

Morgan County Schools

Student Registration Process Checklist

*To enroll in Morgan County Schools
the following information must be submitted to the
Morgan County Board of Education office at
1065 East Avenue, Madison
706-752-4600
8:00-3:30 Monday –Friday*

Please Call For An Appointment

- **Proof Of Residency:** Parents/Guardians wishing to enroll their child(ren) in Morgan County Schools must submit any two(2) of the following proofs of Morgan County residency: (If you reside with a Morgan County resident, that person must submit their proof of residency in person)
 - Property tax bill
 - Current Utility bill with service address
 - Current Cable bill with service address
 - Rental agreement with landlord's name and phone number provided
 - Settlement Statement or Warranty Deed, signed and notarized
- **Guardianship/Custody:**
 - Guardians who are not the birth parent must provide legal documentation of custody/guardianship.
 - If biological parents are divorced the custodial parent must live in Morgan County.
- **Photo ID of Parent**
- **Birth certificate** for the enrolling student
- **Hearing, vision and dental screening** by a qualified member of the Health Department or a private physician, on the official State of Georgia form, #3300
- **Certificate of Immunization** on State of Georgia forms #3231 and #3189
- **Social Security number** is requested, but not required for enrollment, as per O.C.G.A. §20-2-150 (d); § 20-2-240
- **Transcript/report card from previous school**

Items 1-3 must be presented at the time of enrollment, if you do not have items 4-8, Morgan County can request them from the previous school.

Morgan County Schools Student Registration

For Office Use Only:
IC RR
PP Log
RV

Date _____

Household Information:

Address _____ City _____ Zip _____

P.O. Box _____ City _____ Zip _____ Home Phone Number _____

List Only The Students Who Are **NEW** To The Morgan County School System. All Others Will Be Listed On The Back Of This Form.

Student #1: Full Legal Name _____ Preferred Name _____

Gender M or F _____ Grade _____ Date of Birth _____ SS# _____

* Is this student of Hispanic, Latino, or Spanish ethnicity? _____ yes _____ no * Please choose one or more of the following races (Check all that apply)

_____ Asian _____ American Indian/Alaska Native _____ Black/African American _____ Native Hawaiian or Other Pacific Islander _____ White

Country of Birth, if not United States _____ Date of first enrollment to a U.S School _____

Has this child ever attended a Morgan County School? Yes _____ No _____ Dates Attended _____ Student's cell # _____

Does this student have: Special Education Plan _____ IEP _____ Section 504 _____ EIP _____ Gifted Plan _____

Check all supplemental services this student receives: ELL(English Language Learners) _____ REP(Remedial Education Program) _____ Migrant Education _____

Any Afterschool Program for Academics _____ (List All Other Special Services this student receives) _____

Does this student receive any Medical/School Nurse Services?(If so, please describe services received) _____

Is there anything else the School System should know about your child? _____

Mother/Guardian's Full Name _____ Last 4 digits of SS # _____

Legal Guardian? Y or N Student Resides With? Y or N Address, if different _____

Home # _____ Cell # _____ Work # _____

E-Mail _____

Father/Guardian's Full Name _____ Last 4 digits of SS # _____

Legal Guardian? Y or N Student Resides With? Y or N Address, if different _____

Home # _____ Cell # _____ Work # _____

E-Mail _____

Step-Parent's Full Name _____ Last 4 digits of SS # _____

Home # _____ Cell # _____ Work # _____

Student Resides With? Y or N E-Mail _____

List any other children under the age of 18 who live in your home and are not enrolling in Morgan County Schools at this time.

Full Legal Name	DOB	Gender	Relationship to Enrolling Student(s)	Current School

AFFIDAVIT OF RESIDENCE

I, (print name) _____, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

- I understand that I, the parent, and the child(ren) must reside at this residence 24 hours per day and 7 days per week.
- I agree that if at any time the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the Morgan County Board of Education Central Office, 1065 East Avenue, Madison, 706-752-4600.
- The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district resource officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child(ren) shall be withdrawn from school.
- I attest that the student(s) named is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.
- I further attest that this affidavit is not being completed for the purpose of bypassing residency requirements, participating in athletics, taking advantage of special services or programs offered, or for any other similar purpose.

NOTICE OF PENALTIES AND LIABILITY:

I understand that:

- If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student(s) is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-3-133 (a). _____(initial)
- If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay all expenses and attorney's fees incurred by the Board of Education in the collection of same. _____(initial)
- I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1. _____(initial)
- I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-19-2. _____(initial)
- I may be prosecuted, held criminally liable, and punished by fine of not more than \$1,000.00 or by imprisonment for not less than one nor more that five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20. _____(initial)
- I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71. _____(Initial)
- By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

Signature of affiant (parent/legal guardian) _____ Date _____

Notary Public _____ Date _____ Seal _____

Morgan County Schools

Student Registration Supplemental Form

Parent/Guardian enrolling child(ren)

Date

List Only The Students Who Are **NEW** To The Morgan County School System. All Others Will Be Listed On The Back Of Page 1 Of The Registration Forms.

Student #2: Full Legal Name _____ Preferred Name _____
Gender M or F Grade _____ Date of Birth _____ SS# _____

* Is this student of Hispanic, Latino, or Spanish ethnicity? _____yes_____no _____
_____Asian _____American Indian/Alaska Native _____Black/African American _____Native Hawaiian or Other Pacific Islander _____White
Country of Birth, if not United States _____ Date of first enrollment to a U.S School _____

Has this child ever attended a Morgan County School? Yes _____ No _____ Dates Attended _____ Student's cell # _____

Does this student have: Special Education Plan _____ IEP _____ Section 504 _____ EIP _____ Gifted Plan _____
Check all supplemental services this student receives: ELL(English Language Learners) _____ REP(Remedial Education Program) _____ Migrant Education _____
Any Afterschool Program for Academics _____ (List All Other Special Services this student receives) _____
Does this student receive any Medical/School Nurse Services?(If so, please describe services received) _____

Is there anything else the School System should know about your child? _____

Student #3: Full Legal Name _____ Preferred Name _____
Gender M or F Grade _____ Date of Birth _____ SS# _____

* Is this student of Hispanic, Latino, or Spanish ethnicity? _____yes_____no _____
_____Asian _____American Indian/Alaska Native _____Black/African American _____Native Hawaiian or Other Pacific Islander _____White
Country of Birth, if not United States _____ Date of first enrollment to a U.S School _____

Has this child ever attended a Morgan County School? Yes _____ No _____ Dates Attended _____ Student's cell # _____

Does this student have: Special Education Plan _____ IEP _____ Section 504 _____ EIP _____ Gifted Plan _____
Check all supplemental services this student receives: ELL(English Language Learners) _____ REP(Remedial Education Program) _____ Migrant Education _____
Any Afterschool Program for Academics _____ (List All Other Special Services this student receives) _____
Does this student receive any Medical/School Nurse Services?(If so, please describe services received) _____

Is there anything else the School System should know about your child? _____