



Student Name: _____ Grade: _____
 Address: _____
 City/State/Zip: _____
 Home Phone #: _____

Last Name _____ Suffix _____ First Name _____ Middle Name _____
 Please print name as it appears on Birth Certificate:

Gender: _____ Male _____ Female _____ Date of Birth: _____ SS #: _____
 Are you Hispanic? Yes No
 Ethnic Code: _____ Native American/Alaskan Native _____ Asian _____ White
 _____ Nat Hawaiian/Other Pac Islander _____ Black or African American
 Multiple Ethnicity (indicate the primary race with a "p" and any additional races with a check mark)

ENGLISH TO SPEAKERS OF OTHER LANGUAGES (ESOL) SURVEY LABEL

Student's Country of Birth: _____
 If not the U.S., what date did the student first enter any U.S. School? _____
Survey Questions:
 1. What is the student's home language? _____
 2. What is the student's first language? _____
 3. What is the language used most by the student? _____
 If all three responses are "ENGLISH", then the student is a native speaker and language assistance for English is not required
 If one or more responses indicate a language other than English, administer the W-APT, the state approved screening test for eligibility for English language assistance. RICHMOND COUNTY SCHOOL SYSTEM, ENGLISH LANGUAGE Arts Department

Parent(s) in the Military: Yes No Mom or Dad
 Are you from a Gold Star Family? Yes No
 Has the student ever attended a: Georgia Public School Yes No Richmond County Public School Yes No
 Last School Attended: _____ City: _____ State: _____
 Current Zone School: _____
 Please circle any services that the student received in the past. Gifted 504 Plan IEP ESOL

Household Information (This is who the student lives with)

Legal Guardian #1:	_____
Relationship to Student:	<input type="checkbox"/> Father <input type="checkbox"/> Other _____
Birthdate:	____/____/____
Cell Phone	_____
Home/Other Phone	_____
Work Phone	_____
Email Address:	_____
Household Member:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Legal Guardian #2:	_____
Relationship to Student:	<input type="checkbox"/> Father <input type="checkbox"/> Other _____
Birthdate:	____/____/____
Cell Phone	_____
Home/Other Phone	_____
Work Phone	_____
Email Address:	_____
Household Member:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Guardian:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other STUDENTS in the Household

Name	Birth Date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

- Relationship to student: _____ DOB: _____ Cell Phone _____ Other (Home) Phone _____ Work Phone _____
 Household Member Non Household Member
- Relationship to student: _____ DOB: _____
 Household Member Non Household Member
- Relationship to student: _____ DOB: _____
 Household Member Non Household Member
- Relationship to student: _____ DOB: _____
 Household Member Non Household Member
- Relationship to student: _____ DOB: _____
 Household Member Non Household Member

TO PARENTS: The Richmond County School system is currently operating under Federal Court Order requiring adherence to strict attendance zones. To be enrolled in a particular school, a pupil must reside with a parent or LEGAL GUARDIAN in the attendance area of the school. The federal court's interpretation of legal guardian for the purpose of this court order means legal adoption. I certify that the above information is true and correct.

Parent/Guardian Signature: _____ Date: _____

Student Registration Requirements

The following are required for registration:

- If you are not the registrant's legal parent, you must show
****PROOF OF LEGAL GUARDIANSHIP****

PLEASE TAKE NOTE:

****PROOF OF LEGAL GUARDIANSHIP****

A judge has to sign a court order to show change of guardianship.

- A copy of Guardian ID
- **NO LEASE WILL BE ACCEPTED!!!**
- Proof of residency (must be a current utility bill, water bill, power bill or gas bill) in guardian name **NO EXCEPTIONS!!**

****If staying with someone, we need a current bill for the person you are living with, a signed and notarized Certificate of Residence Form, and that person needs to be present when you enroll student.**

- A copy of Birth certificate and copy of Social Security Card
- A copy of registration immunization record and eye, ear and dental exam.
- A copy of discipline
- A copy of your recent report card, transcript and IEP from your last school.
- A copy of withdrawal form from last school attended. If student is from out of state and does not have a withdrawal form, please get in contact with last school and have them fax to Guidance Dept. at (706)737-7155 **BEFORE YOU CAN REGISTER!!!**

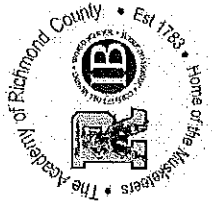
Student Name: _____

Please Sign and date that the following items are enclosed

The following items are required for registration:

<u>Item</u>	<u>Parent Signature</u>	<u>Date</u>	<u>Office Signature</u>	<u>Date</u>
<u>Legal Guardianship</u> (Birth Certificate or court documents)				
<u>Proof of Residency</u> (Current Utility Bill (water, gas, or electric))				
<u>Social Security Card</u>				
<u>Completed Eye, Ear and Dental Form</u> (Must be on Georgia Form)				
<u>Completed Immunization Form</u> (Must be on Georgia Form)				
<u>Copy of Transcript , Current Grades and Current Schedule</u> (If you are not in currently in an RCSS School)				
<u>Documentation of Gifted Status</u> (If Applicable)				
<u>Registration Form</u>				
<u>BYOT Form</u>				
<u>Photo and Video Form</u>				
<u>Health Form</u>				

Comments:



Academy of Richmond County

910 Russell Street
Augusta, Georgia 30904
Phone (706)737-7152 Fax (706)737-7155
Or email to Mrs. Jenkins, Guidance Secretary
jacksde@boe.richmond.k12.ga.us

Forward records to School Guidance /Records Office:

Special Education & Support Services Records

Phone (706) 826-1132 Fax(706)826-4649

PREVIOUS SCHOOL

SCHOOL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE#: _____

FAX#: _____

EMAIL: _____

Student Name: _____ Date of Birth: _____

Grade Level at the time of withdrawal: 9 10 11 12

9th Grade Entry Date: _____

I hereby authorize you to release the permanent record, cumulative folder, health, and any other materials, including the results of any psychological evaluation, test, current IEP, 504, Gifted, discipline or any other application information that pertains to the student listed below, who has enrolled in this school.

Thank You,

Signed: _____
Parent or Legal Guardian

Please Note: Under the provisions of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99 30 (B) it is not necessary to have the written consent of the parents to release records "to officials of the other schools or school system I which the student seeks or intends to enroll."

1st request _____

2nd request _____

3rd request _____

Counselor/ Guidance Secretary

Richmond County School System

SPECIAL EDUCATION & SUPPORT SERVICES

864 Broad Street

3rd Floor

Augusta, GA 30901

Talithia F. Newsome

DIRECTOR

Phone: (706) 826-1132

FAX: (706) 826-4649

REQUEST FOR TRANSFER OF SPECIAL EDUCATION SERVICES

Referring / Home School: _____ Date: _____

Student's Name: _____

Date of Birth: _____

Date Enrolled: _____

Previous School / District: _____

City / State: _____

Contact / Teacher: _____

Phone Number: _____ Fax Number: _____

NOTE: Do NOT request Special Education records from previous school / district. The Special Education & Support Services Department will request all necessary records.

Please fax any of the items below provided by parent(s) to the Transfer Facilitator.

(Please circle items faxed to SESS)

Current IEP _____ Out of Date IEP _____ Withdrawal Form _____
Psychological _____ Eligibility Report _____ Parent Report _____
Other: _____

Submitted by: _____ Position: _____

Please complete the following

OR

attach a copy of the student's registration card.

Guardian's Name: _____ Contact Number: _____

Street Address: _____ City/Zip _____

Student's ID Number: _____ Grade: _____ Race: _____ Sex: _____

Is this the first Richmond County School the student has attended? Yes _____ No _____

Last Richmond County School attended: _____ Date: _____

Learning today Leading tomorrow

The mission of the Richmond County School System is to educate students to become lifelong learners and productive citizens.

9/7/12

Richmond County School System

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864 Broad Street
3rd Floor
Augusta, GA 30901

Phone: (706) 826-1132
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Records are requested from:

Name

Agency

Street

City, State & Zip

Records are to be forwarded to:

Cynthia Hall
Name

RCSS - SESS
Agency

864 Broad Street – Third Floor
Street

Augusta, GA 30901
City, State & Zip

You are hereby authorized to release confidential information on the following student:

Student's Name (as shown on cumulative record)

Date of Birth

Records Requested

Initial Eligibility & Permission to Place
 Education Evaluations
 Psychological Evaluations
 Medical Records
 Most Current IEP
 Minutes of Placement
 Transition Plan/Behavior Intervention Plan
 Eligibility Report
 Related Services Information

Reason for Release

Educational Planning and/or Placement
 Maintenance of Student Records
 Medical Problems Related to Learning
 Proof of Disability
 Transition Services
 Other

I am aware that there is information within my child's file which has been received from the following third party agencies:

I (do / do not) give consent to have this information forwarded to the designated agency above.

Signature of Parent of Guardian

Relationship to Student

Date

Witness (School Official)

Position

Date

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9/7/12

Academy of Richmond County BYOT Student Addendum

In addition to the RCCS BYOT policy and guidelines, ARC students will adhere to the following guidelines and policies concerning wi-fi, cellular, and Bluetooth enabled devices. wi-fi, cellular, and Bluetooth enabled devices being defined as, but not limited to, mobile phones, tablets, laptops, and smart watches. The ARC BYOT student addendum applies to all students.

Concealed devices will not be confiscated.

- If a concealed phone rings in class, the student will silence the phone and return the phone to its concealed location.
 - A concealed location being defined as a location where the phone is not visible.
 - Students are encouraged to store phones in a book bag or purse and not on their person.

If a student is caught using or attempting to use his or her device during class, in the hallway, in the bathroom, during an assembly, or in an area deemed an undesignated device area the staff member will...

- Ask the student for their device.
 - If the student complies with the teacher – The device will be secured in the vault for 30 days.
 - If the student fails to comply with the teacher - The device will be secured in the vault for 30 days and the student will receive a consequence for failure to comply with his/her teacher.

Cell Phone Use Zones

- Before 7:20 (the 7:20 bell signals students to conceal their phones)
- Lunch – only in the courtyard, gym, senior café, and cafeteria
- After School - This is the only time calls may be placed!

The Hallways

- Technology use is not allowed in the hallway.
- Neither ear buds nor headphones are allowed to be worn or used in the hallway.
- Speakers playing music will be confiscated.

Smart Watches

- Smart watches should be on airplane mode at all times during the school day.
- Smart watches must be stored in a concealed location at all times during the administration of an assessment. The teacher may request that smart watches be removed and concealed for any assignment or activity at their discretion.

What if Your Device is Confiscated?

- We advise you to contact your wireless provider and request a 30 day suspension of your contract. This is common for individuals who travel abroad and all major providers are familiar with this request.
- You may return to collect your device 30 days from the day the device was confiscated.

Student Name: _____ Date: _____

Student Signature: _____ Date: _____

910 Russell Street
Augusta, Georgia 30904
Telephone (706) 737-7152
<http://arc.rcboe.org>

Academy of Richmond County
Established July 31, 1783



Mr. Jason Medlin, *Principal*

Ms. Sherri Darden, *Assistant Principal*
Mr. John Germany, *Assistant Principal*
Ms. Kyshone Cortinez, *Assistant Principal*
Mr. Scott Guinn, *Assistant Principal/IB Coordinator*

TEMPORARY PLACEMENT NOTICE

I understand that my grade placement in the _____ grade is temporary pending the arrival of official transcripts.

Date: _____

Student's Signature: _____

Counselor's Signature: _____

Parent's Signature: _____