

# Buford City Schools

## NEW STUDENT ENROLLMENT PARENT'S CHECKLIST

### FOR:

The person(s) enrolling the student must be the Legal Parent or Guardian; this person(s) is required to sign all registration forms. Please be aware of Buford City Schools 1 day policy.

You will need the following information before you can register your student:

### Parent Provided Documents

- Proof of Residency - Residency is within the City Limits of Buford. If unsure call Buford City Hall at (770) 945-6761.
    - City of Buford Bill
    - Lease Agreement/Housing Contract
    - NOTARIZED Affidavit if living with someone.
  - Records From the Previous School:
    - Withdrawal Form
    - Current Grades (Progress Report, Report Card and/or official transcript)
    - Discipline file
    - Attendance Record
    - Immunization
    - Hearing, Dental & Vision Screening
  - Copy of Certified Birth Certificate – No Cards Accepted
  - Copy of Social Security Card
  - Updated Copy of Immunizations on GA Form 3231 – You can obtain this information from your student's doctor, Buford Health Department (770) 614-2400, or the previous GA school.
  - Hearing, Dental, & Vision Screening on GA Form 3300 – You can obtain this information from your student's doctor, Buford Health Department (770) 614-2400, or the previous GA school.
  - Student Custody Information – (with attached copy of official court order if applicable)
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**BUFORD CITY SCHOOLS  
STUDENT REGISTRATION FORM**

Grade Entering: \_\_\_\_\_

A. Student's Legal Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Gender: Male: \_\_ Female: \_\_

Birthplace (City and State): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Ethnicity: Is the Student Hispanic/Latino? Yes: \_\_\_\_ No: \_\_\_\_

Race: Please select one or more race category: American Indian/Alaskan Native: \_\_\_\_\_ Asian: \_\_\_\_\_

Black or African-American: \_\_\_\_\_ Native Hawaiian or Pacific Islander: \_\_\_\_\_ White: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_  
Street Apt. City Zip Code County

B. Who has custody of the student? \_\_\_\_\_ Relationship? \_\_\_\_\_

Legal Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Name/Grade Siblings enrolled in Buford Schools? \_\_\_\_\_

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C. If entering from another school or preschool; complete this section:

Name, Address & Phone no. of school last attended: \_\_\_\_\_

Has student at any time previously attended Buford City Schools? Yes: \_\_ No: \_\_ If yes, what School & Grade: \_\_\_\_\_

Has this student received any of these services: Gifted: \_\_ Special Ed/Speech: \_\_ ESOL: \_\_ SST /RTI: \_\_ 504: \_\_ None: \_\_

Has the student ever been retained? Yes: \_\_\_\_ No: \_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

High School Students Only: Date entered 9<sup>th</sup> grade: \_\_\_\_\_

D. Is the student currently on suspension or expulsion from another school or school system? Yes: \_\_\_\_ No: \_\_\_\_

If yes, explain: \_\_\_\_\_

Has student ever been convicted of a felony crime (armed robbery, aggravated assault or battery, rape, carrying a deadly weapon, felony drugs)?

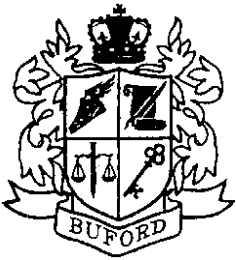
Yes: \_\_\_\_ No: \_\_\_\_ If yes, explain: \_\_\_\_\_

E. Is the student a dependent of an Active member of the United States Armed Forces, National Guard or Reserve? Yes: \_\_ No: \_\_

Is the student a dependent of a Military Reserve of the United States Armed Forces, National Guard or Reserve? Yes: \_\_ No: \_\_

\_\_\_\_\_  
Legal Signature of Custodial Parent or Legal Guardian

\_\_\_\_\_  
Date



# Buford City Schools

Date \_\_\_\_\_

## RESIDENCY AFFIDAVIT

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_/ GA / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip County

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Is this a different address from last school Year? \_\_Yes \_\_No

Day Phone: (\_\_\_\_) \_\_\_\_\_

List the name of each person residing at this address.

You **MUST** include all **adults** and all **children** residing at this address on the lines below:

Is this a multi-family home? \_\_Yes \_\_ No / Is this home zoned a multi-family residence with the City of Buford? \_\_ Yes \_\_ No

List any siblings/individuals in the home that attend any Buford City School or other public/private school:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**PLEASE CHOOSE THE ONE AREA WHICH APPLIES TO YOU (#1-#3 OR #4) AND SIGN APPROPRIATE BOX.**

### **1. OWN In the City of Buford**

\*Currently own your residence.

Documentation Required:

City of Buford Utility Bill

\*MUST be current bill (within 2 months) and include garbage pickup.

\_\_\_\_\_  
*Legal Signature of Parent or Guardian (Required)*

### **2. RENT in the City of Buford**

\_\_\_ APARTMENT \_\_\_ HOME

Documentation Required:

A current copy of your lease or rental agreement with date of expiration with signature page and the following information:

\_\_\_\_\_  
*(Name of Complex or Property Owner)*

\_\_\_\_\_  
*(Property Owner's Phone)*

\_\_\_\_\_  
*Legal Signature of Parent or Guardian (Required)*

### **3. Live OUTSIDE the City of Buford**

\_\_\_ Student is a current TUITION member.

Information is on file with Central Office

\_\_\_ \*Buford City Schools Employee

\_\_\_ \*Buford City Employee

\*Fill in Information below:

\_\_\_\_\_  
*Employee Name*

\_\_\_\_\_  
*Location or Job Title*

\_\_\_\_\_  
*Relation to Student*

\_\_\_\_\_  
*Legal Signature of Parent or Guardian (Required)*

**4. LIVE WITH in the City of Buford** - A residential owner-landlord/lessee document must be signed, notarized and returned. Said address listed above is owned by said listed property owner below. He/She swears primary resident to occupy the dwelling with their child(ren) and are continuing an ongoing physical presence in which they intend to make their true, fixed, and permanent home by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) or I will provide you with a new permanent address and new Residency Affidavit. I am aware and acknowledge that this Affidavit is sworn to under oath and capable of being introduced into a court of law. I further acknowledge that if the information attested to is found to be false and/or if information attested to is made with the intention of receiving educational services from the Buford City School System in circumvention of the Non-Resident Tuition Policy, the Board of Education of the City of Buford reserves the right to inform the District Attorney's Office and seek criminal prosecution of such matter for the theft of services and/or other law under the state of Georgia.

Relationship: Friend/Neighbor \_\_\_ Relative \_\_\_

Sworn to and subscribed before me this:  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Legal Signature of Property Owner/Landlord*

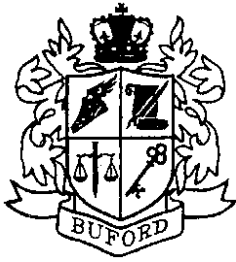
\_\_\_\_\_  
*(Signature of Notary Public)*

\_\_\_\_\_  
*(My commission expires)*

\_\_\_\_\_  
*Legal Signature of Parent or Guardian(Required)*

\_\_\_\_\_  
*Witness*

**\*\*Please note that a new affidavit with current documentation is required at the beginning of every school year. This affidavit becomes void upon any change of address, and a new form with updated documentation will be required immediately\*\***



# Buford City Schools

## STUDENT CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. **It is the responsibility of the custodial parent to provide the school with any limiting court order.**

1. Student's legal name: \_\_\_\_\_
2. Does child reside with both parents? If yes, check here: ( )  
If no, please give the name of custodial parent with whom child resides:  
\_\_\_\_\_
3. Name of non-custodial parent: \_\_\_\_\_
4. Do you, as custodial parent, have legal custody through a court order?  
Yes ( )      No ( )      Pending ( )  
Date Finalization expected: \_\_\_\_\_  
{If pending, please inform the school when finalized.}
5. Does the non-custodian parent have access to the following? If no, you will need to provide a copy of the court order and highlight where it is stated on the order:
  - Complete School Records - Yes ( )    No ( )
  - Student may be released from school to non-custodial parent:  
Yes ( )      No ( )
  - Communicate with school and/or teacher - Yes ( )    No ( )

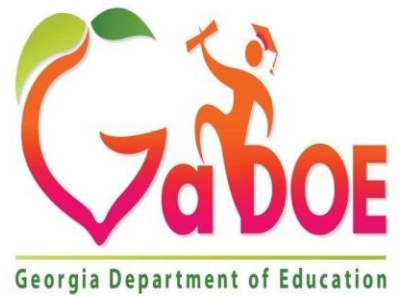
Please provide any additional information regarding custody of which the school should be aware. **By signing below you do solemnly swear that you have Custody of and are the legal guardian of the above student. If any part of this form is knowingly filled out with incorrect information, the school is legally under no obligation.**

\_\_\_\_\_  
Legal Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date

Georgia Department of Education  
ESOL & Title III Unit

**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):**

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**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):**

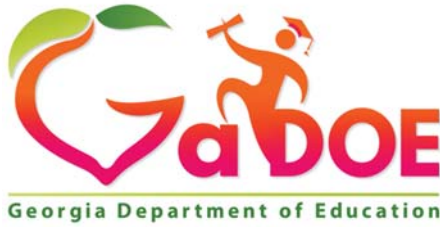
4. In which language would you prefer to receive all school information?  
\_\_\_\_\_

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**Signature of Parent/Guardian/Other**

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**Date**



**Richard Woods, Georgia's School Superintendent**  
"Educating Georgia's Future"

School District: **BUFORD CITY SCHOOLS**

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.

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, P.O. Box 780, 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

Regional Office use only: