



# Buford City Schools

Dr. Geye S. Hamby  
Superintendent

Rita Cantrell  
Assistant Superintendent

2625 Sawnee Avenue  
Buford, Georgia 30518

## NEW STUDENT ENROLLMENT PARENT'S CHECKLIST

### FOR:

The person(s) enrolling the student must be the Legal Parent or Guardian; this person(s) is required to sign all registration forms. Please be aware of Buford City Schools 1 day policy.

You will need the following information before you can register your student:

### Parent Provided Documents

- Proof of Residency - Residency is within the City Limits of Buford. If unsure call Buford City Hall at (770) 945-6761.
  - City of Buford Bill
  - Lease Agreement/Housing Contract
  - NOTARIZED Affidavit if living with someone.
- Records From the Previous School:
  - Withdrawal Form
  - Current Grades (Progress Report, Report Card and/or official transcript)
  - Discipline file
  - Attendance Record
  - Immunization
  - Hearing, Dental & Vision Screening
- Copy of Certified Birth Certificate – No Cards Accepted
- Copy of Social Security Card
- Updated Copy of Immunizations on GA Form 3231 – You can obtain this information from your student's doctor, Buford Health Department (770) 614-2400, or the previous GA school.
- Hearing, Dental, & Vision Screening on GA Form 3300 – You can obtain this information from your student's doctor, Buford Health Department (770) 614-2400, or the previous GA school.
- Student Custody Information – (with attached copy of official court order if applicable)

**BUFORD CITY SCHOOLS  
STUDENT REGISTRATION FORM**

Grade Entering: \_\_\_\_\_

A. Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Gender: Male: \_\_ Female: \_\_

Birthplace (City and State): \_\_\_\_\_ Country of Birth: \_\_\_\_\_

B. Ethnicity: Is the Student Hispanic/Latino? Yes: \_\_\_\_\_ No: \_\_\_\_\_

C. Race: Please select one or more race category: American Indian/Alaskan Native: \_\_\_\_\_ Asian: \_\_\_\_\_

Black or African-American: \_\_\_\_\_ Native Hawaiian or Pacific Islander: \_\_\_\_\_ White: \_\_\_\_\_

D. Student's Home Address: \_\_\_\_\_  
Street Apt. City Zip Code

Student's Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E. Who has custody of the student? \_\_\_\_\_ Relationship? \_\_\_\_\_

Legal Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

Name/Grade Siblings enrolled in Buford Schools? \_\_\_\_\_

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F. If entering from another school or preschool; complete this section:

Name, Address & Phone no. of school last attended: \_\_\_\_\_

Has student at any time previously attended Buford City Schools? Yes: \_\_ No: \_\_ If yes, what School & Grade: \_\_\_\_\_

Has this student received any of these services: Gifted: \_\_ Special Ed/Speech: \_\_ ESOL: \_\_ SST /RTI: \_\_ 504: \_\_ None: \_\_

Has the student ever been retained? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, what grade(s)? \_\_\_\_\_

High School Students Only: Date entered 9<sup>th</sup> grade: \_\_\_\_\_

G. Language of the student: What language does your child most frequently speak at home? \_\_\_\_\_

Which language do adults in your home most frequently use when speaking with your student? \_\_\_\_\_

Which language(s) does your child currently understand or speak? \_\_\_\_\_

H. Is the student currently on suspension or expulsion from another school or school system? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

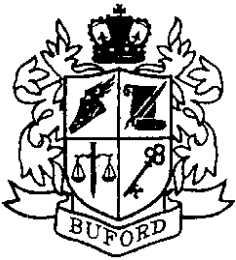
Has student ever been convicted of a felony crime (armed robbery, aggravated assault or battery, rape, carrying a deadly weapon, felony drugs)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

I. Is the student a dependent of an active member of the United States Armed Forces? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Legal Signature of Custodial Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



# Buford City Schools

Date \_\_\_\_\_

## RESIDENCY AFFIDAVIT

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_/ GA / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip County

Home Phone: (\_\_\_\_) \_\_\_\_\_

Is this a different address from last school Year? \_\_Yes \_\_No

Day Phone: (\_\_\_\_) \_\_\_\_\_

List the name of each person residing at this address.

You **MUST** include all **adults** and all **children** residing at this address on the lines below:

Is this a multi-family home? \_\_Yes \_\_ No / Is this home zoned a multi-family residence with the City of Buford? \_\_ Yes \_\_ No

List any siblings/individuals in the home that attend any Buford City School or other public/private school:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

PLEASE CHOOSE THE ONE AREA WHICH APPLIES TO YOU (#1-#3 OR #4) AND SIGN APPROPRIATE BOX.

### 1. OWN In the City of Buford

\*Currently own your residence.

Documentation Required:

City of Buford Utility Bill

\*MUST be current bill (within 2 months) and include garbage pickup.

\_\_\_\_\_  
Legal Signature of Parent or Guardian (Required)

### 2. RENT in the City of Buford

\_\_\_ APARTMENT \_\_\_ HOME

Documentation Required:

A current copy of your lease or rental agreement with date of expiration with signature page and the following information:

\_\_\_\_\_  
(Name of Complex or Property Owner)

\_\_\_\_\_  
(Property Owner's Phone)

\_\_\_\_\_  
Legal Signature of Parent or Guardian (Required)

### 3. Live OUTSIDE the City of Buford

\_\_\_ Student is a current TUITION member.

Information is on file with Central Office

\_\_\_ \*Buford City Schools Employee

\_\_\_ \*Buford City Employee

\*Fill in Information below:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Location or Job Title

\_\_\_\_\_  
Relation to Student

\_\_\_\_\_  
Legal Signature of Parent or Guardian (Required)

### 4. LIVE WITH in the City of Buford

- A residential owner-landlord/lessee document must be signed, notarized and returned. Said address listed above is owned by said listed property owner below. He/She swears primary resident to occupy the dwelling with their child(ren) and are continuing an ongoing physical presence in which they intend to make their true, fixed, and permanent home by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) or I will provide you with a new permanent address and new Residency Affidavit. I am aware and acknowledge that this Affidavit is sworn to under oath and capable of being introduced into a court of law. I further acknowledge that if the information attested to is found to be false and/or if information attested to is made with the intention of receiving educational services from the Buford City School System in circumvention of the Non-Resident Tuition Policy, the Board of Education of the City of Buford reserves the right to inform the District Attorney's Office and seek criminal prosecution of such matter for the theft of services and/or other law under the state of Georgia.

Sworn to and subscribed before me this:

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Legal Signature of Property Owner/Landlord

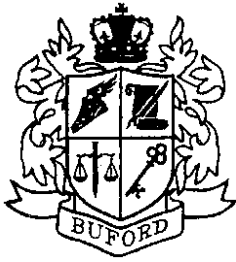
\_\_\_\_\_  
(Signature of Notary Public)

( My commission expires)

\_\_\_\_\_  
Legal Signature of Parent or Guardian(Required)

\_\_\_\_\_  
Witness

**\*\*Please note that a new affidavit with current documentation is required at the beginning of every school year. This affidavit becomes void upon any change of address, and a new form with updated documentation will be required immediately\*\***



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## STUDENT CUSTODY INFORMATION

The following information is requested when the enrolled student does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. **It is the responsibility of the custodial parent to provide the school with any limiting court order.**

1. Student's legal name: \_\_\_\_\_

2. Does child reside with both parents? If yes, check here ( )  
If no, please give the name of custodial parent with whom child resides:

\_\_\_\_\_

3. Name of non-custodial parent: \_\_\_\_\_

4. Do you, as custodial parent, have legal custody through a court order?  
Yes ( )      No ( )      Pending ( )

Date Finalization expected: \_\_\_\_\_  
{If pending, please inform the school when finalized.}

5. Does the non-custodian parent have access to the following? If no, you will need to provide a copy of the court order and highlight where it is stated on the order:

- Complete School Records - Yes ( )    No ( )
- Student may be released from school to non-custodial parent:  
Yes ( )      No ( )
- Communicate with school and/or teacher - Yes ( )    No ( )

Please provide any additional information regarding custody of which the school should be aware. **By signing below you do solemnly swear that you have Custody of and are the legal guardian of the above student. If any part of this form is knowingly filled out with incorrect information, the school is legally under no obligation.**

\_\_\_\_\_  
Legal Signature of Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date



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

School District: Buford City Schools

Date Completed: \_\_\_\_\_

**Parent Occupational Survey**

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

Has your family moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/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): \_\_\_\_\_

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

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

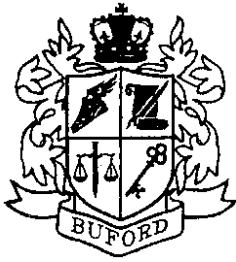
**Thank You!**

**Please return this form to the school**

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

**Note for the school/district:** When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their 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



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## AUTHORIZATION TO RELEASE RECORDS

I hereby authorize \_\_\_\_\_, to release the records:  
(Previous School)

For following student(s);

Student(s) Legal Name	Grade	FTE#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The student(s) have enrolled at:

Buford Elementary School Grades: K-1 Attn: Records 2500 Sawnee Avenue Buford, GA 30518 Phone: 770-945-5248 Fax: 770-932-7579	Buford Academy Grades: 2-5 Attn: Records 2705 Robert Bell Parkway Buford, GA 30518 Phone: 678-482-6960 Fax: 678-482-6969	Buford Middle School Grades: 6-8 Attn: Records 2700 Robert Bell Parkway Buford, GA 30518 Phone: 770-904-3690 Fax: 770-904-3689	Buford High School Grades: 9-12 Attn: Records 2750 Sawnee Avenue Buford, GA 30518 Phone: 770-945-6768 Fax: 770-932-7570
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These records are needed for:

- Educational Evaluation
- Determination of the most appropriate total program for my student

Records to be released: **Copy of Complete Permanent Record**

\*Certified Birth Certificate

\*Academic

\*Social Security Card

\*Attendance

\*Immunization

\*Discipline

\*Hearing, Dental, & Vision Screening

\*If High School Student: Date entered 9<sup>th</sup> grade: \_\_\_\_\_

\*FTE Number last reported in the State of Georgia for FTE/SIS: \_\_\_\_\_

\*State of Georgia GTID number: \_\_\_\_\_

\*Other specific information requested: ALL GIFTED, SST/RTI, SPEECH, OR SPECIAL EDUCATION INFORMATION NEEDED TO REGISTER THE STUDENT.

Your immediate attention is appreciated. Please note that according to the Federal Register, Thursday, June 17, 1976, Part II, HEW, Privacy Rights of Parents and Students, Final Rule on Educational Records, Volume 41, No. 118-24673, prior consent for disclosure is not required of an educational agency or institution.