

LOVINGGOOD MIDDLE SCHOOL

Print and **complete this entire packet** and bring all completed forms and requested documentation with you to your appointment. Not having these tasks completed will cancel your appointment. We will be happy to reschedule for you.

Thanks,

The Lovinggood School Counseling Staff

During the school year email Kristine.Sacchetta@cobbk12.org to set up an appointment.

Student Enrollment Checklist

Lovinggood Middle School | 3825 Luther Ward Road | Powder Springs, GA 30127

Phone: (678) 331-3015 | Fax: (678) 331-3016

PLEASE NOTE:	<ul style="list-style-type: none"> ➤ Registrations are by appointment only. Walk-ins may not be accommodated. ➤ Students under the age of 18 <u>must</u> be accompanied by a parent or legal guardian when enrolling in school. ➤ All students must have ALL of the following items at the time of enrollment in order to enroll at any Cobb County school. A student will <u>not</u> be enrolled without <u>all</u> necessary documentation according to Cobb County School District Administrative Rule JBC-R.
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Health Certifications	Document #1	Form 3231 – Georgia Immunization	➤ <u>Must</u> be marked "Complete for Current Grade."	<ul style="list-style-type: none"> ➤ Forms may be obtained at the Health Department or at a doctor's office. ➤ Religious waivers can be used for Form 3231 ONLY. (Form JGC-4 is available at the local school.)
	Document #2	Form 3300 – Georgia Certificate of Vision, Hearing, Dental, and Nutrition Screening	<ul style="list-style-type: none"> ➤ <u>All four</u> sections must be complete. ➤ If the student is coming from a private school or is new to Georgia, Form 3300 <u>must</u> be dated within the last 12 months. 	
Proof of Residency (All 3 items must be in same name)	Document #3	<u>Current</u> mortgage statement, warranty deed, lease, or rental agreement OR Form JBC-2 : Statement of Legal Residence	<ul style="list-style-type: none"> ➤ Must show current address ➤ If providing a lease or rental agreement, must also provide the page showing the name, address, and phone number of the lessor. 	
	Document #4	<u>Current</u> month's utility bill	➤ Must show current address	
	Document #5	Georgia Driver's license (or state-approved ID)	➤ The license of the enrolling adult must be photocopied.	
Proof of Birthdate	Document #6	Please provide a copy of <u>one</u> (1) of the items listed in the next column to the right.	<ul style="list-style-type: none"> ➤ birth certificate OR ➤ military ID OR ➤ valid driver's license OR ➤ passport OR 	<ul style="list-style-type: none"> ➤ adoption record OR ➤ religious record signed by authorized religious official OR ➤ affidavit of age
Social Security Number (SSN)	Document #7	Social Security card OR Statement of Objection (Form JBC-4)	<ul style="list-style-type: none"> ➤ Student must provide proof of SSN by submitting a social security card OR by submitting a signed Form JBC-4 if there is an objection to the use of the SSN or because the student doesn't have a SSN. ➤ Proof of your child's SSN is required to apply for HOPE Scholarship and HOPE Grant funds in high school. 	
Guardian-ship	Document #8*	Proof of Legal Guardianship (if required—see notes in the column to the right)	<ul style="list-style-type: none"> ➤ If the enrolling adult is not the student's parent/legal guardian, Form JBC-14: Kinship Caregiver Affidavit will be required. ➤ The school reserves the right to require proof of custody and it may be requested at the time of enrollment. 	
Withdrawal Paperwork	Document #9	Withdrawal form from the previous school	<ul style="list-style-type: none"> ➤ The withdrawal paperwork must include <u>ALL</u> academic, disciplinary, special education/Section 504 records from the student's previous school. (Enrollment throughout the year) ➤ If enrolling at the beginning of the year, report card must show the final grades from the previous year. ➤ Discipline record is required for all students in 7th/8th grades. ➤ If your child receives any special services, let the registration staff know at the start of your appointment. It is imperative that you bring a copy of the IEP or 504 Plan to the appointment. 	
	Document #10	Most recent report card grades		
	Document #11	Discipline record		
	Document #12	Special Education/ Section 504 Records		

Please fill out the next 7 pages and bring them with you!!!

ADDITIONAL STUDENT INFORMATION

Ethnicity: Is the student Hispanic/Latino? Yes No
Race: Is the student (check ALL that apply – at least one must be checked)?
 American Indian or Alaska Native Asian Black/African American Hawaiian/Pacific Islander White

Ninth Grade Entry Date: _____ Entry Date in US Public School: ____/____/____

Birth Country: _____ Birth State: _____

Last School Attended: _____ Address: _____

Last School Attended Phone Number: _____ Location: _____
County State Country

Has the student EVER attended a Cobb County school before? Yes No
If yes, list the Cobb County school and grade/year enrolled: _____ Grade: _____ Year(s): _____

Has the student EVER attended a Georgia public school? Yes No
Name and age of siblings under 18: _____

Last	First	Middle	Date of Birth	Last	First	Middle	Date of Birth

Does the student currently receive any of these services?
 Gifted/Talented Advanced Classes Early Intervention (EIP) ESOL
 Special Education/IEP 504 Plan Response to Intervention (RtI) Speech

HOME LANGUAGE SURVEY (Required prior to enrollment-State Board of Education Rule 160-4-5-.02) Used for screening and determination of eligibility for Language Assistance Program – ESOL.

Which language does your child most frequently speak at home? (Dominant Language): _____

Which language do adults in your home most frequently use when speaking with your child? (Home Language): _____

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

ACTIVE MILITARY SURVEY

Does either parent/guardian/step-parent with who the student resides meet any of the following:

Is an active member of the uniformed services: Yes No
Is currently a member of the military reserves in the U.S. Armed Forces, National Guard or Reserve: Yes No
Is a member or veteran of the uniformed services who is severely injured and medically discharge or retired for a period of one year after medical discharge or retirement: Yes No
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: Yes No

MIGRANT OCCUPATIONAL SURVEY

Has your family moved in order to work in another city, state, or country in the past 3 years? Yes No

If so, what was the date your family arrived in the city/town in which you now 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 3 years? (Check all that apply)

Agriculture (planting/picking fruits or vegetables) Dairy/Poultry/Livestock Fishing or fish farming
 Planting, growing, or cutting trees/raking pine straw Meat packing/Meat processing/Seafood
 Processing/packing agricultural products Other (please specify occupation) _____

MEDICAL INFORMATION

Does the student need to take medication at school: Yes No Medication: _____

Special medical problems: _____

Allergies: _____

Licensed Health Care Provider: _____ Phone: _____

In the event of a medical emergency, the District will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my child be transported to _____ Hospital for treatment.

TRANSPORTATION

- Morning Car Rider Morning Day Care Morning Bus Rider
- Afternoon Car Rider Afternoon Day Care Afternoon Bus Rider CCSD After School Program

Name of Day Care: _____ Phone #: _____

CONTACT INFORMATION

Adults allowed to check students out of school (Emergency Contacts)

Please include the names of any adults that may be allowed to pick up your child from school (including any adult already listed in the Primary or Secondary Families above). The adults listed below may also be contacted in case of an emergency.

Name	Relationship	Primary Phone	Cell
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following person(s) MAY NOT sign my child out of school: _____

Please note that this may not include persons acting under the authority of child protection laws and that court orders may affect this preference.

Enrolling Adult Signature

Enrolling Adult Printed Name

Date

DISCLOSURES REQUIRED FOR CONDITIONAL ADMISSION

School: _____

This form must be **fully** completed.
Please Print or Type

A transferring student applying for admission to grades 7-12 shall present a certified copy of his or her disciplinary record from the school previously attended. (O.C.G.A. § 20-2-670) Students seeking to enroll without such records are required to complete this form.

Student's Name (Please Print): _____ Grade: _____

Present Address (Please Print): _____

Birthdate: _____

Parent/Guardian Name (Please Print): _____

School last attended (Please Print): _____

School address (Please Print): _____
(Street)

(City)

(State)

(Zip)

_____ is is not currently serving a suspension or expulsion from another school.
(Student's Name)

If the student is currently serving a suspension, expulsion from another school or is assigned to an alternative school, please provide the following information:

a) Term of suspension, expulsion or assignment to an alternative school:

b) Reason for the suspension, expulsion or assignment to an alternative school:

_____ has has not [ever] been adjudicated guilty of the commission of any of the
(Student's Name)

following designated felony acts as defined in Georgia Code Section 15-11-37:

- A second or subsequent offense under subsection (b) of Code Section 16-11-132 (possession or control of a pistol or revolver) if committed by a person 13 to 17 years of age;
- Kidnapping or arson in the first degree, if done by a juvenile 13 or more years of age;
- Aggravated assault, arson in the second degree, aggravated battery, robbery, armed robbery not involving a firearm, or battery in violation of Code § 16-5-23.1 if the victim is a teacher or other school personnel, if done by a juvenile 13 or more years of age;

CONTINUES ON THE BACK

**DISCLOSURES REQUIRED FOR CONDITIONAL ADMISSION
(CONTINUED)**

- d) Attempted murder or attempted kidnapping, if done by a juvenile 13 or more years of age;
- e) The carrying or possession of a weapon on school property, at school functions or within school safety zones in violation of subsection (b) of Code § 16-11-127.1;
- f) Hijacking a motor vehicle, if done by a juvenile 13 or more years of age;
- g) Any violation of Code §16-7-82 (manufacturing, transporting, distributing, possessing with intent to distribute, and offering to distribute an explosive device), 16-7-84 (distribution or offer to distribute a destructive device, explosive, poison gas or detonator to any person under 21 years of age), or 16-7-86 (attempt or conspire to commit offenses prohibited by 16-7-80 to 16-7-97 relating to bombs, explosives and chemical and biological weapons) if done by a juvenile 13 or more years of age.
- h) Any other act which, if done by an adult, would be a felony, if the juvenile committing the act has three times previously been adjudicated delinquent for acts which, if done by an adult, would have been felonies;
- i) Any violation of Code §16-13-31, relating to trafficking in cocaine, illegal drugs, marijuana or methamphetamine;
- j) Any criminal violation of Code §16-14-4, relating to racketeering; or
- k) Any violation of Code §16-10-52, relating to escape, if the juvenile involved in the commission of such act has been previously adjudicated to have committed a designated felony;
- l) Constitutes a second or subsequent adjudication of delinquency based upon a violation of Code §16-7-85 (manufacture, possess, transport, distribute or use a hoax device or replica of a destructive device or detonator) or 16-7-87 (hinder or obstruct officials detecting, disarming or destroying a destructive device);
- m) Constitutes an offense within the exclusive jurisdiction of the superior court pursuant to subparagraph (b)(2)(A) of Code §15-11-5 (murder, voluntary manslaughter, rape aggravated sodomy, aggravated child molestation, aggravated sexual batter, armed robbery committed with a firearm) which is transferred by the superior court to the juvenile court for adjudication pursuant to subparagraph (b)(2)(B) of Code § 15-11-5 or which is transferred by the district attorney to the juvenile court for adjudication pursuant to subparagraph (b)(2)(C) of Code §15-11-5; or
- n) Constitutes a second or subsequent violation of Code §§ 16-8-2 through 16-8-9 relating to theft, if the property which was the subject of the theft was a motor vehicle.

If the student has been adjudicated guilty of the commission of the listed designated felony acts, please provide the following information:

- a) Date of adjudication: _____
- b) Offense committed: _____
- c) Jurisdiction in which the adjudication was made: _____
- d) Sentence imposed: _____

(Signature of Parent/Guardian)

Date

(Signature of Student)

Date



Cobb County School District

ParentVUE

Acceptable Use Policy & User Agreement

Parent/Guardian (Head of Household) Printed Name: _____

Names of your children enrolled in the Cobb County School District:

GUIDELINES FOR USE

- One activation key will be provided for the parent/guardian named above to access all of the students associated with the parent/guardian. Each student will be provided with his/her own login to access his/her information, separate from any siblings. The parent/guardian login should not be shared with students.
- The login ID and password confidentiality is crucial. DO NOT share this information with any other persons.
- Use of the ParentVUE is a privilege for parents to monitor the academic progress of their student(s). Any misuse or abuse of this account will result in denial of access.
 - Users will not attempt to harm or destroy data of the student(s) for whom this account applies, that of another user, the school or district network, or the Internet.
 - Users will not use the ParentVUE for any illegal activity, including violation of Data Privacy Laws. Anyone found to be violating laws will be subject to civil and/or criminal prosecution.
 - Users will not access data or any account pertaining to any other student or family of student other than those named herein.
 - Users who identify a security problem with the ParentVUE must notify the school immediately without demonstrating the problem to anyone else.
 - Users who are identified as a security risk to the ParentVUE or any other Cobb County School District computer or network will be denied access to the ParentVUE.
- In signing the ParentVUE Acceptable Use Policy and Agreement, I agree to the above terms and for any requests for e-mail notifications from the system to be authorized.

I understand and agree to abide by the aforementioned guidelines for use of the ParentVUE. I understand that the account information is confidential and MUST NOT be shared. Upon learning that a ParentVUE user ID or password has been compromised, I will immediately notify school personnel.

Parent/Guardian (Head of Household) Signature: _____ Date: _____

Email address: (Please print) _____ Phone Number: _____

This form must be signed, dated and submitted to the school prior to receiving the account access information. Picture ID will be required of the recipients.

For School Use Only

Legal Guardianship Verified [] Type of ID: [] Driver's License [] Other – Describe: _____

Person verifying photo ID: _____ Date: _____