CMCSI STUDENT ENROLLMENT CARD 2020-2021

RETURN THIS CARD TO THE OFFICE/REGRESAR ESTA TARJETA A LA OFICINA

STUDENT NAME: _____ **TEACHER:** _____
Nombre del Estudiante **(Last)** *Apellido* **(First)** *Nombre* *Maestro/a*

Home Address: _____ City: _____ Zipcode: _____
Domicilio *Ciudad* *Código postal*

Home Phone Number: _____ Email address: _____
Teléfono de casa *Correo Electrónico*

Mother: _____ Cell #: _____
Madre *Número de celular*

Place of Employment: _____ Work Phone #: _____
Lugar de trabajo *Número del trabajo*

Father: _____ Cell #: _____
Padre *Número de celular*

Place of Employment: _____ Work Phone#: _____
Lugar de trabajo *Número del trabajo*

AFTERNOON TRANSPORTATION: **BUS#:** _____ **CAR RIDER#:** _____ **OTHER:** _____
TRANSPORTE POR LA TARDE: *autobus no.* *coche/carro no.* *Otro*

ALL CUSTODIAL PARENTS/GUARDIANS MUST SIGN BELOW:
LOS PADRES/TUTORES DE CUSTODIA LEGAL DEBEN DE FIRMAR ABAJO

Signature: _____ Date: _____
Firma *Fecha*

Signature: _____ Date: _____
Firma *Fecha*

ONLY THE FOLLOWING PERSONS MAY PICK UP THIS CHILD FROM SCHOOL

INCLUDE PARENTS' NAME IF APPLICABLE

SOLO LAS SIGUIENTES PERSONAS PUEDEN SACAR A MI HIJO/A DE LA ESCUELA-INCLUYENDO NOMBRE DE LOS PADRES SI APLICA

NAME *Nombre*	**RELATIONSHIP TO CHILD** *Relación con el Niño/a*	**DAYTIME PHONE #** *Teléfono del Dia*

PLEASE LIST ANY HEALTH CONDITION (ALLERGIES, ASTHMA, ETC.) OF WHICH THE TEACHER/OFFICE SHOULD KNOW
Por Favor, Enumeren cualquier condición de salud (Alergica, Asma, etc.) que la maestra/oficina deba tener

_____

_____

IN THE EVENT OF INCLEMENT WEATHER/EARLY DISMISSAL MY CHILD WILL:
En Caso de inclemencia climática o despedir temprano mas, mi higo lo hará:

RIDE THE BUS: _____ **DAYCARE/AFTERSCHOOL BUS:** _____
autobus *guardería/programa extraescolar*

CAR RIDER WITH (list all approved persons): _____ _____
coche/carro *lista de todas las personas aprobadas*

_____

OTHER/*otro*: _____

STUDENT HEALTH INFORMATION SHEET

HALL COUNTY SCHOOL SYSTEM

Teacher/Grade_____

School Year_____

School Name: _____ **Date of Birth:** _____ **Student Name:** _____

Home address: _____ Home phone: _____

Parent/Guardian: _____ Work #: _____ Shift: _____

Home #: _____ Cell #: _____

Parent/Guardian: _____ Work #: _____ Shift: _____

Home #: _____ Cell #: _____

Special Custody Concerns: _____ (make sure office has court papers)

Two emergency contacts available to pick up your child from school (In case parent/guardian cannot be reached)

Name: _____ Relationship: _____ Phone(s): _____

Name: _____ Relationship: _____ Phone(s): _____

MEDICAL DATA:

Primary Care Provider: _____ Phone #: _____

Medical Insurance Company: _____ **OR** (check one) ☐ Peach Care ☐ Medicaid ☐ None

List **ALL** medications taken at home and school: _____

PLEASE NOTE: A **Medication Permission Form** is required for **medications to be given at school** (with the exception below). For safety reasons, **ALL** medicine furnished to the school must be in an **unopened, original container** brought in by the **parent/guardian**.
For safety reasons, students are not allowed to transport medication to school.

In the **VERY** rare circumstance, Tylenol (Acetaminophen) may enable my child to return to class **based on assessment and clinical judgment of the school nurse**; **I give permission for my child to receive Tylenol from the licensed nurse at school. If a child requires this medication, more than 2 times, the *parent must furnish Tylenol with a Parent Medication Form.***

PARENT/GUARDIAN INITIAL HERE to indicate your consent: _____

1. Acetaminophen _____dose_____route_____date_____time_____**Nurse Signature**
2. Acetaminophen _____dose_____route_____date_____time_____**Nurse Signature**

MEDICAL HISTORY: Check Y or N; if Y, please provide additional info in space provided

☐ Y ☐ N **Asthma**: Inhaler prescribed? ☐ Y ☐ N; Is inhaler needed at school: _____

☐ Y ☐ N **Diabetes**: Type 1 ☐ Type 2 ☐ Comments: _____

☐ Y ☐ N **Seizures**: Currently on medication? ☐ Y ☐ N; Type and Date of last seizure: _____

☐ Y ☐ N **Allergies**: to what? (Food, medications, seasonal) _____

History of **Anaphylaxis** (*life threatening allergies*) to: _____ ☐ Benadryl ☐ Epi- Pen ☐ Other _____

☐ Y ☐ N **Heart disease**; Comments: _____

☐ Y ☐ N **Previous hospitalizations**: _____ **Past Surgeries**: _____

☐ Y ☐ N **Glasses/contacts** ☐ Y ☐ N **Hearing aids** ☐ Y ☐ N **Migraines** ☐ Y ☐ N **Frequent Nosebleeds**

List OTHER diagnoses, illness, limitations, or disabilities not listed: _____

** In the event a previously *undiagnosed* life threatening allergic reaction occurs, the school has partnered with District 02 Health Services to administer the life-saving medication, Epinephrine. Designated school staff is trained to assess, call 911, and administer Epinephrine. When Epinephrine is administered, the student will be transported to the ER for evaluation and further treatment, if needed.

** In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including 911, for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. Fees for transportation and medical services will be the responsibility of the parent/guardian.

_____ _____

Signature of Parent/Guardian Date

HALL COUNTY SCHOOL SYSTEM

Gainesville, Georgia

CHESTNUT MOUNTAIN CREATIVE SCHOOL OF INQUIRY

Students Name (please print): _____
Last First Middle

Grade: _____ Homeroom Teacher: _____

Email Address: _____
(For teacher/parent communication)

_____ **Health Care Release**

In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

_____ **Photo/Videotape Release**

It is the practice for Hall County Schools to recognize student achievement and accomplishments. I give permission for my child to be photographed, interviewed, have their name published and/or videotaped for stores/articles promoting our school or the school system. These stories may appear in newspapers and/or on television. I consent to the release of the photographs/videotapes to the media in school-related coverage.

_____ **Web Page**

It is the practice for Hall County Schools to recognize student achievement and accomplishments. I give permission for photographs and exemplary classroom projects to be posted on the school system's web page which can be accessed on the INTERNET at http://www.hallco.org. In posting a photograph or exemplary classroom projects of a student, the school system is careful not to associate a student's full name in such a way that it can be identified with the photograph of the student.

_____ **Surveys**

In order for state and local agencies and the school system to evaluate programs and activities, surveys/needs assessments are conducted. The Georgia Department of Education has developed a statewide "Needs Assessment" that will be administered to students in grades 5, 8, and 10. The Center for Disease Control, a federal agency, has developed a "Youth Risk Behavior Survey" that is administered to randomly selected high school students. You may examine the surveys/needs assessments at the Hall County BOE Central Office. The surveys/needs assessments are totally anonymous.

I consent for my child to participate in any of these surveys/needs assessments.

Parent/Guardian Signature _____ Date_____

I have reviewed the student agenda and the Hall County Code of Conduct and Discipline Procedures. I am aware of school rules and regulations.

Parent/Guardian Signature _____ Date_____

Student Signature _____ Date_____

CMCSI School Handbook
Student/Parent Acknowledgement form
Formulario de Reconocimiento de Estudiante / Padre

Student Name Nombre del estudiate	**Last:** *Apellido*	**First:** *Nombre*	**Middle:** *Segundo Nombre*
Grade/*Grado de Class*:		**Teacher/***Maestra*:	

I am aware that the* CMCSI Parent/Student Handbook *is posted on the school website at: cmcsi.hallco.org and I will review this information with my child.

Soy consciente que el manual para padres y estudiantes está disponible en el sitio web ***cmcsi.hallco.org*** *y revisaré esta información con mi hijo/hija.*

Student Signature: *firma del estudiante*	
Parent Signature: *firma de los padres*	
Date: *Fecha*	

CMCSI Warriors…**W**illing, **A**uthentic, **R**espectful, **R**esponsible, **I**nquisitive, **O**utstanding, **R**esilient!
Dispuestos, Auténticos, Respetuosos, Responsables, Inquisitivos, Sobresalientes, Resistentes!

Hall County School District
Code of Conduct and Discipline Procedures
Student/Parent Acknowledgement Form

Código de conducta y procedimientos de disciplina
Formulario de reconocimiento de estudiante / padre

Student Name Nombre del estudiate	**Last:** *Apellido*	**First:** *Nombre*	**Middle:** *Segundo Nombre*
School/*Escuela*:	**Chestnut Mountain CSI**	**Grade/***Grado*:	

I have received a copy of the Hall County Schools CODE OF CONDUCT AND DISCIPLINE PROCEDURES and will review the information contained therein with my child.

Yo he recibido una copia del Código de Conducta de las Escuelas del Condado de Hall y procedimientos de disciplina y lo revisaré con mi hijo/hija.

Student Signature: *firma del estudiante*	
Parent Signature: *firma de los padres*	
Date: *Feche*	

Georgia Department of Education

Educating Georgia's Future

School District: _____ **Date:** _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ **Yes** ☐ **No**

2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ **Yes** ☐ **No**

If you answer "yes", check all that applies:

☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
☐ 3) Processing/Packing agricultural products
☐ 4) Dairy/Poultry/Livestock
☐ 5) Packing/Processing meats (beef, poultry, or seafood)
☐ 6) Commercial fishing or fish farms
☐ 7) Other (Please specify occupation): _____

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

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 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

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Hall County Schools
CHARACTER • COMPETENCY • RIGOR FOR ALL

711 Green Street, N.W.
Gainesville, Georgia 30501-3368
770-534-1080
FAX 770-535-7404

KEVIN BALES
ASSISTANT SUPERINTENDENT
FOR TEACHING & LEARNING

WILLIAM S. SCHOFIELD
Superintendent

KINDERGARTEN AND SCHOOL ATTENDANCE

Dear Parent/Guardian,

This is a very exciting and nervous time in every parent's life – your child's first days of school. It is a time for stimulating new experiences for your child, and new roles and routines for your entire family.

In order for your child to succeed in kindergarten, it is very important that he or she develop a routine of daily school attendance. For many children, this is their first opportunity to learn the important life skill of daily tasks. Getting up each morning, getting ready, getting to school on time, and learning each day are important habits that we all need and use throughout our lives.

Attendance habits learned in school generally remain with the student as he or she enters the world of work. It is essential to teach the benefits of and to encourage good attendance and punctuality during a student's educational career.

The Hall County Board of Education acknowledges that there is a definite relationship between scholastic achievement and the regular and prompt attendance of students in all classes in which they are enrolled. The school system has an attendance expectation that all students will be in school and in class at all times.

The state of Georgia values the education of its citizens and state law mandates children attend school until age 16, with legal consequences beginning at kindergarten for parents who fail to keep their children in school.

One of the best things you can do for your child is to get them quickly into the habit of daily school attendance. Set a goal of perfect kindergarten attendance, attach a significant reward to reaching that goal, and see how close your child can come. You may want to celebrate perfect attendance months. Establishing these habits early will make the rest of your child's educational experience more positive and successful.

If you should encounter difficulties with your child attending school or experiencing problems at school, please do not hesitate to contact your child's teacher, the school counselor, or the principal to get assistance. It is not unusual for some kindergarten students to experience stresses at the start of school (or later in the year).

The school staff has a variety of skills and resources for making sure your child succeeds in kindergarten. Besides the talents of teachers and counselors, schools can also call on the school social worker, school nurse, and school psychologist for assistance.

We sincerely hope that you will not hesitate to ask us for help in making sure your child is happily involved in learning at school every day. We want kindergarten to be the first step in a positive, lifelong experience with education!

Department of Student Services
Hall County School System

Hall County Schools
CHARACTER · COMPETENCY · RIGOR FOR ALL

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KEVIN BALES
ASSISTANT SUPERINTENDENT
FOR TEACHING & LEARNING

WILLIAM S. SCHOFIELD
Superintendent

Dear Parent/Guardian,

As a parent, you play the most important role in the education of your child. In order to make this a successful school year, your child must be in the classroom every day possible. It is the parents' responsibility to make sure excuses are submitted to your child's school.

The following process will be followed in all schools:

- The school will record attendance daily and collect excuses for all students absent from school, indicating, if necessary, what interventions have been tried to address attendance problems.
- When a student has **5 unexcused absences** the law requires that the parent/guardian be notified.
- A letter from the school will be sent to **all parents**/guardians of children who have 10 excused or unexcused absences during the entire school year.
- A school administrator and/or school counselor will monitor and provide appropriate interventions.
- If unexcused absences continue the administrator or counselor will submit information about students with a **pattern of unexcused absences** to the school social worker or other designated school personnel.
- School personnel will assess the situation by talking to the student, parent, and school staff, suggest appropriate interventions, and document attempts to reduce absences. If unexcused absences continue, the school social worker may refer the parent and/or the student to the appropriate court for truancy.

As required under state law and State Board of Education rule, a student's absences are excused if validated for the following reasons:

1. Personal illness or attendance in school endangers a student's health or the health of others.
2. A serious illness or death in a student's immediate family necessitating absence from school.
3. A court order or an order by a governmental agency, including pre-induction physical examinations for service in the armed forces, mandating absence from school.
4. Observing religious holidays, necessitating absence from school.
5. Conditions rendering attendance impossible or hazardous to student health or safety.
6. A student whose parent or legal guardian is in military service in the U.S. armed forces or National Guard, and such parent has been called to duty for or is on leave from overseas deployment to a combat zone or combat support posting will be granted up to 5 days of excused absences per school year to visit with his or her parent prior to the parent's deployment or during the parent's leave.
7. Registering to vote or voting in a public election, which shall not exceed one day.
8. A student whose parent or legal guardian is currently serving or previously served on active duty in the armed forces of the United States, in the Reserves of the armed forces of the United States on extended active duty, or in the National Guard on extended active duty may be granted excused absences, up to a maximum of five school days per school year, not to exceed two school years, for the day or days missed from school to attend military affair sponsored events, provided the student provides documentation from: a provider of care at or sponsored by a medical facility of the United States Department of Veterans Affairs; or an event sponsored by a corporation exempt from taxation under Section 501(c)(19) of the Internal Revenue Code.

Students shall be counted present when they are serving as pages of the Georgia General Assembly. Foster care students shall be counted as present when attending court proceedings relating to the students' foster care.
Other absences may be approved by the principal.

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WILLIAM S. SCHOFIELD
Superintendent

Compulsory Education Notification to Parents

We look forward to your cooperation in having your child in school every day (s)he is able to attend. **This Compulsory Education Notice must be read, signed, and returned to your child's school. Thank You!**

The Hall County School System is required by law to inform you of the following law and consequences. The school must keep a signed copy of this form on file for one school year.

O.C.G.A. 20-2-690.1 – Compulsory Education
(a) Every parent, guardian, or other person residing within this state having control or charge of any child or children between their sixth and sixteenth birthdays shall enroll and send such child or children to a public school, private school, or a home study program that meets the requirements for a public school, private school, or a home study program; and such child shall be responsible for enrolling in and attending a public school, private school, or a home study program under such penalty for noncompliance with this subsection as is provided in Chapter 11 of Title 15, unless the child's failure to enroll and attend is caused by the child's parent, guardian, or other person in which case the parent, guardian, or other person alone shall be responsible;

(b) Every parent, guardian, or other person residing within this state having control or charge of any child or children and who shall violate this code section shall be convicted of a misdemeanor, and upon conviction thereof shall be subject to:

A fine not less than $25 and not more than $100
Imprisonment not to exceed 30 days
Community service
Any combination of such penalties at the discretion of the court having jurisdiction

Each day's absence from school in violation of this part after the child's school system notifies the parent, guardian, or other person who has control or charge of a child of five unexcused absences shall constitute a separate offense.

O.C.G.A. 20-2-150 – Compulsory Education Law Pertaining to Kindergarten Students

All children enrolled for 20 school days or more in the public schools of this state shall become subject to all provisions of this article, the provisions of Code Section 20-2-690 through 20-2-702, and the rules and regulations of the State Board of Education relating to compulsory school attendance even though they have not reached seven years of age.

As the parent/guardian of _____, I have read the Georgia State Law on Compulsory Education.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____
(Students who are age 10 years or older by September 1st of this school year)