

GEORGIA SCHOOL FOR INNOVATION AND THE CLASSICS

Student Enrollment 2020-2021

STUDENT INFORMATION

LEGAL NAME:

GRADE: _____

LAST

GENDER: MALE FEMALE

FIRST

DATE OF BIRTH: ____/____/____
 MM DD YYYY

MIDDLE

PREFERRED NAME

S.S. #: ____/____/____

If you do not wish to provide your student's S.S. #,
please request a waiver form.

RACE/ETHNICITY: *(Please check all that apply)*

____ American Indian/Alaska Native

____ Asian

____ Black/African American

____ Hawaiian/Other Pacific Islander

____ White

____ Hispanic

BIRTHPLACE: _____
 CITY COUNTY STATE COUNTRY

Did student attend a Pre-K program? ____ Yes ____ No
If so please check which type below.

____ GA Pre-K Lottery K-12 School ____ GA Pre-K Lottery Private Pre-K Center ____ Private for Profit

Student is currently or has previously participated in a special education program: ____ Yes ____ No

Please check the programs in which your student is participating or has participated:

____ SPED

____ Speech

____ Individual Education Plan

____ Gifted

____ ESOL

____ 504 Plan

____ Early Intervention Plan

RESIDENTIAL ADDRESS:

Address

City County State Zip

MAILING ADDRESS: *(If different)*

Address

City County State Zip

Household Information

Mother's Name: _____
Last First Middle

Employer: _____ Occupation: _____

Cell #: _____ Work #: _____ Email: _____

Father's Name: _____
Last First Middle

Employer: _____ Occupation: _____

Cell #: _____ Work #: _____ Email: _____

Step-Parent's Name: _____
Last First Middle

Employer: _____ Occupation: _____

Cell #: _____ Work #: _____ Email: _____

Guardian's Name: _____
Last First Middle

Guardian's Relationship to Child: _____

Child lives with (Select all that applies): Parents Mother Father Step-Parent Other

If other than parent, who has legal custody of this child?

Name: _____ Relationship _____
(Documentation of legal custody must be provided to GSIC)

Do you lack a fixed, regular, or adequate nighttime residence? ___ Yes ___ No

Total Number Living in Your Household: _____ Number of Children in the Family: _____

List ALL children in this household (including this student):

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Federally Connected Parent (Ex: military, civil service, etc.)

___ Active Duty ___ Retired Military ___ Civilian Employed on Federal Property

Safety/Medical Information

Persons Authorized to Pick Up Student Other than Parent/Guardian:

Name	Relationship	Phone #

Persons Restricted From Picking Up Student:

Name: _____

Name: _____

Student's Medical Condition: _____

Treatment: _____

Permission is given to administer First Aid as needed: ☐ Yes ☐ No

I affirm that the above student ☐ **HAS NOT BEEN** ☐ **HAS BEEN** expelled from school attendance at any private or public school in Georgia or another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another student.

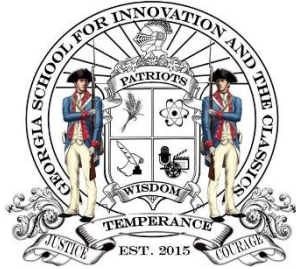
I certify that all information contained on this enrollment form is true and correct.
I understand that I must report any change of residence and submit new proof of residence to the Georgia School for Innovation and the Classics.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Student Records Release

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

Grade at Time of Withdrawal: _____ Social Security Number: _____

Has This Student Ever Been Enrolled at GSIC Before? _____ Yes _____ No

Records Release Authorization

Former School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

I hereby authorize the former school to release the records listed below:

*Grades w/ Current Year and
Withdrawal Grades
Cumulative Records
Immunization Records
Birth Certificate
Attendance Records
Discipline Records
Copy of Social Security Card*

*Aptitude/Achievement
Test Scores
Individual Education
Plan (I.E.P)
Psychological
Evaluation
Staffing Minutes (etc.)
Other Test Scores
Date Entered School*

Parent's Signature

Date

Please Send Records to:

Georgia School for Innovation and the Classics

5073 Storey Mill Road, Hephzibah, GA 30815

Phone: (706) 434-8085 Fax: (706) 434-8086



Registration Disclosure Statement

PURSUANT TO GEORGIA LAW (O.C.G.A. 20-2670), THE GEORGIA DEPARTMENT OF EDUCATION ESTABLISHED NEW REGULATIONS REGARDING DISCIPLINE RECORDS AND STUDENTS CONVICTED AS FELONS. TRANSFER STUDENTS MUST PRESENT A CERTIFIED COPY OF TRANSCRIPT AND DISCIPLINARY RECORDS FROM THE PREVIOUS SCHOOLS. PARENTS MUST STAT WHETHER THE CHILD HAS EVER BEEN FOUND GUILTY OF A FELONY, AND IF SO, WHEN AND WHERE FOUND GUILTY AND THE SENTENCE. PARENTS MUST ALSO STATE WHETHER THE STUDENT IS CURRENTLY SERVING A SUSPENSION OR EXPULSION FROM ANOTHER SCHOOL, THE REASON FOR SUCH DISCIPLINE, AND THE TERM.

Discipline History

Is this student currently serving a suspension or expulsion? Yes No

Did the student withdraw from school to avoid suspension or expulsion? Yes No

If yes, describe the reason for the suspension or expulsion and when will it end: _____

Disclosure Statement

Has this student been found guilty of committing any felonies, as defined in Georgia Law? ____ Yes ____ No

If yes, date student was found guilty: _____ Felony Offense Committed: _____

Jurisdiction in which felony occurred: _____
Court County State

Sentence Imposed: _____

Has this student been found guilty of or adjudicated to have committed, been indicted for, or had information filed for the commission of any felony or any delinquent act, including , but not limited to the following? ____ Yes ____ No

If yes, please circle all that apply to the student:

- | | | |
|---|--|--|
| 1. Possession of a firearm (2 nd offense) | 15. 3 rd offense of any act which, if committed by an adult, would be a felony | 28. 2 nd offense of theft of a motor vehicle by deception |
| 2. Kidnapping | 16. Trafficking in illegal drugs | 29. 2 nd offense of theft of a motor vehicle by conversion |
| 3. First Degree Assault | 17. Racketeering | 30. 2 nd offense of theft by receiving of a stolen vehicle |
| 4. Aggravated Assault | 18. Escape after being found guilty of a felony | 31. 2 nd offense of theft by bringing a stolen motor vehicle into the state |
| 5. Second Degree Arson | 19. Manufacturing, possession, transportation, distribution, or use of a hoax destructive device or detonator and interference in the detection, disarming, or destruction of a destructive device (2 nd offense) | 32. Attempt or conspire to commit any offense involving a real or hoax destructive device or detonator, bomb, or poisonous gas |
| 6. Aggravated Battery | 20. Murder | 33. 2 nd offense of interference with a law enforcement officer, fireman, EMT, drug dog, or law enforcement robot |
| 7. Robbery | 21. Voluntary manslaughter | 34. Association with a street gang |
| 8. Armed Robbery (not involving a firearm) | 22. Rape | 35. Any other felony |
| 9. Battery of School Personnel | 23. Aggravated sodomy | |
| 10. Attempted Murder | 24. Aggravated child molestation | |
| 11. Attempted Kidnapping | 25. Aggravated sexual battery | |
| 12. Possession of a weapon on School Property | 26. Armed robbery with a firearm | |
| 13. Hijacking a motor vehicle | 27. 2 nd offense of a motor vehicle theft | |
| 14. Manufacture, transportation, distribution, possession, use of offer of an explosive devise, poisonous gas, or detonator | | |

Date student was found guilty of or adjudicated to have committed, been indicted for, or had information filed for the commission of any felony or delinquent act:

____/____/____

In what jurisdiction?:

Court County State

Sentence Imposed: _____

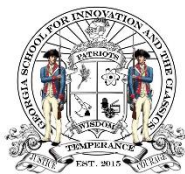
Is student currently serving suspension/expulsion: Yes No

If yes, what school district imposed the suspension/expulsion? _____

I understand that my child will be enrolled on a conditional basis in Georgia School for Innovation and the Classics until the records are received. I further understand that my child may be found ineligible for enrollment at that time based on information about current suspensions/expulsions obtained from the student's records. I certify that the information provided above is true to the best of my knowledge.

Signature of Parent/Guardian

Date



Student Information Reference Sheet

Student's Name _____

Address: _____

D.O.B: ____/____/____ Grade: _____ Car Number: _____

Homeroom Teacher: _____

Mother

Name: _____

Home #: _____

Cell #: _____

Work #: _____

Other: _____

Father

Name: _____

Home #: _____

Cell #: _____

Work #: _____

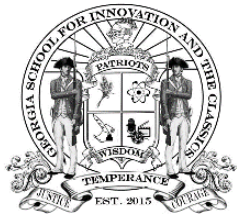
Other: _____

Authorized To Pick-up

<i>Name</i>	<i>Relation</i>	<i>Contact Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOT *Authorized To Pick-up*

<i>Name</i>	<i>Relation</i>
_____	_____
_____	_____
_____	_____
_____	_____



Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote GSIC activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, social media, DVDs, displays, brochures, and other types of media.

I, as the parent/guardian of _____ ,

(Please Print Student's Name)

hereby give GSIC and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital, or printed media.

- a. This is with the understanding that neither GSIC nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve GSIC, its Governing Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of the material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

PLEASE UNDERSTAND THAT FAILURE TO RETURN THIS RELEASE FORM WITHIN TEN (10) SCHOOL DAYS FROM THE DATE OF DISTRIBUTION WILL CONSTITUTE APPROVAL OF THE ABOVE REQUESTS.

Please Print:

Student's Name _____ Grade _____

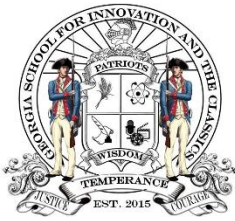
Address _____

City, State, Zip _____

Phone Number _____

Parent/Guardian Signature

Date



Georgia Department of Education Home Language Survey

Dear Parent or Guardian:

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.

Thank You

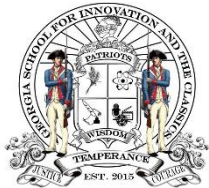
Student Name: _____

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

If yes, which language?

Signature of Parent/Guardian

Date



Georgia School for Innovation and the Classics

Military Service Information

_____ **Non-Military**

Child's Name: _____ Grade: _____

Parent/Guardian Signature

Date

_____ **Military**

Please complete the information below if you serve or have served in the military.

Child's Name: _____ Grade: _____

Parent/Guardian in Military: _____

Start Date: _____ End Date: _____

Status: _____ Active Duty, Deployed

Branch: _____ Air Force

_____ Active Duty, Not Deployed

_____ Air Force Reserve

_____ Discharged

_____ Air National Guard

_____ Inactive

_____ Army

_____ Injured

_____ Army Reserve

_____ Retired

_____ Army National Guard

_____ Transitioning out of Active Duty

_____ Coast Guard

_____ Coast Guard Reserve

_____ Marine Corps

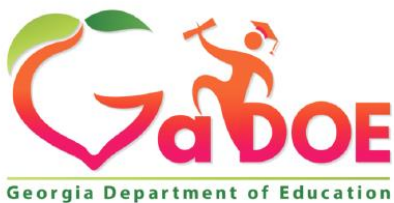
_____ Marine Corps Reserve

_____ Navy

_____ Navy Reserve

Parent/Guardian Signature

Date



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

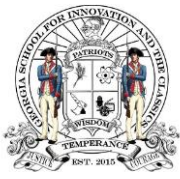
The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.

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

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, Georgia 30334 • www.gadoe.org

An Equal Opportunity Employer



Georgia School for Innovation and the Classics

Health Condition Questionnaire

Student's Name _____ DOB ____/____/____
Last First

Grade _____ Gender: M F Homeroom Teacher _____

Please place a "check" next to any health condition that the student has been diagnosed with by a health care provider. Please also note specific details.

___ **Asthma**

Health Care Provider: _____

Medication(s): _____

___ **Type 1 Diabetes**

Health Care Provider: _____

Medication(s): _____

___ **Type 2 Diabetes**

Health Care Provider: _____

Medication(s): _____

___ **Seizure Disorder**

Health Care Provider: _____

Medication(s): _____

Date of last seizure: _____ Frequency: _____

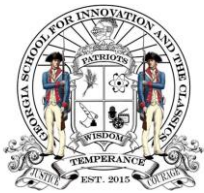
___ **Life-threatening allergy**

Health Care Provider: _____

Please list allergy & type of reaction: _____

Medication(s): _____

Please list details of any other health condition not listed.



Georgia School for Innovation and the Classics

SCHOOL HEALTH INFORMATION CARD

Student _____ DOB ____/____/____
Last First

Grade _____ Gender: M F Homeroom Teacher _____

HEALTH HISTORY:

Allergies (specify): _____

Known Medical Conditions: _____

Routine Medication(s): _____

Additional form must be completed if medication is to be administered at school

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Cell _____

Alternate _____

Mother/Guardian _____ Cell _____

Alternate _____

Please list an additional emergency contact below, in the event parents/guardians cannot be reached.

Name _____ Phone _____

My child has my permission to be administered over-the-counter medications on an as-needed basis.

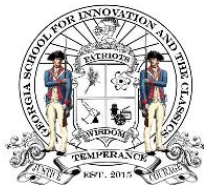
Yes _____ (PLEASE SEE OTC MEDICATION FORM)

No _____, Please call parent first.

In case of serious illness/injury, school personnel (Nurse or Administrator) will notify Emergency Medical Services for further assistance. If medically necessary, school personnel (Nurse or Administrator) has my permission to authorize transportation of my child to the nearest Emergency Medical Center

Yes _____ No _____, Please call parent first

Parent/Guardian Signature _____ Date ____/____/____



Georgia School for Innovation and the Classics

O.T.C MEDICATION CONSENT FORM

Dear Parents/Guardians:

GSIC will supply the following non-prescription medications for our students, with parent/guardian permission.

- Tylenol (Acetaminophen)
- Motrin (Ibuprofen)
- Throat Lozenges (cough drops)
- Tums (Or other antacid tablets)
- Benadryl Cream (Or other topical anti-itch cream)
- Bacitracin Ointment (Or other topical antibiotic/first aid ointment)
- 1% Hydrocortisone Cream

Parent/Guardian written permission is required to administer any of the above listed non-prescription medications. Return this signed permission form to Mrs. Newsome, school nurse.

I, _____ give the school nurse or his/her designee permission to administer to my child, _____ the above non-prescription medications as needed, according to the manufacturers' recommendations.

This signed permission form is a permanent authorization for your child while enrolled in GSIC for the current school year. If at anytime you wish to discontinue your child's non-prescription medications, please notify Mrs. Newsome, school nurse.

Does your child have any allergies to medications? YES _____ NO _____

If yes, please list the name of the medication(s) _____

Reaction to medication _____

Note: These medications will be administered on an infrequent and as-needed basis. If a child demonstrates habitual use of over-the-counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated and you will need to supply the medication.

Printed Name _____

Signature _____ Date ____/____/____



CONSENT TO PADDLE FORM

Student's Name: _____ Grade _____

☐

I have read and understand the GSIC Corporal Punishment Policy and **GIVE CONSENT** for my child to be paddled as a form of discipline.

☐

I have read and understand the GSIC Corporal Punishment Policy and **DO NOT GIVE CONSENT** for my child to be paddled as a form of discipline.

Parent/Guardian Signature

Date

GSIC Corporal Punishment Policy

We believe that corporal punishment is a very effective method of punishment and serves as a strong deterrent to unacceptable behavior for students of all ages. Therefore, GSIC employs corporal punishment (paddling) as one method of punishment for habitual violation of school rules.

A "Consent to Paddle Form" will be included in the enrollment packet of each student and must be signed by the student's parent/guardian. The form will specify if the parent gives or denies consent to paddle.

If a parent denies consent, then the student will be suspended for up to five days instead of being paddled.

If a student is paddled, it will be in accordance to the following guidelines.

1. Corporal punishment will be administered using a "three strike" policy.

When a student is sent to the office for disciplinary purposes, a member of the administrative team will discuss the infraction with the student and notify the parents. A non-corporal punishment may be given at this time, and the student is warned of the future possibility of receiving a paddling if improper behavior continues. These steps will be taken for the second occurrence of an infraction.

Upon being sent to the office for the third time, the student will receive "strike three" and may receive corporal punishment.

2. Parents are notified that their child is to be paddled.

3. The student will be taken into an office and the door closed.

4. The student will place their hands on their knees or piece of furniture and will be struck on the buttocks with a paddle.

The paddle is to be made of wood and should not exceed the 24" in length, 6" in width, and ¾" in thickness. No more than three licks should be given.

5. Corporal punishment is to be administered by an administrator in the presence of an adult witness.