

Towns County High School
1400 U. S. Highway 76 East
Hiawassee, Georgia 30546
Phone 706-896-4131 Fax 706-896-9325

Name of Student _____ / / _____
(Last, First, Middle) (Date of Birth) (Grade)

(S. S. Number) (Ethnicity) (City, State of Birth)
_____ Male _____ Female

Is either parent/guardian active duty in US Armed Forces, including National Guard or Reserve Forces? ___ Yes ___ No

(Name and address of school previously attended)

911 address: _____ Mailing address: _____

Your phone: _____ Emergency Phone: _____

Child lives with: ___ Both parents ___ One parent ___ One parent and step parent

Father's name: _____
(Last, First, Middle)

Where employed: _____ Phone: _____

Mother's name: _____
(Last, First, Middle)

Where employed: _____ Phone: _____

Child's doctor: _____ Phone _____

Hospital preference: _____

Any special health needs: _____

Any Special Education needs: _____

Other information concerning child: _____

Is student currently enrolled in an alternative school? Yes ___ No ___

Is student currently serving a suspension or expulsion from another school? Yes ___ No ___

Has student ever been adjudicated in Juvenile Court or Criminal Court? Yes ___ No ___

If emergency care becomes necessary, I give my permission for my child to receive such treatment as required by a physician.

(Parent's signature) ___ / ___ / ___ (Date)

Towns County High School
1400 U. S. Highway 76 East
Hiawassee, Georgia 30546
706 896-4131

706 896-9325 FAX

bthurman@townscountyschools.org

Request for Records

____/____/____

To:

Name of last school attended

Address

Phone

City/State/Zip

Fax

The following student enrolled in Towns County High School:

Name of Student _____

(Last, First, Middle)

____/____/____
(Date of Birth)

(Grade)

In order to complete our student records, please send a copy of the following information contained in this student's record:

1. Certified copy of academic transcript (including grades to date if student withdrew before the end of the grading period)
2. Standardized test scores
3. Immunization record
4. Hearing, vision, and dental screening
5. FTE number
6. Certified copy of disciplinary record
7. Copy of birth certificate
8. Copy of Social Security card
9. Special Education records (if applicable), including psychological, eligibility report and current IEP
10. SST records
11. Gifted records

I give permission for the above information to be sent to Towns County High School.

Signature (Parent/Guardian)

EMERGENCY STUDENT DATA FORM

| STUDENT INFORMATION | |
|---|------------------|
| LAST NAME | |
| FIRST NAME | |
| BIRTH DATE | |
| GRADE LEVEL/HOMEROOM TEACHER | |
| BROTHERS/SISTERS IN SCHOOL AT TCCS | NAME TEACHER |
| | NAME TEACHER |
| | NAME TEACHER |
| | NAME TEACHER |
| BUS DRIVER | |
| BUS NUMBER | |
| 911 ADDRESS | |
| CITY | |
| HOME PHONE | |
| EMERGENCY DROP OFF 911 ADDRESS | |
| MEDICAL INFORMATIO: ALLERGIES, MEDICATIONS, OTHER IMPORTANT INFORMATION | |
| PARENT INFORMATION | |
| PARENT 1 LAST NAME | |
| PARENT 1 FIRST NAME | |
| RELATIONSHIP (MOTHER, FATHER, ETC.) | |
| DAYTIME PHONE 1 | |
| DAYTIME PHONE 2 | |
| PARENT 2 LAST NAME | |
| PARENT 2 FIRST NAME | |
| RELATIONSHIP (MOTHER, FATHER, ETC.) | |
| DAYTIME PHONE 1 | |
| DAYTIME PHONE 2 | |
| EMERGENCY CONTACT | |
| LAST NAME | |
| FIRST NAME | |
| RELATIONSHIP (AUNT, NEIGHBOR, ETC.) | |
| DAYTIME PHONE 1 | |
| DAYTIME PHONE 2 | |
| IF SCHOOL LETS OUT EARLY, MY CHILD IS TO RIDE BUS TO | PARENT SIGNATURE |

- COPY 1 – STUDENT RECORD
- COPY 2 – HOMEROOM TEACHER
- COPY 3 – EMERGENCY BOX
- COPY 4 – SCHOOL BUS

Towns County High School Transfer Student Eligibility

If the student will be playing/cheering in any sport at any point @ TCHS, please fill out the following:

| Name of Student | | | Date of Birth | | |
|-----------------|-------|--------|---------------|-------|-------|
| Last | First | Middle | Mo. | Day | Year |
| _____ | _____ | _____ | _____ | _____ | _____ |

Present Home Address _____ (City, State) (County)

Lives With _____ (Names) (Relationship)

Pupil lived with while attending previous school _____ (Names) (Relationship)

Previous home address _____ (Street) (City, State) (County)

Family and Residential Information

CURRENT RESIDENCE

Is the current residence: ___ being purchased? ___ being leased? ___ being rented? If the residence is being purchased, do you claim a Homestead Exemption on it? ___ Do you claim multiple residences at this time? ___ If "Yes", do you claim a Homestead Exemption on a different house than the one in which you currently reside? ___

PREVIOUS RESIDENCE

Have you relinquished your previous residence? ___ If "Yes", what method of relinquishment did you use? ___ sold the residence or have a contract for a sale. ___ have the property listed for sale at a fair market value. ___ leaving the house empty with unnecessary utilities shutoff. ___ leased or rented the residence at a fair market value - if "Yes", is the residence being leased/rented to a family member? ___ - if "Yes", please list those individuals: _____

Current Grade _____

Schools attended in 9th grade _____ (Name) (City, State) (County)

_____ (Name) (City, State) (County)

Schools attended in 10th grade _____ (Name) (City, State) (County)

_____ (Name) (City, State) (County)

Schools attended in 11th grade _____ (Name) (City, State) (County)

Health Information for School Year 2019-2020

Student: _____ male female DOB: _____

Address: _____

Grade: _____ Teacher / Homeroom: _____

*****Allergies: explain what kind of reaction and how to treat, such as Epi-pen or Benadryl*****

no drug, food, seasonal or any known allergies

Drug or Medication allergies _____

Food allergies _____

Seasonal allergies _____

Bee or Insect allergies _____

Health / Medical Issues

Physical Handicaps (explain) _____

Diabetes Seizure Disorder Hemophilia Disorder

Asthma (Has your child ever needed **inhalers or breathing treatments**? Explain how often and possible triggers, like exercise, grasses, smoke, and such.) _____

Any other health concerns _____

Medications: (taken daily or frequently, dosage and why) _____

EMERGENCY CONTACT INFORMATION

Father / Guardian: _____

Home phone _____ Cell phone _____ Work phone _____

Mother / Guardian: _____

Home phone _____ Cell phone _____ Work phone _____

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

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**Student's Doctor / Healthcare Provider _____ Phone _____

***School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness / injury, the school will telephone 911 / Emergency Medical Services 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, (as named above).*

Signature _____ Date _____

Health Form, for the School Nurse

Student: _____

Grade: _____ Teacher / Homeroom: _____

Dear parents / guardians,

In preparation for the 2019-2020 school year, it is very important to have accurate health information in order to best serve your child. Please fill out both sides of this school health form and return to the school.

Parents of Head Start / Pre-K, Kindergarten and First grade: Always send extra change of clothes in case of accidents or spillage. Please make these clothes available at all times.

Special medications / prescription medications given to student at school is possible but you must follow certain **guidelines:** 1) Student may not transport medication to school.

2) **Medication must be in original container**, no baggies, or foil.
Your pharmacist can duplicate the prescription bottle for you, at no charge, one for home and one for school.

3) The parent/guardian must come to the clinic and **sign a form** to give us authorization to give the medication.

Towns County School District provides some over the counter medications/ generic brands in the clinic for use by the students. Indicate **yes** or **no** if you authorize for us to treat your child with these medications. The goal is to save time and prevent phone calls to you while giving them the best possible care while at school.

Tylenol _____ Tums antacid _____ Ibuprofen _____

Oragel (gum pain) _____ Benadryl _____ Cough drops _____

Neosporin / Aquaphor ointments _____ Burn cream _____

Caladryl (topical use for rash / insect bites) _____

Parent / guardian signature

date

| | | |
|---|---|----------------------------|
| U.S. Office of Personnel Management Guide to Personnel Data Standards | ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.) | |
| Name (Last, First, Middle Initial) | | Birthdate (Month and Year) |
| Agency Use Only | | |
| <p>Privacy Act Statement</p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p> | | |
| <p>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p> | | |
| <p>Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |
| <p>Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p> | | |
| <p style="text-align: center;">RACIAL CATEGORY (Check as many as apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> | <p style="text-align: center;">DEFINITION OF CATEGORY</p> <p>A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>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.</p> <p>A person having origins in any of the black racial groups of Africa.</p> <p>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> | |

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16



Required Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

Student Name (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

2. Which language does your child most frequently speak at home?

3. Which language do adults in your home most frequently use when speaking with your child?

Language for School Communication (not required):

4. In which language would you prefer to receive all school information?

Signature of Parent/Guardian/Other

Date

Towns County School System Student Residency Statement

Your child may be eligible for additional educational services through Title X, Part C, Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

NOTE: Only one form needs to be completed per family!!!!

| | |
|--|---|
| <p style="text-align: center;">Information provided on this form is confidential.</p> <p>Where does the STUDENT currently stay at night?</p> <ul style="list-style-type: none"> <input type="radio"/> We rent or own our own home <input type="radio"/> Temporarily staying with another family because we can't find affordable housing <input type="radio"/> Staying with another family due to convenient living arrangement. <input type="radio"/> Staying with an adult that is not the parent or legal guardian, or staying alone without an adult. <input type="radio"/> Staying in a hotel/motel, campground, or similar setting. <input type="radio"/> Staying in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing. <input type="radio"/> Has a primary nighttime residence that is a place that is not designed for or ordinarily used as a regular sleeping accommodation for humans. <input type="radio"/> Staying in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar. | <p style="text-align: center;"><u>For School Use Only:</u></p> <ul style="list-style-type: none"> <input type="radio"/> Doubled-Up <input type="radio"/> Double-Up/ Unaccompanied Youth <input type="radio"/> Hotel/Motel <input type="radio"/> Unsheltered <input type="radio"/> Sheltered <input type="radio"/> Unknown |
|--|---|

| Student Name | | Grade |
|--------------|------|-------|
| First | Last | |
| | | |
| | | |
| | | |
| | | |
| | | |

The undersigned certifies that the information provided above is accurate.

| | | |
|---|-----------|------|
| Parent of Record/Adult Caregiver for Student (Print) | Signature | Date |
|---|-----------|------|

| | | | | |
|--------------------------|----------------|------|-------|-----|
| (Area Code) Phone Number | Street Address | City | State | Zip |
|--------------------------|----------------|------|-------|-----|



Georgia Department of Education

Richard Woods, Georgia's School Superintendent
"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 (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) 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.

MBP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MBP 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 MBP, P.O. Box 780, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MBP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only: