

# FANNIN COUNTY SCHOOL SYSTEM STUDENT ENROLLMENT FORM

<b>School:</b> _____	<b>Date of Enrollment:</b> _____
<b>Grade Level:</b> _____	<b>Bus Number:</b> _____
<b>Homeroom:</b> _____	

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

<b>Social Security Number:</b> _____	<b>Date of Birth:</b> _____
<b>Sex (Circle):</b> <b>Male</b> <b>Female</b>	<b>Age:</b> _____
<ul style="list-style-type: none"><li>• <b>Ethnicity</b> – Is the individual of Hispanic/Latino ethnicity? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i></li><li>• <b>Race</b> – Indicate one or more of the following race indicators. Check all that apply. <input type="radio"/> <i>American Indian or Alaska Native</i> <input type="radio"/> <i>Asian</i> <input type="radio"/> <i>Black or African American</i> <input type="radio"/> <i>Native Hawaiian or Other Pacific Islander</i> <input type="radio"/> <i>White</i></li></ul>	Place of Birth: _____ Country of Birth: _____ Date 1 <sup>st</sup> entered US school if not born in USA: _____ <b>*Which language does your child best understand and speak?</b> _____ <b>*Which language does your child most frequently speak at home?</b> _____ <b>*Which language do adults in your home most frequently use when speaking with your child?</b> _____ <b>*What language do you prefer to receive automated calls from the school?</b> _____

Did your child receive any special education services? _____ <b>Yes</b> _____ <b>No</b> Does your child have a disability? _____ <b>Yes</b> _____ <b>No</b> Has your child ever had an IEP or 504 plan? _____ <b>Yes</b> _____ <b>No</b> _____	<b>Name and address of previous school:</b> _____ _____ _____ <b>Siblings- Name and age:</b> _____ _____ _____
Is the student a ward of the state? _____ What county has custody of the student? _____	

## TRANSPORTATION INFORMATION:

Student's Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
School Bus Number: \_\_\_\_\_ Parent Pick-Up: \_\_\_\_\_  
In the event of bad weather or school dismissing early for any reason, what does your child need to do:  
\_\_\_\_\_ Ride the bus like normal  
\_\_\_\_\_ Call parent – Phone number where you can be reached: \_\_\_\_\_  
\_\_\_\_\_ Parent will pick up child  
Comments: \_\_\_\_\_

**Please provide us with the name of any parent whose legal rights to view educational records for this child have been terminated. LEGAL DOCUMENTATION REQUIRED.** \_\_\_\_\_

**Please provide the name/s of parent or guardian (including step parent) that is currently an active duty member of the uniformed services, including the National Guard or Reserve Forces; OR is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of one year after medical discharge or retirement; OR is a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty for a period of one year after death:**

The Fannin County School System does not discriminate on the basis of race, color, national origin, sex, age, religion, creed, or disability in admission to its programs, services, and activities, in treatment of individuals, or in any aspect of their operations. For additional information or referral to the appropriate system coordinator, contact the system superintendent's office at 2290 East First Street, Blue Ridge, Georgia 30513 or 706-632-3771. **REVISED 07-17-17**

## PRIMARY HOUSEHOLD INFORMATION:

**Father, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

**Mother, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

**SECONDARY HOUSEHOLD INFORMATION IF APPLICABLE:**

**Father, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

911 Address (REQUIRED): \_\_\_\_\_

(City) (State) (Zip)

**Mother, Legal Guardian, Step Parent, Other (circle one): Name** \_\_\_\_\_

May pick up child from school: \_\_\_\_Yes \_\_\_\_No Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

**PICK UP AND EMERGENCY CONTACT AUTHORIZATION: Please list the people that ARE allowed to pick-up your child and include anyone who will assume care of your child in the event of an emergency and you cannot be reached. PLEASE NOTE: if a person is not on this list, they will not be allowed to pick-up your child for ANY reason.**

Name	Relationship	Phone	Emergency Contact
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
4. _____			<input type="checkbox"/>
5. _____			<input type="checkbox"/>
6. _____			<input type="checkbox"/>

It is the responsibility of the Parent or Guardian to notify the school of any changes to this form during the school year.

Parent/Legal Guardian Signature \_\_\_\_\_

**FANNIN COUNTY SCHOOL SYSTEM  
ANNUAL STUDENT HEALTH INFORMATION  
~ CONFIDENTIAL ~**

**Name of Student** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom Teacher** \_\_\_\_\_

**PART I: Student Health Status**

*Does your child have ANY of the following health conditions:*

Asthma? Yes Medications taken \_\_\_\_\_  
 Severe allergies? (other than seasonal) Yes Allergic to: \_\_\_\_\_ Epi-pen Prescribed? \_\_\_\_\_  
 Diabetes? Yes Meds/Dose: \_\_\_\_\_  
 Seizures? Yes Type of seizure and medication taken: \_\_\_\_\_  
 ADD/ADHD? Yes Medications taken \_\_\_\_\_

**If your child has any chronic health condition (such as asthma, diabetes, seizures, severe allergies, etc.) you MUST provide an Action Plan signed by the student's doctor at the start of each school year.**

*Please give details for all that are marked YES below*

	Yes	No
Heart Problem/Defect		
Anemia (include sickle cell)		
Arthritis		
Back/Neck Injury or Condition		
Bee Sting Allergy		
Blood/Clotting Disorder		
Cancer/Leukemia		
Diet Restrictions		
Food Allergy		
Head Injury/Concussion		

	Yes	No
Hearing Deficit (explain correction below)		
Hepatitis		
Surgery		
Activity Restrictions		
Physical Disability		
Mononucleosis		
Vision Deficit (explain correction below)		
Other (explain below & on back)		
Medication Allergy		

**PART II: ALL Current Medications** **“The schools do not keep any (OTC) Over the Counter medications in stock”**

“Do Not List (OTC) Over the Counter Medications” Does the student take ANY medication? \_\_\_\_\_

List: Include med dosage, reason and frequency? \_\_\_\_\_

Is medication required during school hours? Yes No

If yes, please obtain necessary permission form at registration or from the nurse. Yes No

**CONSENT TO CONTACT DOCTOR:** The school nurse has permission to contact my child's doctor if medically necessary.

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

- \* I understand that in order to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.
- \* I understand that medications of any kind are not allowed on school grounds without the proper medical authorization on file and must be brought to the school by the parent/adult.
- \* I understand that school staff, including the nurse, MAY NOT administer or assist with any medication without the proper medical authorization on file.
- \* I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information about my child's condition with appropriate school staff. This will be done in a confidential manner. If I do not wish that information be shared; I must request this in writing and file it with the school nurse.

Parent/Guardian Signature \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_