languages - PhD-created and linguist-approved software teaches real conversations in over 60 languages
- And much more!

What student information will HCS share with the Henry County Public Library? Student’s name, school name, grade level, parent’s name, and parent’s email address. No other information will be shared

Privacy: To accommodate families with privacy concerns, parents/guardians can complete the form below allowing HCS to share the above information with the Henry County Public Library only. This accommodation allows families the privacy requested, but enables enrollment in the “Digital Library Card” program.

Yes, HCS can share the above information with the HCPLS allowing my child to participate in the **“Digital Access Library Card”** program. I also understand that I am responsible for my child’s use of all library materials and services, including the internet.

_____ I would like for my student to have a digital library card for use in the classroom

_____ I DO NOT want my student to have a digital library card for use in the classroom

_____ My student already has a library card. This card will work for digital access.

Child’s Name (Print): _____ Grade: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____

NOTE: If you want your student to be able to check out books and other materials, bring the student, their digital access card, and your ID to any Henry County Library branch to obtain a full access library card.

Mandatory School Attendance for Middle School and High School Students

Truancy

Based on Georgia Law (20-2-690.1) and State Board of Education Rule (JB), any child between the ages of 6 and 16 who during the school calendar year has more than five days of unexcused absences from school will be considered truant.

Penalties

The legal penalties and consequences for truancy include referral of parents, guardians, or custodians to State Court and referral of juveniles to Juvenile Court for prosecution. Any parent, guardian, or other person residing in this state who has control or charge of a child or children and who violates the Mandatory Attendance Code section of Georgia law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be subject to a fine of not less than \$25.00 and not greater than \$100.00, imprisonment not to exceed 30 days, community service, or any combination of such penalties per absence. Each day's absence from school is a violation of this provision and shall constitute a separate offense.

If convicted of truancy, juveniles may face severe penalties under the Juvenile Code of the State of Georgia.

Teenage and Adult Driver Responsibility Act

The Teenage and Adult Driver Responsibility Act, Georgia Code Section 40-5-22 (TAADRA), requires that students must meet enrollment requirements in order to receive and maintain a Georgia driver's permit or license.

Tardies and Early Checkouts

Unexcused tardies to school or unexcused early checkouts from school are detrimental to the academic success of individual students and classmates. Students should arrive at school on time and should remain in school for the complete school day. Acceptable excuses for tardies to school or early checkouts are the same as excused reasons for full day absences. Excessive unexcused tardies and early checkouts will be referred to the Henry County Courts for consideration for prosecution.

Student Signature

Parent Signature

Date



Henry County Schools
Affidavit of Religious Conflict With Immunization Requirements

Reference: The Official Code of Georgia, Annotated, Section 20-2-771(e):

This Code section shall not apply to a child whose parent or legal guardian objects to immunization on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian.

Affidavit means a written statement made under oath before an authorized magistrate or officer. Notary publics are authorized to witness oaths.

AFFIDAVIT OF RELIGIOUS CONFLICT WITH IMMUNIZATION REQUIREMENTS

Child's Name _____

Parent or Guardian's Name _____

The requirements of immunization relative to the Official Code of Georgia, Annotated, Section 20-2-771, are in conflict with my religious beliefs.

Signature of Parent or Guardian

Sworn to and subscribed before me this _____ **day of** _____, **20** _____

Notary Public

Enrollment Information Listing

Please fax to ELHS Guidance Office: 770-914-9789

ELECTRIC

Central Georgia EMC
923 South Mulberry Street
Jackson, GA 30293.....770-775-7857

Georgia Power
235 Keys Ferry Street
McDonough, GA 30253

Notes: Georgia Power is located less than one mile away from the Board of Education. The property owner must go to the office in order to obtain proof of service, they WILL NOT FAX.

WATER

Henry County Water and Sewerage Authority
140 Henry Parkway
McDonough, GA 30253.....770-957-6659

City of Stockbridge
4545 N. Henry Blvd.
Stockbridge, GA 30253.....770-389-7901

Clayton County Water Authority (services small parts of Henry County)
1600 Battle Creek Road
Morrow, GA 30260.....770-961-2130

City of Hampton
17 East Main St.
Hampton, GA 30228.....770-946-4306

Guardianship

Henry County Probate Court
99 Sims Street
McDonough, GA-30253..... 770- 288-7600
Fax: (770) 288-7616

Immunizations/Eye Ear-Dental Records

Henry County Health Department
1135 Henry Parkway
McDonough, GA770-954-2250

Stockbridge Health Department
1018 Hospital Drive
Stockbridge, GA 30281.....770-954-2303

AUTHORIZATION OF RELEASE OF CRIMINAL BACKGROUND INFORMATION

- Mentor/Volunteer/Chaperone Consent Form -

School: _____ School Contact: _____

To the Sheriff's Department of Henry County:

I hereby authorize any clerk, officer, judge, custodian, or other person to give to the Henry County Schools, 33 North Zack Hinton Parkway, McDonough, Georgia, 30253, any and all information in their possession regarding my motor vehicle record, and any criminal history or record pertaining to me, which may be on file with any criminal justice agency, court, or the GCIC/NCIC, or other information requested upon presentation of this authorization or any reproduced copy thereof. (O.C.G.A. 35-3-35/35-3-6.) I further give my continuing consent, for officials of Henry County Schools to access such information throughout the course of my service at intervals, should the Henry County Schools deem further background checks appropriate.

ALL REQUESTED INFORMATION MUST BE SUBMITTED AND MUST BE LEGIBLE. THE SHERIFF'S DEPARTMENT WILL NOT PROCESS INCOMPLETE REQUESTS, AND INCOMPLETE FORMS WILL BE RETURNED TO THE SCHOOL.

Print Full Name (First, Middle, Last) _____

Social Security Number (Full Number) _____

Street Address _____

City _____

State _____

Zip Code _____

Sex _____ Race _____

Date of Birth
(MM/DD/YYYY) _____

Driver's License Number/State _____

Signature _____

Date _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

For HR use only: