



KENNESAW CHARTER SCIENCE AND MATH ACADEMY REGISTRATION CHECKLIST 2016-2017

Student Name _____ Grade _____

- 1. Student Registration Form
- 2. Release/Request of Records Form
- 3. Birth Certificate

An official birth certificate from the state must be presented at registration (Must have a raised seal). The certificate is returned after the school makes a copy of the original. Hospital Certificate or Certificate of Live Birth is not sufficient.

- 4. Social Security Card or Waiver
- 5. Proof of Cobb County Residence (2 proofs required)

(Mortgage Document, Rental/Lease Agreement, Property Tax Record, Current Utility Bill, Income Tax Records, Voter ID Card, or signed Affidavit of Residency from homeowner in which a parent/guardian resides with supporting documents.)

The two forms of proof of residency must have the parent/guardian's name and current address printed on it. If you reside at someone else's residence, you and the owner will need to complete an Affidavit of Residency and have it notarized. Then the two forms of proof of residency will be provided by the owner.

- 6. Custody (check one) *=custody forms needed
 - Student lives with both birth or adoptive parents
 - Registration form shows one parent deceased
 - Student lives with only one birth or adoptive parent*
 - Copy of divorce papers*
 - Notarized statement from custodial parent*
 - Notarized statement from single parent*
 - Student lives with guardian*

- 7. Immunization Form 3231

- 8. Ear, Eye, and Dental Form 3300

- 9. Special Services: Has child been receiving special services (i.e. speech, Gifted, EIP, IEP, etc)? Yes No
If yes, indicate service _____

- 10. Verification of Academic Status (For students entering 1st-5th grades)- Transcript of work completed from the previous school. Parents should bring progress reports, most recent report cards, test information, and any information on special services the student is receiving.

Parent/Guardian verifies that the information provided is true and correct, and understands that Kennesaw Charter Science and Math Academy will rely upon this information as true and correct. Parent/Guardian acknowledges that there are legal penalties, including possible criminal penalties for intentionally providing false information to KCSMA.

Parent/Guardian Signature _____ Date _____



**KENNESAW CHARTER SCIENCE AND MATH ACADEMY
STUDENT REGISTRATION FORM**

Today's Date: _____

Grade: _____

Student's Legal Name: _____ Name Called: _____
Last First Middle

FAMILY HEAD OF HOUSEHOLD

Home Telephone: _____

Parent Status: Married Separated Divorced Single

Student Resides with: Both Parents One Parent Parent/Step Parent Guardian Foster

Address: _____
Street Number Street name Apartment Number

_____ City State Zip

Enrolling parent/guardian:

Parent/Guardian 1: _____ Relationship: _____
Last Name First Name Middle Name

Phone 1: Day _____ Work Ext: _____

Does student live with you (Parent/Guardian 1) Yes No

Phone 2: Day _____ Cell Pager

Occupation/Employer: _____

Email: _____

Parent/Guardian 2: _____ Relationship: _____
Last Name First Name Middle Name

Phone 1: Day _____ Work Ext: _____

Does student live with Parent/Guardian 2 Yes No

Phone 2: Day _____ Cell Pager

Occupation/Employer: _____

Address (If Different): _____ Email: _____

- Do you: own rent or share residence with another family?
- If you share this residence with another family, list family/owner's name here: _____
- Is either parent or guardian a civilian employee on federal property or on active duty in the uniformed services? Yes: No:

STUDENT INFORMATION

Male: Female: Birth Date: ___/___/___ *Social Security #: _____
MM DD YEAR

[*A parent or Guardian who objects to incorporation of the social security number into the school records of a child may have the requirements waived by signing a statement objecting to the requirement. O.C.G.A.20-2-150]

Ethnicity: Is the student you are enrolling today Hispanic/Latino? Yes No

is the student (check ALL that apply below):

Race: American Indian/Alaska Native Asian Black/African American Hawaiian/Other Pacific Islander White

Birth Place: _____ Entry Date in US Public School : _____
City State Country Month Day Year

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 fluently? _____

County + State -OR- Country of last school attended: _____

- Has the student you are enrolling today **EVER** attended a Cobb County school before? Yes No

If yes, list the Cobb County school and grade/year enrolled: _____

- What school is the student zoned for? _____

- Has the student you are enrolling today **EVER** attended a Georgia public school before? Yes No

- Name and age of siblings at KCSMA:

Last	First	Middle	Grade	Last	First	Middle	Grade
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- Does your child need to take medication at school? Yes No Medication: _____

- Special medical conditions/allergies (drug & food)? _____

- Licensed Health Care Provider: _____ Licensed Health Care Provider's Phone: _____

SPECIAL SERVICES PARTICIPATION
Does your student receive any of these services?

- | | | |
|--|---|-----------------------------------|
| Gifted/Talented <input type="checkbox"/> | Early Intervention Program (EIP) <input type="checkbox"/> | ESOL <input type="checkbox"/> |
| Special Education/IEP <input type="checkbox"/> | Response to Intervention (RTI) <input type="checkbox"/> | 504 Plan <input type="checkbox"/> |
| Speech <input type="checkbox"/> | Occupational Therapy (OT) <input type="checkbox"/> | None <input type="checkbox"/> |

TRANSPORTATION

- Transported: Car- AM Day Care - AM Before School Program
 Car- PM Day Care - PM After School Program

Day Care Name: _____ Phone: _____

CONTACT INFORMATION

The following person(s) may pick up: _____ from school and may be called in cases of emergency if I cannot be reached

Name	Relationship	Phone

In the event of a medical emergency, KCSMA will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my student be transported to _____ Hospital for treatment.

*The following people **MAY NOT** sign my student out of school: _____
 *Please note that this may not include persons acting under the authority of child protection laws and that court orders may effect this preference.

Parent/Guardian Signature	Parent/Guardian Printed Name	Date
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KENNESAW CHARTER SCIENCE AND MATH ACADEMY
AUTHORIZATION FOR RELEASE/REQUEST FOR STUDENT RECORDS

Student Name: _____
Last First Middle

Date of Birth: _____

To: _____
Former School

Address City State Zip

Phone Number Residing District

I hereby authorize the release of all school records including, but not limited to, my child's academic, immunization, and any school information regarding my child to:

Kennesaw Charter Science and Math Academy
3010 Cobb Pkwy NW, Kennesaw, GA 30152
Telephone 678.290.9628 Fax 678.290.9638

Signature of Parent or Legal Guardian

Date