



WELCOME TO DAVIDSON FINE ARTS MAGNET SCHOOL

Congratulations on Your Acceptance!

Tonight is a very important step in beginning an excellent educational journey. In order for our staff to have everything needed to serve your student, the enclosed forms and documents must be fully completed and collected tonight.

Please let us know if copies of documents need to be made. If so, please go to the copier in the Commons before getting in line to check out.

Forms to complete and return tonight:

It is very important to complete ALL information on each form as any missing information or signatures can delay formal registration.

1. Course Registration Form
2. Student Information Form – Use legal name
3. Consent for Student Records
4. Home Language Survey
5. School Transportation Form

Required Identification Documents:

Copies of the documents below will be placed in order in the back of your folder. These will be kept by DFA.

1. Proof of Residency - Required each year and must be current (within 30 days) – See back of page for information.
2. Student's Birth Certificate - The state of GA requires the use of the LEGAL name on the Birth Certificate. If there is an error on the Birth Certificate, it must be corrected and provided to us.
3. Social Security Card or Written Statement to Exempt - Names on SSN and Birth Certificate must match
4. Legal Guardianship Papers (if applicable) - If the student does not reside with the legal parent, please provide a copy of any court documents signed by a judge which specify guardianship. Military Affidavits due to a deployment are acceptable. A notarized letter between two individuals is not acceptable.
5. Immunization Documents – If this is unavailable tonight, please submit to DFA by June 15.

ACCEPTABLE DOCUMENTS FOR PROOF OF RESIDENCY:

One of the following with the name and address of the enrolling parent/guardian:

- Current Lease/rental agreement
- Current residential property tax statement or bill
- Non-contingent sales contract/home purchase agreement
- Utility Bill (Water, Gas, or Electric)

If the student's family is residing in the home or apartment of another individual, the person with whom the family is living and whose name matches the proof of residence must present these documents for enrollment:

- Notarized third-person affidavit of residency
- Photo ID of person with whom the family is residing
- Proof of Residency matching the name and address of person with whom the family is residing
- Inclusion of person with whom the family is residing as a contact on the registration form

UNACCEPTABLE DOCUMENTS FOR PROOF OF RESIDENCY:

- Cable Bill
- Cell Phone Bill
- Bank Statement
- Car Tag Registration
- Credit Card Statement

John S. Davidson Fine Arts Magnet School

2020-2021 Student Information Form

Please print and complete entire form legibly. Write **LEGAL** name as it appears on Birth Certificate.

Student's Name _____
Last Suffix (Jr, II, III) First Full Middle Name

Grade Entering: _____ Date of Birth _____/_____/_____ Name or Nickname Used: _____

SSN _____ or SSN Waiver has been completed? Yes or No

Student's City of Birth _____ State _____

Student's Country of Birth _____

Special Services Received Please circle all that apply. Gifted RTI 504 Special Education None of the above

If other than US: Date Entered US: _____ Date 1st Entered US School: _____ Date 1st Entered GA School: _____

Ethnicity: (must circle answer) Hispanic? Yes or No Gender: Male or Female

Race: (Please circle all that apply 1-5)

- 1) Native American/Alaskan Native 2) Asian 3) Black/African American 4) Native Hawaiian/Other Pacific Islander 5) White

Current school _____ City _____ State _____

Last Richmond County school attended: _____ Last Year Attended: _____ Grade(s): _____

Sibling Information: Complete this section if sibling(s) attend or has/have attended a Richmond County School. Please use back if more space is needed.

Sibling Name _____ R.C. School _____ Last Year Attended _____

Sibling Name _____ R.C. School _____ Last Year Attended _____

Family Information: Student lives with: Mother Father Both Other _____ (relationship to student)

If other than parent, have your brought written legal custody documentation (required)? Yes or No

Is either parent/guardian active duty Military? Yes or No

Home Address _____ City _____ Zip _____

Home Phone Number _____

Name and contact information for the student's parents/guardians:

Name _____ Email Address _____

Relationship to the student: Mother Father Step-Mother Step-Father Grandmother Grandfather Other _____

Cell Phone _____ Work Phone _____ Does student reside with this person? Yes or No

Name _____ Email Address _____

Relationship to the student: Mother Father Step-Mother Step-Father Grandmother Grandfather Other _____

Cell Phone _____ Work Phone _____ Does student reside with this person? Yes or No

Emergency Contacts: Please list 2 contacts other than listed above. Local numbers are needed.

Name _____ Relationship to Student _____

Day time phone numbers: Cell _____ Home _____ Work _____

Name _____ Relationship to Student _____

Day time phone numbers: Cell _____ Home _____ Work _____

New Applicants: This registration is conditional upon the student maintaining an 80 final average in each academic subject area and conduct (grade 6) for the remainder of the current school year. Notice: The Richmond County School System is currently operating under Federal Court Order requiring adherence to strict attendance zones. To be enrolled, a pupil must reside with a parent or LEGAL GUARDIAN in Richmond County. The Federal Court's interpretation of legal guardian for the purpose of the court order means legal adoption.

I certify that the above information is true and correct. This form has been completed by a parent or legal guardian of above named student.

Signature of Parent/Guardian: _____ Date: _____ Relationship: _____



John S. Davidson

Fine Arts School

Principal / Dr. Renee Kelly
 Assistant Principal / Angela Sneed
 Assistant Principal / Clinton Saunders
 HS Counselor / Bobbie Lou Shipman
 MS Counselor / Gina Bassford

Consent for Student Records

3

2020-2021 School Year

Date: _____ Print Student's Name: _____
 Name Last Name First Name Middle

Date of Birth: ____/____/____ Current Grade: _____ Grade Entering Davidson: _____

Name of Current School: _____

Location of Current School if not Richmond County School: (City) _____ (State) _____

Last Richmond County School Attended: _____ What Year? _____ What Grade(s)? _____

The student listed above has enrolled at John S. Davidson Fine Arts Magnet School for the 2019-2020 school year. Please forward the following documents at your earliest convenience:

- ✓ Transcript/Grades with your school's grading scale (K-current grade)
- ✓ Standardized test scores (K-current grade)
- ✓ Discipline records
- ✓ Attendance records
- ✓ Custody/Guardianship documents
- ✓ Immunization certificate and EED, and Birth Certificate
- ✓ Gifted Information (eligibility form)
- ✓ Information concerning special programs in which the student may have participated if applicable. (either the IEP or phone/fax number of the department from which we may request it)

Please return requested information by mail (preferred):

John S. Davidson Fine Arts Magnet School
 Attention: Records/Counseling Office
 615 Twelfth Street
 Augusta, Georgia 30901
 Attention: Gina Bassford
 Fax: 706-823-4373 (Office: 706-823-6924 ext 2340)

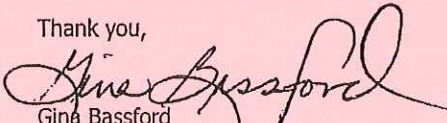
or fax to:

I desire and acknowledge that school records will be sent to Davidson Fine Arts Magnet School for the purpose of enrolling the above named student in said school.

Parent or Guardian Signature: _____ Date: _____

Please note: Under the regulations of Family Educational Rights and Privacy Act of 1974 as amended June 17, 1976 - Public law 93.38, it is not necessary to have written consent of the parents to release records "to officials of other school or school systems in which the student seeks or intends to enroll".

Thank you,


 Gina Bassford
 Lead School Counselor

Office Use Only:	
Fax: _____	# _____ pages
Submitted 1 st Request: _____	
Submitted 2 nd Request: _____	
If you have any questions regarding this request please contact _____	

2015 National Blue Ribbon School - 2017 Magnet School of Excellence
 Excellence in Education Achieved Through a Passion for the Fine Arts

Office: 706-823-6924 / Fax: 706-823-4373

615 12th Street, Augusta, Georgia, 30901

www.reboe.org/davidson



Richmond County School System

Home Language Survey

(Print)

Student Name: _____
(Last) (First)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank you

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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 language(s) does your child currently understand or speak? _____
 4. If possible, would you prefer notice of school activities in a language **other** than English? Yes No
If yes, which language? _____
-

Signature of Parent/Guardian/Other

Date

TRANSPORTATION FORM

This form is to assist the county transportation department in assessing transportation needs for next year. Please complete this as accurately as possible so they can effectively prepare for next year. Thank you.

STUDENT NAME: Last _____ First _____

Grade Entering at DFA: _____

PHYSICAL ADDRESS: _____ Zip Code: _____

MAILING ADDRESS (IF DIFFERENT): _____ Zip Code: _____

My student is expected to be a car rider only: YES NO

My student may be both a car rider and/or a bus rider through-out the year: YES NO

My student is expected to be a bus rider only: YES NO

Magnet School Shuttles pick up at a student's zoned high school in the mornings and drop off at a student's zoned middle school in the afternoons. If you expect your student to ride a bus next year, please complete the information below so we may gauge the shuttle bus needs for 19-20. Thank you.

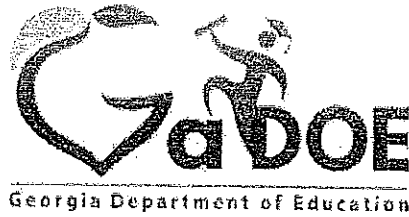
IF YOU EXPECT YOUR STUDENT TO RIDE A BUS

Circle your **ZONED HIGH SCHOOL** (if you know it):

ARC	HEPHZIBAH HS
BUTLER	JOSEY
CROSS CREEK	LANEY
GLENN HILLS HS	WESTSIDE

Circle your **ZONED MIDDLE SCHOOL** (if you know it):

BELAIR K-8	FREEDOM PARK K-8
GLENN HILLS MS	HEPHZIBAH MS
HORNSBY 4-8	LANGFORD MS
MORGAN RD MS	MURPHEY MS
PINE HILL MS	SEGO MS
SPIRIT CREEK MS	TUTT MS



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

If you answer "yes", check all that applies:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Regional Office use only: