



**NORTH HALL
MIDDLE SCHOOL**

**RESPECT
CONNECT
GROW**

4856 Rilla Road
Gainesville, GA. 30506

Phone: 770-983-9749
Fax: 770-983-9993

New Student Registration Check list

Student Name _____ Date: _____

Name of person enrolling student _____

Relationship to student: Mother --- Father --- Legal Guardian

___ If legal guardian please provide legal documentation.

Who does this student live with? _____

Relationship to student _____

Has student ever attended a Hall County School? YES /NO

Has student ever received any of the following services?

ESOL Services YES/NO

504 accommodations YES/NO

Special Education Services YES/NO

Gifted Education Services YES/NO

___ If you checked YES to any service please provide document of service.

Please provide a copy of all documents required to enroll.

___ Birth Certificate

___ GA form 3231 Immunization

___ 2 proofs of residency

___ GA form 3300 Eye Ear and Dental

___ Parent /Guardian Photo ID

___ Social Security Card

Last School attended _____

Current Grade----- 6th 7th 8th



Student Registration Form

Student Information

Student's Legal Name: _____

Physical Address: _____ (Last) _____ (First) _____ (Middle) _____ (Preferred)
 Apt #: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade: _____ SSN: _____ Gender: Male Female

Does this student have a parent or guardian who is active duty in the US Armed Forces, including the National Guard or Reserves? Yes No

Race/Ethnicity Information

Is this student of Hispanic/Latino ethnicity? Yes No

Race (Check all that apply. Must check at least one Option):

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Place of Birth and Immigrant Information

Country of Birth: _____ State of Birth: _____

City of Birth: _____ County of Birth: _____

Date First Entered U.S.: _____ Date First Entered U.S. School (K-12): _____

If Country of Birth is outside the U.S., has student been enrolled in U.S. schools for less than 36 cumulative months? Yes No

Has student attended school (s) outside the U.S. (Other than DOD schools) since first time entering a U.S. School? Yes No

Home Language Information

- 1) Which language does your child most frequently speak at home? _____
- 2) Which language do adults in your home most frequently use when speaking with your child? _____
- 3) Which languages does your child currently understand or speak? _____
- 4) Does Parent/Guardian read English? Yes No
- 5) If possible, would you prefer notice of school activities in a language other than English? Yes No
 If yes, which language? _____

Pre-K Information

Did student attend Pre-K? Yes No If Yes, please choose the type of Pre-K program attended:
 GA Pre-K Head Start Pre-K Private Pre-K Other: _____

Enrollment History

Previous School 1:	School Name	City/State	Dates Attended
Previous School 2:	School Name	City/State	Dates Attended
Previous School 3:	School Name	City/State	Dates Attended

If student is in high school, what date did he/she enter 9th grade for the first time? _____

Special Programs

Please complete the chart below if student CURRENTLY or PREVIOUSLY participated in:

Check, if applicable		Dates of Service	Program of Service
Student Currently Participates	Student Previously Participated		
			Special Education (Primary Disability: _____)
			Speech
			English Speakers of Other Languages (ESOL)
			Gifted and Talented
			Early Intervention Program (EIP) / Remedial Services
			Student Support Team / 504
			Other: _____

Transportation Information

Morning Transportation: Car Bus Afternoon Transportation: Car Bus

If student is an afternoon car rider, who will pick the student up? _____

Medical/Emergency Information

Physician Name: _____ Phone Number: _____

List any health conditions or serious allergies that the school should be aware of?

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.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Emergency Contact (other than Parent)	Emergency Contact Phone	Relationship to Student of Emergency Contact
()	()	
()	()	
()	()	

Residency Information

- 1) Do you live in the Hall County School System district? Yes No
- 2) Do you live in the school attendance area in which you are applying? Yes No

Please check here if any of the following apply to this student's current living arrangements AND you are interested in speaking to a Homeless Liaison regarding services and assistance for which you might qualify.

- ⇒ With another family or other person due to the loss of housing or as a result of an economic hardship (i.e. foreclosure, eviction, lost job, separation/divorce, safety reasons, domestic violence, military parent, natural disaster, fire or flood)
- ⇒ Emergency shelter, group home, transitional shelter or housing
- ⇒ Hotel, motel, camp ground or RV park
- ⇒ With an adult who is not a parent/guardian, or alone without an adult
- ⇒ Car, park, public places, abandoned building, street, or any other inadequate living space

Parent/Guardian Certifications

Please read and initial the following:

- _____ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.
- _____ The address listed on this form is the physical location where the student actually resides and I will notify school within five days of moving.
- _____ I have provided the student's Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Wavier form.
- _____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.
- _____ I agree upon request by the school to present such additional proof of residency (such as electric bill, city water, etc.) as shall be reasonably required. I acknowledge that the Hall County Board of Education in its operation of the Hall County School System has a legitimate interest in protecting and preserving the quality of the system and the rights of bona fide residents to attend public schools on a preferred tuition-free basis. I also acknowledge that the Board will rely upon this certificate in determining if the student is a bona-fide resident of Hall County. I also acknowledge that if the proof of residency furnished the Board or as contained in this certificate is not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal.
- _____ I understand that if this student is being provisionally enrolled without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- _____ In case of an accident or serious illness, I give permission for the school to make whatever emergency arrangements are necessary.

Signatures

My relationship to the student is:

- Parent
- Student (18 Years of Age or Older)
- Grandparent
- Legal Guardian
- Person having lawful Court Order
- Other

**Please provide court documents establishing guardianship.

I swear/affirm, under penalty of law, that the information given on this registration form is correct, that the above address is the primary resident where my child and I live, and that I will notify the school of any change in residency status within 5 days of the change

Parent/Guardian Printed Name
Created: July 7, 2016

Parent/Guardian Signature

Date

Character
Competency
Rigor for All

Please be sure to complete all pages of this document.



Family Registration Form

Primary Household (Household in which students on this form reside the majority of the time)

Mailing Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Primary Telephone Number: _____

Primary Household Parent/Guardian 1

Name: _____
 (Last) (First) (Middle)
 Email Address: _____ Cell Phone (Include Area Code): _____
 Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____
 Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College
 Level of English Proficiency Beginner Intermediate Advanced
 Should this Person receive school mailings? Yes No
 Is this Person a Guardian? Yes No
 Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Primary Household Parent/Guardian 2

Name: _____
 (Last) (First) (Middle)
 Email Address: _____ Cell Phone (Include Area Code): _____
 Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____
 Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College
 Level of English Proficiency Beginner Intermediate Advanced
 Should this Person receive school mailings? Yes No
 Is this Person a Guardian? Yes No
 Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Messenger Preferences for Primary Household

	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish			
	High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Household Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information for Primary Household

Please provide the names of all students residing in the Primary household, along with date of birth and the relationship to each Parent/Guardian (i.e. son, daughter, step-son, step-daughter, granddaughter, grandson, etc.)

First Name	Middle Name	Last Name	Date of Birth	School	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2

Signatures

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____



Family Registration Form

Secondary Household (Shared Parenting Responsibility - Applies to Parent/Guardian not living at residence with students)

Mailing Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Primary Telephone Number: _____

Secondary Household Parent/Guardian 1

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____
 Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College
 Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No
 Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Secondary Household Parent/Guardian 2

Name: _____
 (Last) (First) (Middle)

Email Address: _____ Cell Phone (Include Area Code): _____
 Employer: _____ Occupation: _____ Work Phone (Include Area Code): _____

Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College
 Level of English Proficiency Beginner Intermediate Advanced Is this Person a Guardian? Yes No
 Should this Person receive school mailings? Yes No Should this Person have access to Portal (*Portal is the online program to view an individual students grades, attendance, etc.)? Yes No

Messenger Preferences For Secondary Household

	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish		High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Household Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information Secondary Household

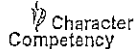
Please provide the names of all students residing in the Primary household, along with date of birth and the relationship to each Parent/Guardian (i.e. son, daughter, step-son, step-daughter, granddaughter, grandson, etc.)

First Name	Middle Name	Last Name	Date of Birth	School	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

Signatures

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____ Date _____

Please be sure to complete all pages of this document.





HALL COUNTY SCHOOL SYSTEM

711 Green Street, Suite 100
Gainesville, Georgia 30505

Date Received: _____

STUDENT RECORDS RELEASE (Grades 6-12)

Date Mailed: _____

Records are requested for:

Student Name: _____
 Last First Middle Social Security # Date of Birth Current Grade Level

Student's Current Mailing Address: _____
 Current Phone # _____

Student's Previous School/Address: _____

_____ I hereby authorize the Hall County School System to obtain immediately all academic/disciplinary/medical records concerning the above named student, including SST records and special education records, if applicable.

_____ I hereby authorize the Hall County School System to release immediately all academic/disciplinary/medical records concerning the above named student, including SST records and special education records, if applicable. The release of special education records will be handled through the special education department.

(ATTN.: Special Education, Hall County School System, 711 Green Street, Gainesville, GA 30505)

INSTITUTION/AGENCY RELEASING INFORMATION

INSTITUTION/AGENCY REQUESTING INFORMATION

Name: _____
 Address: _____
 Phone #: _____
 Fax #: _____

Name: North Hall Middle School
 Address: 4856 Rilla Road Gainesville, Ga 30506
 Phone #: (770) 983-9749
 Fax #: (770) 983-9993

DISCIPLINARY HISTORY:

- (a) Is this student currently suspended or expelled from the school he/she last attended? Yes No
- (b) Did this student withdraw from school to avoid suspension/expulsion? Yes No
- (c) Has this student ever been suspended or expelled for being convicted of, adjudicated to have committed, indicted for or having information filed for, the commission of any felony or any delinquent act which would be a felony if committed by an adult?
 Yes No

If the answer to any of the above questions is yes, please give the reason for the suspension/expulsion and the date on which the suspension/expulsion ends or ended: _____

Georgia Law, O.C.G.A. §20-2-670, requires that: a transferring student applying for admission to a grade higher than 6th shall as a prerequisite to admission present a certified copy of his/her academic and disciplinary record from previous school attended. Student may be conditionally admitted if he/she and parent/legal guardian provide name and address of previous school attending and sign authorization for release of all academic and discipline records.

Has this student ever been adjudicated guilty of a designated felony, as that term is defined in Georgia law? (see reverse) Yes No

If yes, please supply the following information:

- (a) Date of adjudication: _____
- (b) Court, including the name of the county and state, of adjudication: _____
- (c) Offense committed: _____
- (d) Sentence imposed, including any probation or other conditions: _____

I understand that my child will be enrolled on a conditional basis in the Hall County School System until the records are received. I further understand that my child may be found ineligible for enrollment at this time based on information about current suspensions or expulsions obtained from the student's record. I certify that the information provided above is true to the best of my knowledge.

Signature of Parent / Guardian / Student (over 18 years of age) _____ Date _____

In compliance with the Family Education Rights and Privacy Act of 1974, these records will be released to Parents/Guardians or students over 18 years of age upon their request. The granting of consent is voluntary on the part of the parent.