

SIBLING INFORMATION

Name

School/Grade

RACE / ETHNICITY

To ensure Georgia's compliance with federal requirements, data collections have been changed to begin collecting race/ethnicity data in a new format. Changes include the following items:

- Data is collected in two-part format that (1) specifies whether or not the individual is of Hispanic/Latino ethnicity and (2) allows the individual to select one or more races from the five racial categories identified by the federal requirements.
- Individuals shall have the opportunity to identify themselves as being of or belonging to more than one race.

Note: No changes have been made to the American Indian or Alaska Native, Black, or African American, and White racial categories. The existing "Asian or Pacific Islander" racial category has been separated into two separate categories. The new racial categories are "Asian" and "Native Hawaiian or Other Pacific Islander."

1. **Ethnicity** – Indicate if the student is of Hispanic/Latino ethnicity, defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic/Latino or Latino."

YES NO

2. **Race** - Indicate one or more of the following race indicators. Check all that apply.

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), who maintain a 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 including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American** – A person having origins in any of the original peoples 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

I have completed the requested information to the best of my knowledge and I fully understand that the Columbia County School System's policies regarding immunizations, disciplinary infractions, zoning, and guardianship may affect my student's school attendance.

Signatures

Parent/Guardian	Student	Date

CCBOE Official Use Only

Counselor

CCBOE Student ID #

Current Grade & Homeroom

(RSC 10/2008)

Harlem High School
Guidance Office
1070 Appling Harlem Hwy
Harlem, GA 30814
(706) 556-5980 ext. 4220

Counselors:

Grace Quinones (Last Names Beginning A-J)
Jo Nell Beckum (Last Names Beginning K-Z)

Guidance Secretary:

Donna Morris

DATE: _____

NAME OF STUDENT: _____ GRADE: _____

DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN: _____

This student has enrolled in **Harlem High School**. Please send the following information:

- Transcript of all work completed and your school's grading scale.
- MONTH, DATE, AND YEAR OF 9TH GRADE ENTRY.
- Any standardized test scores.
- Immunization/Health records.
- Birth certificate and social security card
- Discipline report (Very important, this is needed for Georgia driver's license).
- Attendance report (Very important, this is needed for Georgia driver's license).
- Grades at time of withdrawal
- Information concerning special programs the student may have been enrolled in.
- Student Support Team records (if applicable).

PLEASE NOTE: Under the provisions of the PRIVACY RIGHTS OF PARENTS AND STUDENTS ACT, PAGE 1213, Subpart d, 99 30 (B) it is not necessary to have the written consent of the parents to release records "to officials or other schools or school systems in which the student seeks or intends to enroll.

Guidance Personnel

NAMES OF SCHOOL FROM WHICH RECORDS ARE BEING REQUESTED

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER & FAX NUMBER

COLUMBIA COUNTY SCHOOL SYSTEM
Registration Information

School _____ Date _____

Name of Student _____ Grade _____

Home Language Survey

1. What was the language the student first learned to speak? _____
2. What language does the student speak at home? _____
3. What language does the student speak most often? _____

IF ALL ANSWERS TO THE ABOVE QUESTIONS ARE ENGLISH, THIS FORM IS COMPLETE AND YOU MAY STOP HERE.

Student Educational Profile

Parent or Guardian's Name _____

Address _____

Phone Number _____

English-Speaking Contact _____

Phone Number _____

Child's Date of Birth _____

Date of U.S. Entry _____

Date Entering Columbia County Schools _____

Did the student attend school in his/her country? _____ For how long? _____

Has the student attended school in the U.S.? _____ For how long? _____

If so, did the student receive ESOL or Bilingual services? _____ For how long? _____

Permission to Evaluate

I give permission for the Columbia County School System to administer language assessments to help determine whether my child is eligible for ESOL services.

Signature Date

ESOL Placement Permission

I give permission for the Columbia County School System to provide ESOL services for my child if he or she is eligible. I understand that it is possible that my child will need to attend a different school to receive these services. Special transportation will be provided if needed. My child will return to his or her zoned school upon exiting the ESOL program.

Signature Date

PLACE IN PERMANENT RECORD FOLDER

COLUMBIA COUNTY MIGRANT EDUCATION PROGRAM

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another. Please answer these questions.

Name of the School HARLEM HIGH SCHOOL

Names of the Student(s) _____

Names of Parents or Legal Guardians(s) _____

Our school is interested in providing as much help as possible to children whose families have had to move from one school to another.

Has your family lived in another county in the last (3) years? ____ Yes ____ No

If so, what is the date your family arrived in this county? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last (3) years? (Check all that apply)

- ____ Agriculture planting/picking tomatoes, squash, peppers, etc.
- ____ Planting, growing, or cutting trees (pulpwood)
- ____ Processing/packing agricultural products
- ____ Dairy, Poultry, or Livestock
- ____ Meatpacking / Poultry / Seafood
- ____ Fishing or fish farms
- ____ Other (please specify occupation): _____

Name of current or most recent employer: _____

Current address: Street _____ City & State _____

Home phone or phone where you can be reached: _____

Directions from School to Home: _____

Thank you!

PLACE IN PERMANENT RECORD FOLDER

Forward copy to Dr. Franklin's office

PROOF OF ADDRESS

DATE OF ENTRY _____

GRADE _____

STUDENT'S NAME _____

____ I understand that I will need to furnish Harlem High School a copy of an electric bill (showing the service address and your name) within 30 days of enrollment since a lease agreement or closing papers were used when my child was enrolled.

____ I understand that I will need to furnish my driver's license and voter registration card (if a registered voter), showing the address used to enroll my student at HHS within 30 days of enrollment since I am living in the home of someone else.

Parent/Legal Guardian Signature

Date

PROVIDING FRAUDULENT INFORMATION (O.C.G.A. 16-10-20)

Any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device; makes a false, fictitious or fraudulent statement or representation; or uses any false documentation may be punished by a fine of not more than \$1,000.00 or imprisonment for one to five years, or both.

GEORGIA IMMUNIZATION & GEORGIA 3-POINT SCREENING CERTIFICATES

DATE OF ENTRY _____

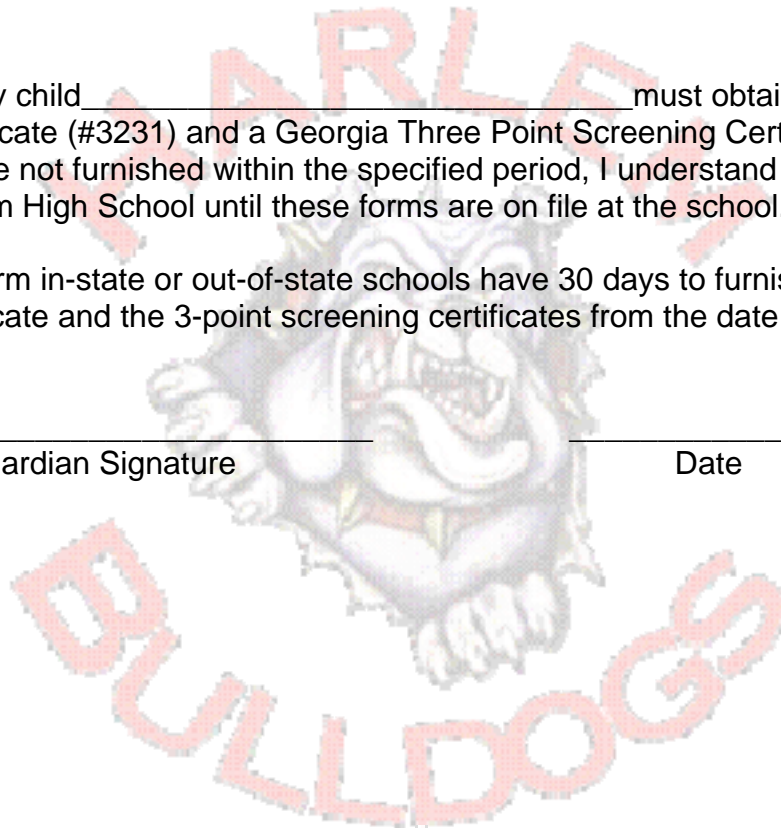
GRADE _____

I understand that my child _____ must obtain a Georgia State Immunization Certificate (#3231) and a Georgia Three Point Screening Certificate (#3300). If these certificates are not furnished within the specified period, I understand that my child can no longer attend Harlem High School until these forms are on file at the school.

Children entering from in-state or out-of-state schools have 30 days to furnish both the immunization certificate and the 3-point screening certificates from the date of entrance.

Parent/Legal Guardian Signature

Date



BIRTH CERTIFICATE & SOCIAL SECURITY CARD

DATE OF ENTRY _____

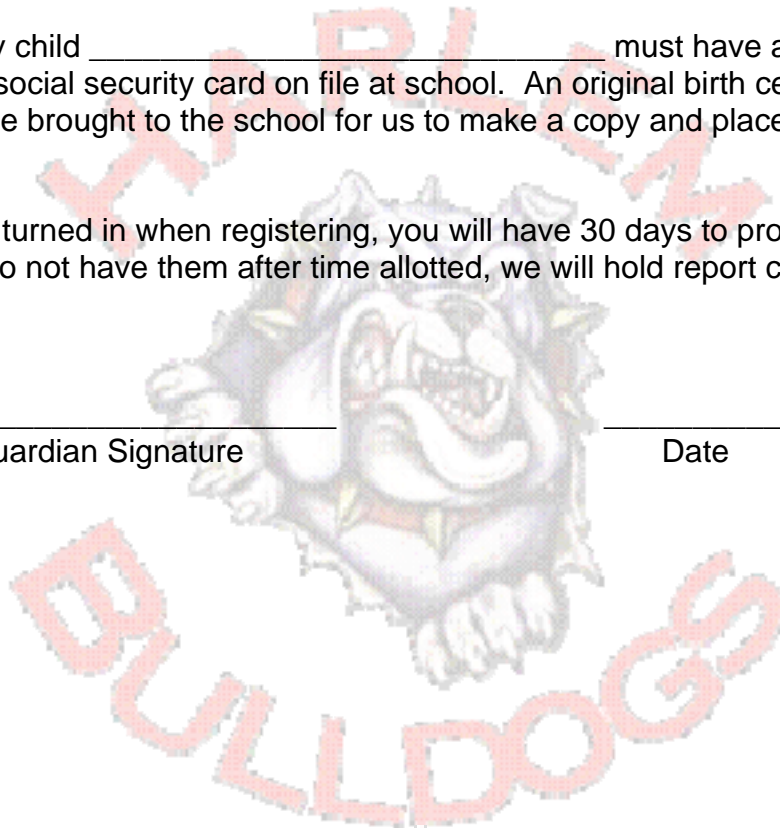
GRADE _____

I understand that my child _____ must have a copy of their birth certificate and their social security card on file at school. An original birth certificate and social security card must be brought to the school for us to make a copy and place in their permanent record.

If these items aren't turned in when registering, you will have 30 days to provide the school these items. If we do not have them after time allotted, we will hold report cards and schedules.

Parent/Legal Guardian Signature

Date



i-Parent

- i-Parent is a web-based application for parents to receive electronic access to student information such as grades and attendance. It is designed specifically to provide parent/guardian read-only access; grades and attendance can be changed only by teachers. This information, which is stored within the Columbia County School System's Student Information System, may be accessed by parents from any Internet connected computer.
- Once the parent/guardian has been issued an access code, he/she will be able to register for an i-Parent account. After the account is established, the access key is no longer needed. Parents will log in with the username and password he/she created.
- Parents/Guardians, if you have a current account but have misplaced your login information, you can obtain that from Angie Deming (ademing@ccboe.net or 706-541-2721 ext. 5503) with the CCBOE Technology Department. If you wish, you may contact Sonji K. Aycock and she will obtain your login from Mrs. Deming.

Please fill out the following information, including the method in which you would like to receive your access key or login information. Due to security reasons, neither access keys nor logins will be e-mailed to you. You will be e-mailed when your information is ready. We apologize for any inconvenience this may cause.

Student's Full Name: _____

Parent/Guardian's Full Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian e-mail address: _____

Parent Signature: _____

I have misplaced my username and/or password...

Please check one:

Send i-Parent information with student

I will pick up my i-Parent information:

HARLEM HIGH I-PARENT CONTACT PERSON:
SONJI K. AYCOCK
sonji.aycock@ccboe.net (706) 556-5980 ext. 4232

NETWORK RESPONSIBILITY AGREEMENT
FOR STUDENTS OF COLUMBIA COUNTY SCHOOLS

I understand and will abide by the terms and conditions for use of the Columbia County School System Technology Network. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, I understand that my access privileges may be revoked, disciplinary action may be taken and/or appropriate legal action pursued.

Student Name: _____
(PLEASE PRINT)

Current Grade Level: _____

Student Signature: _____

Date: _____

Faculty Sponsor (or teacher): _____

School: _____

PARENT OR GUARDIAN NETWORK RESPONSIBILITY AGREEMENT
FOR STUDENTS IN COLUMBIA COUNTY SCHOOLS

(If user is under the age of 18, a parent or guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the terms and conditions for the use of the Columbia County School System Technology Network. I understand that these privileges are designed for educational purposes. I will not hold Columbia County Schools responsible for material acquired or problems related to the use of the material acquired on the network.

I hereby (grant _____) (do not grant _____) permission for my child to utilize the Columbia County School System Technology Network and certify that the information contained on this form is correct. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Parent or Guardian Name (please print): _____

Signature: _____ Date ____/____/____

Unless a parent objects in writing to the principal of the school where the child is enrolled, the Columbia County School System and individual schools may periodically acknowledge student work activities, and/or achievements on their web sites. Such information about your child will be limited to photographs, **student's first name**, student work, and/or grade level.

All students attending CCSS, upon entering Kindergarten, 6th grade, and 9th grade, (and their parents/legal guardians) should sign the Network Responsibility Agreement for Students of Columbia County Schools. All transfer students or new students to CCSS should sign a Network Responsibility Agreement upon entering the Columbia County School System.

(Signed agreement form is to be placed in the student's permanent record.)

REVISED 5/22/06

COMMUNICATION SYSTEM

The purpose of this procedure is to ensure that all uses of the Columbia County School System Technology Network are consistent with the goals and educational philosophy of the Columbia County School System. The use of the Columbia County School System Technology Network includes computer hardware, software, local and wide area networks, media equipment, and access to the Internet. Due to the complexity of this system and the magnitude of information available through user access, the Columbia County Board of Education believes guidelines regarding appropriate use are warranted.

APPROPRIATE USE OF THE COLUMBIA COUNTY SCHOOL SYSTEM TECHNOLOGY NETWORK:

User access to the Internet from any school/system computer shall comply with the district's USE OF ELECTRONIC COMMUNICATIONS SYSTEM Policy IFBGA. The superintendent reserves the right to designate administrative staff members to monitor all Internet activity by users including e-mail.

The use of the Internet is a privilege. Inappropriate use may result in cancellation of this privilege by the system administrator. Users violating the conditions in the CCBOE's Policy/Procedure IFBGA shall be subject to revocation of these privileges and potential disciplinary actions including possible legal action.

TERMS AND CONDITIONS

User access to the Columbia County School System Technology Network is provided for educational and communicational purposes consistent with the needs and goals of the Columbia County Board of Education. All users are required to sign the NETWORK RESPONSIBILITY AGREEMENT. Parents of students must sign and return the **NETWORK RESPONSIBILITY AGREEMENT** to their child's school before the student will be allowed access to the Internet connection provided by the Columbia County School System Technology Network and to give/deny permission for limited information about students to be included on system or school websites. Staff members must sign and return the **NETWORK RESPONSIBILITY AGREEMENT** form to their immediate supervisor.

INAPPROPRIATE USE OF THE COLUMBIA COUNTY SCHOOL SYSTEM TECHNOLOGY NETWORK INCLUDES BUT IS NOT LIMITED TO USERS:

- Accessing, sending, creating or posting materials or communications that could be inconsistent with the district's educational needs and goals
- Sending verbally abusive, obscene, profane, lewd, vulgar, rude, inflammatory, disrespectful or threatening electronic messages and images
- Placing unauthorized or unlawful information on the system that could cause damage, danger, or disruption, or engage in personal attacks, including prejudicial, discriminatory, or harassing attacks or knowingly or recklessly posts false or defamatory information about a person or organization. Please be advised that student's home and personal internet use can have an impact on the school and on other students. If a student's personal internet message creates a likelihood of material disruption of the school's operations, students may face school discipline and criminal penalties. Our school system takes bullying and harassment by computer very seriously. Students shall not use any Internet or other communication device to intimidate, bully, harass, or embarrass other students or staff. Students who engage in such activity off campus and create a material disruption of school operations shall be subject to penalties for bullying and harassment contained in the Columbia County School System Code of Conduct as well as criminal penalties.
- Vandalizing the system including uploading/creating computer viruses/worms ("hacking")
- Using the system for financial gain, product advertising, commercial activities, or fundraising that has not been approved by the Board of Education
- Providing personal information such as phone numbers, addresses, social security numbers, etc. without proper authorization
- Violating state and/or federal laws including copyrights, confidentiality, computer fraud and abuse
- Engaging in non-educational games and monopolizing resource time and materials
- Using the identity or password other than the user's own

(Any user becoming aware of inappropriate use of the Columbia County School System Technology Network should report **the inappropriate use** to his/her immediate supervisor. In the event of a claim that a student has violated this policy or procedure, the school system will provide the student with notice and an opportunity to be heard in the manner set forth in the Columbia County School System Code of Conduct.)

ADOPTED: 03/14/98

REVISED: 08/07/00, 01/22/02, 03/11/02, 10/14/02, 7/29/03, 3/8/04, 4/19/04, 07/06/04, 09/28/04

Columbia County Board of Education

FULL DISCLOSURE OF INFORMATION REGARDING PLACEMENT OF STUDENT

Special Education

I certify that my child:

_____ **DOES** receive special services under an IEP Plan*

_____ **DOES NOT** receive special services under an IEP Plan

**If child receives services under an IEP plan, parent is responsible for providing most recent IEP Plan before registration can be completed.*

Grade Placement

_____ **My child should be placed in 9th grade.** He or she has provided HHS with a report card showing that student has been promoted to 9th grade.

_____ **My child is in 10th, 11th, or 12th grade.** (Circle one.)

I have provided HHS with a transcript(s) that verifies the number of credits he or she has completed at another high school. (Note: *Registration cannot be completed without transcript. Parent is responsible for providing this transcript at the time of registration.*)

I understand that my child's schedule is contingent upon official verification of the above information. If information cannot be verified, child's schedule is subject to change.

Parent's Signature

Date

ACKNOWLEDGEMENT FORM

Name of School: **HARLEM HIGH SCHOOL**

It is required that both you and your child sign and return this Acknowledgement Form to your child's school to verify that you and your child are in receipt of this Columbia County School System Code of Conduct for the 2009-2010 school term. It is also required that the original signed copy of this form be kept on file at your child's school through the end of the school year.

STUDENT NAME and STUDENT SIGNATURE

PARENT/GUARDIAN NAME and SIGNATURE

DATE

Columbia County School System Character Education:

In keeping with State of Georgia legislative action, the Columbia County School System provides a Character Education Program for grades K-12 which focuses on the students' development of character traits. Parents/guardians and community representatives are engaged in partnerships to support the principles of character and conduct that help our students make responsible decisions. In turn, our school communities become safer, better disciplined, and more welcoming places to learn and work. Following are the twenty-seven Character Education terms approved by the State and Local Board of Education.

Cheerfulness
Citizenship
Cleanliness
Compassion
Cooperation
Courage
Courtesy
Creativity
Diligence
Fairness
Generosity
Honesty
Kindness
Loyalty

Patience
Patriotism
Perseverance
Punctuality
Respect for Others
Respect for Self
Respect for the Creator
Respect for the Natural Environment
School Pride
Self-control
Sportsmanship
Tolerance
Virtue

Equal Opportunity System

School Health Information Card

Student _____, _____ M F DOB _____
Last Name First Name Circle

Grade _____ Teacher/HR _____

Address _____

Health History* (Answer Yes or No)

*Health Care Plans and prescribed emergency medications are required with any of the conditions listed below. Please contact the school for a health care plan.

Allergies: (Specify) _____

Asthma: _____ Seizure Disorder: _____

Diabetes: _____ Sickle Cell Disease: _____

Cancer: _____ Physical Handicaps: _____

Other Physical or mental health issues which may be a concern at school: _____

_____ Does your child require special seating in the classroom? Specify _____

_____ Does your child have any conditions that would limit physical education activities?

List _____

_____ Does your child take any prescribed medications routinely?

List _____

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Phone (home) _____ Cell _____
Name Phone (work) Pager

Father/Guardian _____ Phone (home) _____ Cell _____
Name Phone (work) Pager

If parents cannot be reached, list two nearby persons who will assume care of your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

School clinic personnel have my permission to contact my child's physician for further medical information. In case of a serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, _____.

Parent signature _____ Date _____

STUDENT ENROLLMENT QUESTIONNAIRE

ALL INFORMATION PROVIDED IS CONFIDENTIAL. YOU MAY BE ELIGIBLE FOR SERVICES PROVIDED UNDER THE MCKINNEY-VENTO HOMELESS EDUCATION ASSISTANCE ACT.

Student Name	Date:
School Name:	Grade:
Current Address:	Best Contact Phone Number:
	Other Contact Number:
Last Permanent Address:	Person Registering Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
	Name and Relationship to Student:

Brothers and Sisters (newborn – age 17 living with this student):

Name	Age	School / Preschool / Daycare	Grade

Check each statement that applies:

<input type="checkbox"/>	Family owns or rents home or apartment.
<input type="checkbox"/>	Family does not have a permanent address and/or permanent housing. Family is living in a hotel, motel or shelter.
<input type="checkbox"/>	Family lives with relatives or others (Doubled up) due to loss of or inability to afford housing
<input type="checkbox"/>	Family lives in a campground, car, abandoned building or other inadequate shelter.
<input type="checkbox"/>	Child has been placed in temporary foster care.
<input type="checkbox"/>	Family lacks a stable and/or safe living environment.
<input type="checkbox"/>	Family lives on the street.
<input type="checkbox"/>	Student is an unaccompanied youth. Student is not living with parent or guardian.
<input type="checkbox"/>	None of the above applies.

By signing this document you are certifying that the information provided is true. Falsifying records is an offense and is punishable under Georgia Law OCGA 16-10-20.

Parent / Guardian Signature: _____

Date: _____