



LIBERTY TECH CHARTER SCHOOL STUDENT REGISTRATION PACKET

SECTION 1: STUDENT INFORMATION

Student's Legal Name / Vital Information:

(Last) (First) (Middle) (Suffix)

(Preferred First Name)

Date of Birth: ____/____/____ Gender: M F

Place of Birth:

City: _____ State: _____ Country: _____

If born outside US:

date arrived in US: ____/____/____ first time in US School: ____/____/____

Grade: _____ Date Entered 9th Grade (if applicable): ____/____/____

Social Security Number: _____ - _____ - _____ (voluntary)

I understand that my child's Social Security Number will be required for HOPE Scholarship eligibility.

Check one:

- Social Security Card Provided
- I give permission to DeKalb County School District to obtain my child's social security number from the Georgia Department of Education's database.
- I do not wish to have my child's Social Security Number placed into school records, and I decline the request to provide a copy of the Social Security Card.

SECTION 2: ETHNICITY/RACE

Federally Mandated Questions: Please answer both parts

Part A - Ethnicity: Is the student Hispanic or Latino? (choose *only* one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to **Part B**.*

Answer the following by marking one or more boxes to indicate what you consider this student's race to be.

Part B - Race: What is the student's race? (choose all that apply)

- American Indian or Alaska Native (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.)
- Asian (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.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

School Use Only:

Reason for Observation: Parent Refused Parent Non-Responsive

Observer Completed: Both Parts Part A Only

Observer's Name

Observer's Signature

Part B Only

_____ Date

SECTION 3: HOME LANGUAGE SURVEY

1. What language does this student speak most often at home? _____
2. What was the first language this student learned to speak? _____
3. ListDialect(ifapplicable) _____

SECTION 4: STUDENT'S SCHOOL HISTORY

Did your child attend any of the following?

- Georgia PK Program – Public School
- Publicly – Sponsored (Title I)
- Head Start
- Other Public School
- Private – not for profit
- Private – for profit
- No Pre-K Program
- Georgia PK Program – Private School

School previously attended:

Name of school: _____

Address: _____

Date of Last Day Attendance: ____/____/____

SPECIAL PROGRAMS

Was your child receiving any of the following support services?

- Early Intervention Program (EIP)
- Gifted Program
- Response to Intervention (RTI)/ Student Support Team (SST)
- English Language (EL)
- Remedial Ed Program (REP)
- Section 504 Plan
- Title I Program (TA only – targeted assistance) Readiness Class

Was your child receiving special education services (IEP)? Yes No

SECTION 7: PARENT/LEGAL 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.

_____ 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 Waiver form.

_____ This student is NOT currently on suspension or expulsion status from another school.

_____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.

_____ I understand that if this student is being provisionally enrolled in _____ grade 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 the event of an emergency I acknowledge that a school representative will take necessary actions to secure medical treatment for my child at the closest available medical provider or medical facility. I acknowledge that such actions may incur charges for which I am responsible.

SECTION 8: PARENT SIGNATURES

My relationship to the student is:

- Biological Parent (Step-parents are not allowed to complete the registration process without additional documents)
- Legal Guardian (documentation needed)
- Person having lawful Court Order (copy required)
- Other (Non-Parental Affidavit required)
- Self / Student (*must be 18 years or older*)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____ Date: _____ / _____ / _____

Signature: _____