



Lowndes County Schools

Student Registration

This packet is to be completed in order to enroll your student(s) in any Lowndes County School. The following items are required:

- Proof of Residence
 - Current electric, gas, water, cable/satellite. Sanitation bill or lease/purchase agreement
 - If a bill is not in the custodial parent name, you must complete a “Residency Affidavit” providing proof of residence of the person you are living with.
- A new student **MUST** be registered by his/her primary custodial parent (in cases of divorce) or legal guardian. A Power of Attorney is **not acceptable**. You MUST provide appropriate legal documentation
- Georgia Immunization Record
 - Out of state records must be transferred to the current GA3231 Form
- Georgia Form 3300 Certificate of Vision, Hearing, Dental, and Nutrition Screening
- Social Security Card (we will make a copy)
- Child’s Birth Certificate
 - Must be a **certified copy for PK, K, 1st Grade**
- Withdrawal Form and/or Transcript or Final Report Card from previous school to verify grade placement
- Special Education Records (IEP, SST,504, Gifted) and the name, mailing address and phone/fax number of previous school attended

Central Enrollment will request records but will not enroll the student until all documentation has been received.



Lowndes County Schools

Student Enrollment Application



School Year _____

School _____

Please complete ALL information on this sheet. If an item does not apply, please place an N/A in the space.
(Por favor complete toda la información en esta hoja. Si usted no sabe la información, por favor escribe N/A en el espacio)

Student Full Name (Nombre Completo del Estudiante) _____

Name Called (Prefiere que le llamen) _____

Gender (Sexo)

Grade (Grado) _____

Female

Male

Home Telephone (teléfono casero) _____

Residence Address (Direccion) _____

City/State (Cuidad, Estado) _____

Zip Code (Codigo Postal) _____

Mailing Address (dirección de envoi) _____

City/State (Cuidad, Estado) _____

Zip Code (Codigo Postal) _____

Student SSN (# De Seguro Social) _____

Student Date of Birth (mm/dd/yyyy) _____

Student Age _____

Is Student Hispanic/Latino YES NO

Please select the student's race:
(Please check **ALL** that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other

White

Please select the student's Ethnicity:
(Please select **ONLY** one)

American Indian or Alaska Native

Asian or Pacific Islander

Black not Hispanic

White not Hispanic

Multi-Racial

Hispanic

Did this student attend a Pre-K Program?

YES

NO

If Yes, Where? _____

If yes, please check one:

Public

Private

Headstart

Country of Birth (pais de nacimiento)	If not born in the US – Date of Entry into the US (Fecha del la entrada en los Estados Unidos)	Date of entry to US School (Fecha de la entrada en escuela los Estados Unidos)
State of Birth (estado del nacimiento)	City of Birth (ciudad del nacimiento)	
Has the student ever been enrolled in a Lowndes County School (¿Han alistado al estudiante nunca en una escuela estatal de Lowndes) YES NO If Yes, Dates Attended _____		
Is the Parent/Guardian Active in the Military? YES NO		

Parent/Guardian Information

Parent/Guardian Information – Please list the parents/guardians of the student below. Even in a divorce situation, we need both parents' information. If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact. The following information should only be regarding parents or other legal guardians. You may list other contacts on the following pages of the enrollment application.

Who has legal custody of the student? (copy of court order or other legal documents are required. Power of Attorney or Notarized Statements are not accepted) _____

Who does the student live with? Both Parents Father Mother Grandparent(s) Guardian(s) Other _____

By signing in the space provided you are certifying that the custody documentation you have provided is the latest documentation available in regard to the custody of this child.

Parent/Guardian Signature _____

Date _____

Parent/Guardian #1 (Nombre Completo del madre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?)		Yes	No
Is this Parent Deceased?		Yes	No
Residence Address (Direccion)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envio)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajó)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order			
YES		NO	
Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?)			
YES		No	
Did this parent/guardian attend Lowndes County Schools as a student?			
YES		NO	

Additional Parent/Guardian Information (Información adicional del padre/del guarda)

Parent/Guardian #2 (Nombre Completo del padre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?)		YES	NO
Is this Parent Deceased?		Yes	No
Residence Address (Direccion)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envio)	City, State (Cuidad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajó)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guarda tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order			
YES		NO	
Is this parent/guardian responsible for this student? (¿Es este padre/guarda responsables de este estudiante?)			
YES		No	
Did this parent/guardian attend Lowndes County Schools as a student?			
YES		NO	

Additional Student Information

Did the Student receive special services at their last school? (¿El estudiante recibió servicios especiales en su escuela pasada?) YES NO

If Yes, check programs participating in (Speech is included in SpEd):

Special Education (IEP)	ESOL/ELL	Remedial Reading (EIP)	Remedial Math (EIP)
Gifted	Migrant	SST	504 Plan
		Other _____	
TRANSPORTATION (Mark ALL that apply)		Bus Morning	Bus Afternoon
Parent Afternoon	Other _____		
			Parent Morning

Do you lack a Fixed, Regular, or Adequate Nighttime residence? YES NO

Which language does your child most frequently speak at home? _____

¿Qué idioma habla su hijo más frecuentemente en casa?

Which language do adults in your home most frequently use when speaking with your child? _____

¿Qué idioma hablan los adultos de su casa más frecuentemente cuando hablan con su hijo?

Which language(s) does your child currently understand or speak? _____

¿Qué idioma(s) entiende o habla su hijo más actualmente?

If possible, would you prefer notice of school activities in a language other than English? YES NO

De ser posible, ¿preferiría recibir avisos de las actividades escolares en otro idioma que no sea ingles? En caso afirmativo, ¿en qué idioma?

Please list all school-age children who LIVE IN THE HOME (liste a todas las niños de edad escolar viven en esta casa)

Include your children, step-children, or any school age child whom you have custody/guardianship over in this home full time.

Student Name (Nombre)	Birthdate (Fecha de Bacimiento)	Grade (Grado)	School (Escuela)	Relationship to Student La relación al Estudiante)

List any Medical Conditions of the student _____

Does this student have any life-threatening food or insect allergies? _____

Does this student have any dietary restrictions? YES NO If yes, Explain _____

Please mark any of the following used by your student. Glasses Contacts Hearing Aid Device

Please list any daily medications taken by student _____

****Please contact the school nurse if any medications need to be taken at school. The student may not transport medication to and from school.****

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

Additional Contact 1	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 2	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 3	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 4	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

RESTRICTED PICKUP	
You may list people who MAY NOT pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.	
Name	Relationship to Student

Last School attended (Escuela pasada atendida)	City/State (Cuidad Estado)	Last Date Attended (Ultima Fecha Atendida)
Was the student in good standing with the previous school (no suspension or expulsion)? If No, Please Explain:	YES NO	
Has the student ever been placed in an alternative school setting? If YES, when and reason(s):	YES NO	
Has the student ever served time in a Youth Detention Center? If YES, when and reason(s):	YES NO	
Has the student ever been indicted or convicted of a felony crime (armed robbery, aggravated assault, or battery, rape, burglary, felony drugs, carrying a deadly weapon, kidnapping, arson, murder, hijacking, child molestation, etc.?) If YES, list the day of conviction, offense committed, sentence imposed, and name and location of the court:	YES NO	
Has the student ever been placed on probation through the Juvenile Justice System? If YES, when and reason(s):	YES NO	

PARENT/GUARDIAN CERTIFICATIONS:

Please read and **initial** each of the following **IF** it is a correct statement.

_____ I am authorized to enroll this student and understand that because I have enrolled the student, I am the only person who can withdraw the student unless a court order applies. This is in compliance with O.C.G.A. 20-2-780.

_____ The address listed on this form is the physical location where the student and the primary custodial parent/guardian actually resides.

_____ I have provided proof of residency as required. I acknowledge that if the proof of residency furnished is not correct, the student will be subject to dismissal.

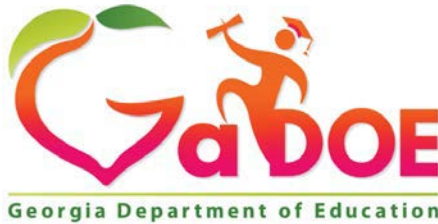
_____ I understand that this student’s enrollment is contingent upon the receipt of all disciplinary records from prior schools attended or any justice departments or centers having knowledge of any felony convictions.

_____ This student is NOT on suspension or expulsion from another school.

_____ In the event that I cannot be reached, I hereby give permission for a school representative to make whatever emergency arrangements are necessary. I will assume all financial responsibility for all charges to the above. I understand in the event of an extreme emergency, the closest doctor or medical facility will be utilized.

Signature of Person Registering this Student
(Firma de la persona que coloca a este estudiante)

Date
(Fecha)



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: Lowndes County Schools

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):

Table with 3 columns: Name of Student(s), Name of School, Grade

Names of Parent(s) or Legal Guardian(s)

Current Address:

City: State: Zip Code: Phone:

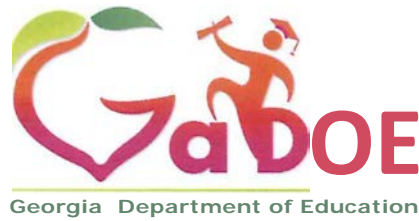
Thank You!

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.

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



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: **Lowndes County Schools**

Date Completed: _____

Encuesta Ocupacional para Padres
Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a traves del Programa de Titulo I, Parte C

j, Ustede se ban movido para trabajar en otra ciudad, condado, o estado, en los lltimos tres (3) atios? D Si DNo

Si su respuesta es "Si", len que fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

l, Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en fonna permanente o temporal o ha hecho este tipo de trabajo en los itltimos tres atios? (Marque todos los que apliquen)

- D 1) Agricultura; plantando/ cosechando vegetales o fultas como tomates, calabazas, uvas, cebollas, fresas. arandanos, etc.
- D 2) Plantando o cortando arboles/juntando agujas de pino (*pine straw*)
- D 3) Procesando / empacando productos agiicolas
- D 4) Lecheria o ganaderia
- D 5) Empacadoras o procesadoras de came/polio o maiscos
- D 6) Pescando o criando pescado
- D 7) Otra actividad. Por Favor especifique en cual: --- _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ C6digo Postal: _____ Telefono: _____

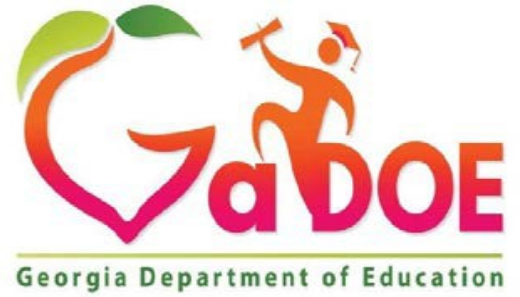
¡Muchas Gracias!

Por favor regi-ese este form1tlario a la escuela

Las respuestas a este fommlario van a ayudm- a detem1inar si sus hijos califican para recibir servicios a troves de/ progmma de Titrsto I, Pm1e C.

Note for the school/district: When both (Yes) "Si" 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 fonn, 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



Required 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 (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

2. Which language does your child most frequently speak at home?

3. Which language do adults in your home most frequently use when speaking with your child?

Language for School Communication (not required):

4. In which language would you prefer to receive all school information?

Signature of Parent/Guardian/Other

Date

LOWNDES COUNTY SCHOOL SYSTEM

Valid Proof Of Residency

Student Name: _____

Proof of Residency:

- o Rental agreement and CURRENT (less than 30 days old) rent receipt
- o Current utility bill (electric) that includes the physical address of the residence

Families who are unable to provide a rental agreement or utility bill in a parent/guardian's name and/or are living with another Lowndes County resident must complete the Lowndes County School System Affidavit Of Residence form. Signatures of both the parent/guardian and the homeowner/tenant must be notarized at the Centralized Enrollment Center.

Attach a copy of the proof of residency

Under penalty prescribed by federal and state laws, which state it is unlawful to give false information to a government entity:

I certify that the above named student resides at _____
Address

_____ City State Zip

with _____

who is the custodial parent or legal guardian. I will notify the system of any change in primary residence.

Printed Name Signature Date

Witness Date

Penalties for falsification of this Residency Affidavit include withdrawal of the student, obligation to pay tuition owed, and referral to law enforcement.

LOWNDES COUNTY SCHOOLS

Home of the Vikings

1592 Norman Drive • Valdosta, Georgia 31601 • 229 245-2250 • FAX 229 245-2255

SUPERINTENDENT

Wes Taylor

Assistant Superintendent

Rodney Green

Assistant Superintendent

Ken Overman

BOARD MEMBERS:

Brian Browning

Dave Clark

Mike Davis

Glenn Gregory

Eric Johnson

Eddie Smith

Ronnie Weeks

Student Name _____

This is to acknowledge that I have been advised the Lowndes County Schools handbook is available online at:

www.lowndes.k12.ga.us

Parent Name (Please Print) _____

Parent Signature _____

Date _____



Lowndes County Schools
Student Enrollment
1592 Norman Dr Valdosta, GA
31601

School Assigned _____

229-245-2250

Fax: 229-259-5161

Email: iccentral-1@lowndes.k12.ga.us

****THIS FORM IS TO BE COMPLETED FOR K-8th GRADE STUDENTS ONLY****

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

Grade Level Assigned for the 2018-2019 School Year: _____

Releasing School/Agency/ Center's Name: _____

Releasing School/Agency/Center's Address: _____ City: _____ State: _____

Releasing School/Agency/Center's Phone :(____)____-____ Fax :(____)____-____

Every school system in the State of Georgia must provide complete information to a requesting school within ten days of receipt of a request for records. Schools shall not withhold any student record because of nonpayment fees. FERPA allows for the disclosure of a student's records without the written consent of the parent or student if the student intends to enroll into the receiving school.

Please **FAX** the records listed below on the following student:

- Withdrawal Form
- Transfer Grades
- Birth Certificate
- Custody/Legal Guardian Documents
- Immunization Records (GA Form#3231)
- Social Security Card
- Academic Records
- Discipline Records
- Standardized /State Test Scores
- Attendance Records
- Gifted Eligibility
- 504 (active or inactive)
- EIP/Remedial Records
- SST/RTI Documentation
- Eye, Ear, Dental and Nutrition Screening (GA Form #3300)
- Special Education Records(Psychological, IEP, Eligibility, GAA Portfolio)
- Documentation related to the commission of any felonies
- ESOL & ELL Records

NOTE: If your office does not house this information, please forward this request to the appropriate personnel.

I authorize the Lowndes County School System to obtain all academic and disciplinary records, including any pertinent documents or information as deemed necessary by the Lowndes County School System, from the releasing school and any other school, agency, or center attended previously by the student. I also give permission to the Lowndes County School System to obtain verbal clarification on any information received.

Parent/Guardian's Printed Name

Address (include City, State & Zip)

Phone #

Parent/Guardian/Student/Authorized School Personnel Signature

Date



Central Enrollment Information Sheet

Bus Shop:

229-245-2257 (Call for bus number)

Parent Portal Info: www.lowndes.k12.ga.us

Click on "For Families"

Choose Parent Portal from Drop-down

User Name

(Please use the entire email address)

Password

Mobile App – Infinite Campus Mobile Portal
– free download

Location – Lowndes



School Hours:

Elementary School Hours - *8:00 – 2:45

Middle School Hours – *7:50 – 3:30

High School Hours – *8:15 – 3:00

*tardy bell rings at the time indicated

School Telephone Numbers:

Clyattville Elem – 229-316-8602

Dewar Elem – 229-219-1370

Hahira Elem – 229-316-8600

Lake Park Elem – 229-316-8603

Moulton-Branch Elem – 229-245-2294

Pine Grove Elem – 229-245-2297

Westside Elem – 229-245-2289

Hahira Middle – 229-316-8601

Lowndes Middle – 229-245-2280

Pine Grove Middle – 229-219-3234

Lowndes High – 229-245-2260

Lowndes Alternative – 229-245-2271

School Nutrition: 229-245-2443

School Meal Prices for 2018-2019:

**Prices subject to change for 2019-2020 school year*

Elementary Lunch = \$ 2.05

Middle and High Lunch = \$ 2.25

Breakfast in all schools = \$ 2.00

Reduced breakfast in all schools = \$.30

Reduced lunches in all schools = \$.40

View current balance, receive low balance email alerts, add money to your student's account at <https://myschoolbucks.com>