



Student Registration Form

I. STUDENT INFORMATION:

 Last Name First Name Preferred Name/Nickname

 Gender Date of Birth (MM/DD/YY) City/State/Country of Birth

If born outside the United States:

 Date arrived in United States Date first enrolled in US School Grade first enrolled in US

II. STUDENT'S SCHOOL HISTORY

Did your child attend any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Georgia Public School | <input type="checkbox"/> Georgia Pre-K Program: Public School |
| <input type="checkbox"/> Private School: not for profit | <input type="checkbox"/> Georgia Pre-K Program: Private School |
| <input type="checkbox"/> Private School: for profit | <input type="checkbox"/> Other State Pre-K Program |
| <input type="checkbox"/> Other State Public School | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Homeschool (Please note affiliation below) | <input type="checkbox"/> Publicly Sponsored (Title I) |

Previous Schools Attended (If entering Kindergarten, please include any Pre-Schools)

 School City, State Grade(s)

 School City, State Grade(s)

Homeschool Affiliation (if applicable)

 School City, State Grade(s)

For Office Use Only:

Date Received	Student ID	Grade
Entered into IC	Start Date	Staff Initials

IV. ETHNICITY/RACE

(Federally Mandated Questions: Please answer both parts)

Part A - Ethnicity: Is the student Hispanic or 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)

Part B - Race: What is the student's race? (Choose all that apply)

- American Indian or Alaskan Native (A person having origins in any of the original peoples of North, Central, or South 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)
- 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).

School Use Only: Ethnicity/Race Observer Completed

Reason for Observation: Parent Refused Parent Non-Responsive

Observer's Initials/Date:

V. MILITARY AFFILIATION

Is Parent/Guardian active duty in the US Armed Forces? ___ Yes ___ No

VI. GADOE PARENT OCCUPATIONAL SURVEY

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)

- Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- Planting, growing, or cutting trees (pulpwood)/raking pine straw
- Dairy/Poultry/Livestock
- Fishing or fish farms
- Processing/packing agricultural products
- Meatpacking/Meat processing/Seafood
- Other (Please specify occupation): _____

VII. HOME LANGUAGE SURVEY

Language Student First Learned to Speak

Language Most Used at Home

Language Student Uses Most Often

Dialect (if applicable)

VIII. STUDENT HEALTH

Is your child currently under a physician's care for any physical or mental health conditions? ___ Yes ___ No

Does your child have a life-threatening allergy? ___ Yes ___ No

Does your child require an emergency inhaler or Epi-Pen? ___ Yes ___ No

Does your child take any prescribed medications routinely? ___ Yes ___ No

Does your child take any over-the-counter medications routinely? ___ Yes ___ No

*** If you have answered "Yes" to any of the above questions, we request a short consult with our School Health Specialist (email: veronica.umstattd@libertytechcharter.org) to complete additional forms.*

IX. SCHOOL PROGRAMS AND SUPPORT SERVICES

Is your child currently receiving any of the following student support services/programs? (Please mark all that apply)

- Gifted Program
- Free/Reduced Lunch Program (Please submit application)
- Special Education (IEP)
- Early Intervention Program (EIP)
- Response to Intervention (RTI)/Student Support Team (SST)
- English Language Learner (ELL)
- Remedial Ed Program (REP)
- Section 504 Plan
- Title I Program (TA - Targeted Assistance) Readiness Class

If you answered yes to any of the above questions, we request a short consult with our Student Support Coordinator (email: shondra.rosier@libertytechcharter.org). Please submit a copy of any program/service records, if available. Free/Reduced lunch does not require a consult, please ask at the front desk for an application.

X. MEDIA/DIRECTORY OPT OUT

Throughout the school year, images may be taken of students, student work, and school activities. These photos and recordings may appear in various media including school publications, press notifications, social media etc. Student names are usually not used in association with media, but when they are, only first names will be used. Most parents/guardians support and encourage this celebration of achievement, so by default, all parents/guardians who register their students are giving permission for this use.

Parents/guardians who wish to prohibit their student's image or images of the student's work from appearing in any of the above venues must opt-out below:

- I would NOT like for my student's name, grade, and picture to be included in the yearbook.
- I would NOT like for my student's image, work, accomplishments, etc. to be used in school publications, press releases, social media etc.
- I would NOT like for my family's contact information to be included in the School Directory

XI. DISCIPLINE

Is this student under a current expulsion or suspension order from any school system? ___ Yes ___ No

Has this student ever been expelled? ___ Yes ___ No *If yes to either of the above, please fill out the following:*

Date

School

Reason

XI. PARENT/LEGAL GUARDIAN CERTIFICATIONS (*Please read and initial the following*):

- _____ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.
- _____ The student address provided is the physical location where the student actually resides.
- _____ I have provided the student’s Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Waiver form.
- _____ This student is NOT currently on suspension or expulsion status from another school.
- _____ I understand that this student’s enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.
- _____ I understand that if this student is being provisionally enrolled without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- _____ In the event of an emergency I acknowledge that a school representative will take necessary actions to secure medical treatment for my child at the closest available medical provider or medical facility. I acknowledge that such actions may incur charges for which I am responsible.

III. PARENT/GUARDIAN SIGNATURES

My relationship to the student is:

- Biological Parent (Step-parents are not allowed to complete registration without additional documents)
- Legal Guardian (Documentation required)
- Person having lawful Court Order (Copy of Order required)
- Other (Non-Parental Affidavit required)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Printed Name

Please submit this completed application along with any additional documentation to:

Jennifer Mullinix
Data Administrator
Liberty Tech Charter School
119 Price Rd
Brooks, GA

jennifer.mullinix@libertytechcharter.org