

LCES STUDENT IDENTIFICATION

Male _____ Female _____
Black _____ White _____ Other _____

Homeroom Teacher: _____ Grade: _____ SS# _____

NAME: _____
Last First Middle

Date of Birth: _____ Age: _____ Place of Birth: _____

Student's Mailing Address: _____
PO Box / Street City State Zip

Student's Physical Address: _____
Street City State Zip

Parents (or Legal Guardians): Mother: _____ Father: _____

Other: _____

Student lives with: (Check one) Both Parents Mother Only Father Only Other _____

Telephone Numbers: Home: _____ Mother's Cell: _____

Father's Cell: _____ Email Address: _____

Mother's Employer and Work Number: _____ / _____

Father's Employer and Work Number: _____ / _____

If no telephone, number of nearest relative or neighbor with phone: (Name and Number) _____

Please list siblings that are currently enrolled in school: (Name and Grade) _____

In case of an emergency and parents/guardians cannot be reached, please list possible contacts;
I authorize the following persons to be able to sign my child out of school:

RELATIVE'S NAME TELEPHONE NUMBER FRIEND'S NAME TELEPHONE NUMBER

RELATIVE'S NAME TELEPHONE NUMBER FRIEND'S NAME TELEPHONE NUMBER

In case your child is injured or becomes ill and you cannot be reached or an emergency exists, may the school/school's licensed nurse seek medical attention?

Circle: Yes or No Family Doctor: _____

Please list any allergies your child has: _____

Please list any physical defects or chronic illnesses known: _____

Check one: Car rider _____ Bus rider _____ (Bus No. _____)

Do you have health insurance? Yes or No

If yes, name of health insurance provider _____

Person enrolling student/completing this form: _____
Signature Date

PLEASE COMPLETE AND RETURN TO SCHOOL TOMORROW.



LINCOLN COUNTY SCHOOLS

HOME LANGUAGE SURVEY

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.

Student Name _____

Date _____

School (circle one): LCES LCMS LCHS

Grade _____

Please answer the following questions:

1. What language(s) 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? _____

4. If possible, would you prefer notice of school activities in language other than English? Yes No

If yes, which language? _____

Parent/Guardian Signature _____

Date _____

School Use:

- If the response to any of the above questions is a language other than English, send a copy of this form to the designated ESOL contact at the school for student screening.
- Original home language survey should be placed in student's permanent record.

Lincoln County Elementary School

175 Rowland-York Drive
Lincolnton, GA 30817
706-359-3449

Dear Parent:

In October 2007, U.S. Department of Education issued final guidance for the collection and reporting of racial and ethnic data. The U.S. Department of Education requires that the revised standards are implemented by the fall of FY2010. To ensure Georgia's compliance with federal requirements, all data collections will be modified to begin collecting the race/ethnicity data in the new format in FY2010. The race/ethnicity of an individual shall be collected in a two part format that specifies (1) whether or not the individual is of Hispanic/Latino ethnicity and (2) allows the individual to select one or more races from the five racial categories. The racial categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Please complete the following survey and return it to school by August 12, 2009. Thank you for your cooperation.

.....

Student Name _____ Homeroom Teacher _____

Please check one or more races from the five racial categories.

- _____ Hispanic/Latino
- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Parent Signature _____

_____ Date



Georgia Department of Education

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



Georgia Department of Early Care and Learning

Please write the school year in the box →

Pre-K Registration Form
2017 - 2018 School Year

PROVIDER LEGAL NAME: (this section to be completed by the provider)
SCHOOL/SITE NAME:

CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)

CHILD'S LAST NAME:
CHILD'S FIRST NAME:
CHILD'S MIDDLE NAME: NAME SUFFIX: (i.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#: D.O.B. (MM/DD/BY): SEX: []M []F
HOME ADDRESS (Do not enter PO Box Info): COUNTY:
CITY: STATE: GA ZIP: HOME PHONE: ()

If the Student is transferring from another Pre-K, please provide the following:
Previous School Name: Last Date in Attendance:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 - LAST NAME: FIRST: MIDDLE INITIAL:
Home Address (If different from child):
City: State: Zip:
Home Phone: () Cell Phone: ()
Email Address:
Place of Employment: Work Phone: ()

Parent/Guardian #2 - LAST NAME: FIRST: MIDDLE INITIAL:
Home Address (If different from child):
City: State: Zip:
Home Phone: () Cell Phone: ()
Email Address:
Place of Employment: Work Phone: ()

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)

Table with columns: NAME, RELATIONSHIP, CELL PHONE, ALTERNATE PHONE, EMAIL. Rows 1 and 2.

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

SIGNATURE (Parent/Guardian): DATE:

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
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- | | | | |
|----|--|--|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____

DATE OF LAST FULL HEALTH SCREENING: _____ PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

