



Savannah-Chatham County Public School System  
**Central Registration Checklist and Receipt**

USE BLACK INK ONLY

**DOCUMENTS REQUIRED FOR STUDENT REGISTRATION**

<input type="checkbox"/>	<b>Parent/Guardian Proof of ID</b>
<input type="checkbox"/>	<b>** Completion of school registration packet</b>
<input type="checkbox"/>	<b>* Certificate of Immunization (Form 3231)</b>
<input type="checkbox"/>	<b>* Certificate of Vision, Hearing, Dental and Nutrition (Form 3300)</b>
<input type="checkbox"/>	<b>Birth Certificate (Certified Copy)</b>
<input type="checkbox"/>	<b>Social Security Card</b>
<input type="checkbox"/>	<b>Proof of Address</b> ( <i>Acceptable items must be issued within the past 30 days</i> ): Lease or rental agreement, mortgage statement, home purchase agreement, utility bill ( <i>electric/lights, gas, or water - NO cable or telephone bills</i> ), governmental agency mail ( <i>county, state, or federal</i> )

**ADDITIONAL FORMS REQUIRED FOR PROPER PLACEMENT**

<input type="checkbox"/>	<b>Recent report card</b>
<input type="checkbox"/>	<b>Withdrawal form from previous school</b>
<input type="checkbox"/>	<b>Unofficial transcript (Grades 9-12)</b>

**SHADED AREA FOR OFFICE USE ONLY**

<input type="checkbox"/>	Missing documents; provisional enrollment form provided & filled out.
<input type="checkbox"/>	All required documents were presented and accepted for student enrollment.
_____ at _____ Student's Name School	
Received by _____	_____
Printed Name	Signature
	Date

\* Form 3231 & 3300 can be obtained from your doctor or at the Chatham County Health Department  
**The Chatham County Health Department**  
 1395 Eisenhower Drive  
 Savannah, Georgia 31405  
 912-356-2441

- \*\*Registration Forms Required:
1. Student Registration Form
  2. Safe School Registration Questionnaire
  3. Parent Occupational Survey
  4. Medical, Health, and Physical Education Program
  5. Request & Authorization for Release of Student Records
  6. Directory Information and Media Release Form



Savannah-Chatham County Public School System  
**Student Registration Form**

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Entry Date:	GTID Number:	Grade:	Homeroom:	Advisor/Teacher:
Restricted Released?	Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> GA EED <input type="checkbox"/> Proof of Address <input type="checkbox"/> Restricted Release Court <input type="checkbox"/> Social Security Card <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Transcript <input type="checkbox"/> Proof of Legal Guardianship			Special Services: ECE* Gifted EIP* REP*
Admin. Code(s):				Verified by:

**STUDENT INFORMATION**

Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
<sup>1</sup> Social Security Number :		Nickname:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade:	Birth Date:	City, State of Birth:	Country of Citizenship: (if not USA)      Home Phone:
<sup>3</sup> Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		<sup>3</sup> Race (Check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native	Does Student Have an IEP*?      Has Student Been in ELL/ESOL* Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<sup>2</sup> Home Address: (Include apartment no.) <input type="checkbox"/> Federally Subsidized Housing		City:	State:      Zip Code:
Mailing Address: (if different from above)		City:	State:      Zip Code:
What language does your child... best understand and speak?: _____ most frequently speak at home: _____ What language do adults in your home most frequently use when speaking with your child : _____			

**STUDENT HISTORY**

Previous School Attended:	Attended SCPPSS Before    Home Study Program    Private School		
Previous School Address (City/State/Zip Code):	Last School Year Attended:	Last Grade Attended:	Date Withdrawn:

**SIBLING INFORMATION**

Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:
Last Name:	First Name:	Birth Date:	School:	Grade:

<sup>1</sup>Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the **Social Security Number Waiver Form** located at [www.sccpss.com](http://www.sccpss.com), Student Affairs Office, or at a school's main office. Please note, a social security number is required for HOPE scholarship/grant consideration.

<sup>2</sup>If the student is residing with another family, in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney-Vento Homeless Assistance Act of 2001. Please fill out the **Student Residency Questionnaire** for eligibility located at [www.sccpss.com](http://www.sccpss.com), Student Affairs Office, or at a school's main office.

<sup>3</sup>Ethnicity and race are both required for processing.

IEP - Individualized Education Plan      ELL - English Language Learners      ESOL - English Speakers of Other Languages  
 ECE - Exceptional Child Education      EIP - Early Intervention Program      REP - Remedial Education Program





Savannah-Chatham County Public School System  
**Safe Schools Registration Questionnaire**

USE BLACK INK ONLY

**Student Affairs • Phone:(912) 201-5584 • FAX:(912) 201-7655**  
 This information will be utilized in deciding the appropriate placement for this student in Savannah-Chatham schools. Incorrect or incomplete information may result in a change of placement when correct information is obtained.

**STUDENT INFORMATION**

Legal Last Name:	Legal First Name:	Legal Middle Name:	SSN:
Home Address:	Birth Date:	Zip Code:	Current Grade Level:

1a. Are you currently withdrawing your child from your previous school pending expulsion or other disciplinary action?  Yes  No

1b. Has your child been suspended for more than ten days or expelled from school?  Yes  No

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

1c. Please list names and locations of all schools attended (Grades K-12) for the last three (3) years.  
 (Use an additional sheet if necessary.)

_____	_____	_____
School	City/State	Date(s) attended
_____	_____	_____
School	City/State	Date(s) attended

3. List all Savannah-Chatham Co. Public Schools attended: \_\_\_\_\_ Dates attended: \_\_\_\_\_

4. School to which student is applying: \_\_\_\_\_

5. Is your child's academic program currently delivered through an Individual Educational Program (IEP)?  Yes  No

If yes, explain exceptionality or reason for IEP: \_\_\_\_\_

6. Is your child presently taking any prescribed medications?  Yes  No

If yes, list and explain \_\_\_\_\_

7a. Other than traffic or status charges, has your child ever been involved as a defendant with the court system?  Yes  No

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

7b. Is your child currently, or ever been, on probation?  Yes  No

If yes, list probation officer's name and phone number. \_\_\_\_\_

8. Does your child have any serious conflict with any students in Savannah-Chatham Schools?  Yes  No

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

I am the  parent  guardian  other (specify): \_\_\_\_\_

Print Name:	Signature:	Date:	Phone Number:
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**SHADED AREA FOR OFFICE USE ONLY**

Initial review of form conducted by:

Signature/ Title/ School	Site Administrator's Signature	_____/_____/_____ Date
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Savannah-Chatham County Public School System

**Parent Occupational Survey**

USE BLACK INK ONLY

Please complete this form to determine if your children qualify to receive additional services under Title I, Part C.

**STUDENT INFORMATION**

Has your family moved in order to work in another city, county, or state in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town in which you 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 three (3) years?  Yes  No

Check all that apply:

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc
- 2) Planting, growing, or cutting trees (pulpwood)/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): \_\_\_\_\_

NAME OF STUDENTS	NAME OF SCHOOL	GRADE

Name of Parent(s) or Legal Guardian(s):

Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SHADED AREA FOR OFFICE USE ONLY**

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file the original form in the student's record. Military moves DO NOT qualify for the program. Non-funded (consortium) systems should fax occupational parent surveys to the MEP regional office serving your district.

For additional questions regarding this form, please call the GaDOE MEP Regional Office serving your district: GaDOE MEP Region 1 Office (Brooklet) 1-800-621-5217; Fax (912) 842-5440.

*The answers to this survey will help determine if your children are eligible to receive supplemental services from the Title I, Part C Program.*



Savannah-Chatham County Public School System  
**Medical, Health, and Physical Education  
 Program Form**

**MEDICAL INFORMATION**

Legal Last Name:	Legal First Name:	Middle Name:	Suffix:
Birthdate:	School:		
Medical Alert or Concerns: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Serious Allergies: _____ <input type="checkbox"/> Other: _____			
Other Special Health Needs at School:			
Physician:	Phone:	Dentist:	Phone:
Preferred Hospital:	Insurance Carrier: <i>(optional)</i>	Policy Number: <i>(optional)</i>	

 **CONSENT FOR TREATMENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the physician/dentist above; or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my child to the hospital above or any hospital reasonably accessible. I accept full financial responsibility for the payments of all charges made for medical services rendered. I absolve school officials of any liability who in good faith comply with this request.

 **REFUSAL OF CONSENT**

I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** In a life threatening situation, emergency medical care will be provided to ensure student's safety.

**PHYSICAL EDUCATION PROGRAM INFORMATION**

Dear Parent(s)/Guardian(s):

Your child may be participating in a required program of physical education which is designed to provide activities in the development and refinement of individual physical, mental, and social skills. The FITNESSGRAM physical fitness assessment will be administered to all students enrolled in a physical education class. FITNESSGRAM is a health-related fitness assessment developed by The Cooper Institute for Aerobic Research and is a research-based criterion referenced test.

For maximum safety, all physical education students must wear tennis shoes during physical education classes.

**Elementary Students:** School uniforms must be worn. If girls wear skirts/ jumpers, they must wear a pair of shorts as well on their physical education day(s).

**Secondary Students:** A change of clothes which allows freedom of movement is required in order for your child to benefit from full participation. Physical Education clothing includes appropriate t-shirt, athletic shorts, or loose fitting warm-ups only. No jeans, tank tops, short shorts, or school uniforms.

Please see that your child is dressed appropriately for weather conditions and activities.

If your son/daughter is unable to participate in the regular physical education program due to medical concerns or physical disability, please mark "restricted program" and attach a doctor's medical statement including restrictions and length of time to be excused from active participation. If "regular program" is marked, then your child will be expected to participate in the regular physical education program. If your child cannot participate because of a temporary illness, you may write a note which will excuse him/her for that day.

**Please check appropriate box:**                       Regular Program                       Restricted Program (medical form attached)

Sincerely,  
 Director of Health, Physical Education, and Athletics



Savannah-Chatham County Public School System  
**REQUEST AND AUTHORIZATION FOR RELEASE OF  
 STUDENT RECORDS**

USE BLACK INK ONLY

**STUDENT INFORMATION**

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:		Social Security Number or FTE Number:	

**SCHOOL RECORDS ARE REQUESTED FROM**

Name of School:		School Address:	
City:	State:	Zip Code:	
Phone: (including area code)		Fax Number: (including area code)	

**RECORDS TO BE RELEASED**

Mail the following records of the above named student: *\* Only checked items will be forwarded /released*

- Cumulative record including grades and attendance
- Report cards with current grade averages and academic transcript
- Immunization and health /medical records
- Standardized test scores
- Discipline records
- Special placement records and reports (including IEP's )
- JCATS/Legal History \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**RELEASE SCHOOL RECORDS TO**

Name of School / Person / Company:	Address:	Phone: (including area code)
City:	State:	Zip Code:

**PARENT/LEGAL GUARDIAN SIGNATURE**

I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his /her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.

Parent/Legal Guardian Signature: <i>(Required)</i>	Relationship to Student:	Date:
Signature of Witness:	Business Phone of Witness:	Date:
Business Address of Witness:	City/State/Zip:	

*\* If over 18 years of age, the student has the releasing authority. \* Signature and copy of identification required.*



Savannah-Chatham County Public School System  
**Media Release and Directory Information  
Opt Out Form**

USE BLACK INK ONLY

**MEDIA RELEASE OPT OUT**

Legal Last Name:		Legal First Name:	Legal Middle Name:	Suffix:
Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:		

**NOTE: If this form is not completed, it will be considered that you allow your student to participate in media and publicity related activities as described below, and the district policy regarding media waiver and publicity will apply.**

Often the media covers events throughout the district and at our schools, or the district may highlight students' school and/or athletic related accomplishments and work, thereby publicizing your child's name and image. Your child may be interviewed, recorded, photographed, or videotaped by the media or district staff for a story in the newspaper, radio, television or digital media, and photos and videos will be posted on the Internet, broadcast, or social media sources for public access unless you direct otherwise. If you do not want your child's information or visuals made public, please check the box and sign below.

- I do not allow district staff and/or media to interview, record, photograph, videotape or use my child's likeness and name in publicity oriented publications, online, videos, news broadcasts or digital media.

**DIRECTORY INFORMATION OPT OUT FORM**

**NOTE: If this form is not completed, it will be considered that the below listed information may be released as directory information for the remainder of the school year, and the district policy regarding directory information will apply.**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires SCCPSS, with certain exceptions, to get parental/guardian permission before disclosing personally identifiable information from education records. Directory information includes: student's name, address, e-mail address, and telephone number, names of the parents, address and telephone number of the parents, student's photograph, date and place of birth, class/grade level, enrollment dates, weight and height (if a member of an athletic team), awards received, and extracurricular participation. The district will not provide directory information for commercial purposes, other than to companies that hold a contractual educational partnership or those designated to sell yearbooks, class rings, and such items. If you do not want your child's information to be released, please check the box and sign the form below.

- I do not want my child's directory information released under any circumstance. This includes school yearbooks.

**REQUESTS BY MILITARY RECRUITERS:** When requested, we are required to release a high school student's name, address and telephone number to the requesting military branch of service unless otherwise directed.

- I do not want my child's directory information released to military recruiters.  
 I do not want my child's directory information released to college/university recruiters.

Parent/Guardian Signature:	Date:
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## Notification to Parents of the Nomination and Referral Process for Gifted Services (K-12)

The Savannah Chatham County Public School System nominates students for referral for gifted testing two times per year. Two types of nominations may be made:

AUTOMATIC
The automatic referral process provides all students in grades two through eight who score at or above 90th grade percentile on total math on the measure of Academic Progress (MAP) test to be referred for further evaluation.
REPORTED
A student may be nominated for testing by a teacher, parent, self or peers. This will include nominations by the gifted teacher administering kindergarten students an annual "planned experience" to identify gifted potential.

Students who meet the automatic or reported nomination and who have supporting data gathered in test history, products, and/or performances, work samples and grades are referred for gifted placement testing. Once referred for testing:

- Parents receive Parent Notification for Testing Consent Form.
- Student is tested for gifted services.
- Parents receive written test results.
- If eligibility is determined, parents will be asked to sign an Eligibility/ Placement Form with permission to place the student in gifted services.

For more complete information regarding Savannah Chatham County Public School System, please contact the lead gifted teacher at your child's school or visit [www.sccpss.com](http://www.sccpss.com) and click on the family tab.

This form is being provided according to State Board Rule 160-4-2-.38 EDUCATION PROGRAM FOR GIFTED STUDENTS.

(a) Notification. The LEA shall notify parents and guardians of identified gifted students and students being considered to receive gifted education services in writing of information related to the gifted education program including, but not limited to the following:

1. Referral procedures and eligibility requirements adopted and applied by the LEA.