



260 East Walton Street • Baconton, Georgia 31716 • 229-787-9999

We are so pleased to have your child attend Baconton Community Charter School. The information provided in this enrollment packet will assist us in complying with state laws related to student records and to best meet the needs of your child. All documentation listed in the checklist below is required to be received by the school within 10 (ten) business days of notification of your child's secure slot. Failure to submit the required documentation within this time will result in forfeiture of this slot. We look forward to your child joining our school's learning community and providing an excellent education for your child.

## OPEN ENROLLMENT CHECKLIST

- Registration Form (signed)**
- Family Contract (signed)**
- Proof of Residency Documents**
- Birth Certificate (copy)**
- GA Immunization Form 3231 (updated records may be required prior to school starting in August)**
- Copy of Social Security Card** *(Families can waive the requirement to provide a Social Security Card)*
- Ear, Eye, and Dental Form**
- Discipline Records for Middle and High School Students**
- Current Report Card/Progress Report with Attendance Records**

\_\_\_\_\_  
Child's Name (Printed)

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

\_\_\_\_\_  
Signature of School Registrar

\_\_\_\_\_  
Date Due

\_\_\_\_\_  
Date Received

# BACONTON Community Charter School

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## REGISTRATION FORM

### STUDENT INFORMATION

Student's Name \_\_\_\_\_  
First Middle Last Nickname

Male  Female Age (as of September 1st) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or other Pacific Islander  White  Hispanic/Latino

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

If born outside of the USA please list country of birth \_\_\_\_\_

Also list the date of entry in a U.S. School \_\_\_\_\_

Were parents serving in the US Military at time of student's birth  Yes  No

Student's Social Security Number: \_\_\_\_\_ (this requirement may be waived)

Home phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Student's Residence Address

(Note: No P.O. Boxes in Residence Information)

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### Student's Current Mailing Address

same as residence address

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Student lives with:  Both parents  Both parents (joint custody)  
 Mother only  Father only  
 Other (please explain) \_\_\_\_\_

Father's Name: \_\_\_\_\_

same as student's address

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_  same as student's address

Street \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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## SIBLING INFORMATION

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List siblings enrolling at this time. An enrollment packet will be required for each child.

Name	Date of Birth	Grade
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

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## SCHOOL INFORMATION

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Current School City, State, Zip \_\_\_\_\_

Type of School:

- |                                  |                                    |  |                              |                               |                               |                               |
|----------------------------------|------------------------------------|--|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Public  | <input type="checkbox"/> Private   | <input type="checkbox"/> Home-School   |                              |                               |                               |                               |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Preschool | <input type="checkbox"/> Not in school |                              |                               |                               |                               |
| <input type="checkbox"/> PreK    | <input type="checkbox"/> K         | <input type="checkbox"/> 1st           | <input type="checkbox"/> 2nd | <input type="checkbox"/> 3rd  | <input type="checkbox"/> 4th  | <input type="checkbox"/> 5th  |
| <input type="checkbox"/> 6th     | <input type="checkbox"/> 7th       | <input type="checkbox"/> 8th           | <input type="checkbox"/> 9th | <input type="checkbox"/> 10th | <input type="checkbox"/> 11th | <input type="checkbox"/> 12th |

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## STUDENT PROGRAM INFORMATION

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Has your child participated in any school programs?

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Gifted  | <input type="checkbox"/> Speech (IEP)      | <input type="checkbox"/> Early Intervention Program (EIP) |
| <input type="checkbox"/> Title I | <input type="checkbox"/> Special Education | <input type="checkbox"/> ELL                              |

Do you have your child's Exceptional Child Records?

- Yes       No

Is your child part of the Student Support Team (SST) Process?

- Yes       No

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## HOME LANGUAGE / CUSTOMS SURVEY

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Student's Primary Language:     English       Other: \_\_\_\_\_

If English is not your child's primary language, please answer the following:

What language(s) is spoken at home? \_\_\_\_\_

What language(s) does the student read? \_\_\_\_\_

What language(s) does the student write? \_\_\_\_\_

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## PARENT ACKNOWLEDGMENT

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The information provided is accurate to the best of my knowledge. I understand and accept the provisions of the charter petition, policies and procedures of Baconton Community Charter School. I agree to comply with all policies and procedures of the school. Further, I understand it is my responsibility to notify the school in a timely manner related to changes in any information submitted in the contents of this enrollment form including but not limited to: changes in residency, contact information, and guardianship.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# PROOF OF RESIDENCY REQUIREMENTS

**PROOF OF RESIDENCY IS REQUIRED AS PART OF THE REGISTRATION PROCESS.**

**Appropriate records for verification of residency must include a voter registration card or any two of the following. Please check the documents provided:**

- Copy of home mortgage payment book showing name of legal guardian
- Current utility/phone bill (gas, electric, or water) showing name of legal guardian
- Apartment or home lease or rental agreement showing name of legal guardian
- Homeowner's insurance registration/card showing name of legal guardian
- Driver's License
- Current Paycheck Stub
- Current Bank Statement



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## FAMILY CONTRACT

1. I understand that this school is governed by a Board of Directors, the majority of which are parents or guardians of students enrolled in BCCS.
2. I will encourage my child to read. By my personal participation, I will help the school to make learning a primary occupation for my child.
3. I will supervise my child's homework to insure that all assignments are completed on schedule. If I am incapable of supervising my child's homework, I will notify the school and cooperate with the school to establish an acceptable alternative method for assuring that my child's homework is completed on schedule.
4. I will insure that my child is dressed in clothing in accordance with the dress code established by BCCS.
5. My child will be sent to school healthy and clean.
6. I will meet with my child's teacher at least twice a year or as requested.
7. I will volunteer my time according to the needs of the school, which are currently twenty hours per semester period per family (ten hours per semester period for single parents), by agreeing to accept a fair share of the work to be done as directed by the Governing Board. Under special circumstances, the Board may allow the total annual hours to be concentrated over a shorter period of time.
8. I understand that practicing civic responsibility is an important part of the learning experience at BCCS; therefore, I will provide or arrange for transportation for my child to school-organized volunteer community activities or I will provide reasonable notice to the school if I need assistance to find transportation for my child.
9. I understand that the policy of BCCS is to promote students from grade to grade based solely on academic performance.
10. I understand that I am to keep the school informed at all times of a phone number and address where I can be reached during school hours. It is my responsibility to submit in writing any changes that may occur from the original enrollment contract.
11. I understand that this contract is an agreement with all other parents in the school to support the faculty, staff, and volunteers as they work to help me make my child a productive, cooperative member of the school and community.
12. I understand that I will take responsibility for my child's behavior in school.
13. I understand that student expectations are defined in the BCCS Student Handbook, and I will read and review with my family.

By signing this Contract, I am stating that I have read the above, and I understand what is expected of me as a parent/guardian.

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Signature of Parent/Guardian

---

Date

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## STUDENT INFORMATION 2021-2022

Student's Name \_\_\_\_\_  
First Middle Last Nickname

Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student Cell Number \_\_\_\_\_  
(Parents may waive this request for a Social Security Number)

Name of person enrolling child: \_\_\_\_\_ Relationship: \_\_\_\_\_

School Zone:  Mitchell County  Lee County  Worth County  Dougherty County  Baker County

Please indicate if your child has attending any of the following:  GA Pre K  Private Pre K  Headstart

Father's Name \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_



Distrito Escolar: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Encuesta Ocupacional para Padres**

**Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C**

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años?  Sí  No

**Si la respuesta es "sí", marque todo trabajo que aplique:**

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: \_\_\_\_\_

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**¡Muchas Gracias! Por favor regrese éste formulario a la escuela**

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, 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

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
2. 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 (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial 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.

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# BACONTON

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## Georgia Department of Education Home Language Survey

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 will 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

NAME OF STUDENT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE, ZIP CODE)

PHONE NUMBERS: Mother: (\_\_\_\_\_) -- \_\_\_\_\_ -- \_\_\_\_\_ Father: (\_\_\_\_\_) -- \_\_\_\_\_ -- \_\_\_\_\_

\*\*\*\*\*

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

# Baconton

## Community Charter School

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### Housing Information Form

2021-2022 McKinney Vento Act

1. Please list all children in the household and entering grade level.

_____	Grade: _____	_____	Grade: _____
_____	Grade: _____	_____	Grade: _____
_____	Grade: _____	_____	Grade: _____

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

Please check the box to the left if this **DOES NOT** apply to you. Your student(s) is NOT homeless.

If you checked the box above, please sign below and do not continue with the form. If you did not check the box above, please complete the bottom portion of the form.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you did not check the box above, please check **ONE** of the following statements if your family is experiencing temporary homelessness.

Living in a shelter, including transitional housing shelters; awaiting foster care, etc. Please provide name of shelter and address: \_\_\_\_\_

Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, or housing not fit for habitation. Please provide information regarding area in which student is living.  
\_\_\_\_\_

Living in hotels/motels for lack of other suitable housing. Please list the name and address of the hotel/motel. \_\_\_\_\_

Please answer the following if you checked one of the four boxes above:

1. How long do you expect to be at this address? \_\_\_\_\_
2. Are you seeking permanent housing? \_\_\_\_\_
3. Date student moved to this address: \_\_\_\_\_
4. Is a parent living in the home with the student? \_\_\_\_\_
5. If no, with whom is student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

The School Counselor may be in contact with you for clarification.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# BACONTON

## Community Charter School

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Dear Parents,

Please take a moment to complete the brief military survey below.

This is an active military survey. Please indicate by checking the appropriate answer.

Parent/Guardian who is active duty in the U.S. Armed Forces including the National Guard or Reserve Forces.

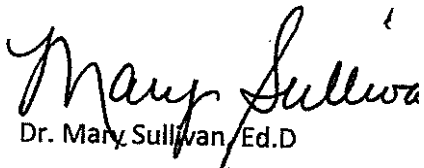
Active Duty is defined as full time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.

YES

NO

Thank you for your response.

Sincerely,

  
Dr. Mary Sullivan, Ed.D