

Howard High School

6400 Forsyth Road

Macon, GA 31210

Tel: (478) 779-4858 Fax: (478) 779-4879

New Student Registration

These forms are **REQUIRED** for all students at the time of registration. If you do not have **ALL** of these items, please take a new student packet to fill out and return it when you have all required items.

1. Proof of Address (must be a current power bill with service address)
2. Withdrawal Form from previous school
3. Guardianship Papers (if child is not living with both parents)
4. Photo ID of Parent of Legal Guardian registering the student

These items are **REQUIRED** for all students registering from a school that is **NOT** a Bibb County Public School:

- For 1st time 9th grader: Copy of 8th grade report card showing promotion
- For repeating 9th grader and students in all other grades: Copy of High School Transcript
- Letter of good standing from previous school or a disciplinary record

These **REQUIRED** items should be provided at time of registration:

1. Student's Social Security Card
2. Student's Birth Certificate
3. Student's Hearing, Dental and Vision screening
4. Student's Immunization Certificate
5. Copy of student's most recent test scores, including Georgia High School Graduation Tests

****** We can request records from the previous school but until we have received **ALL** required documents, we **CAN NOT** register a student for classes.



BIBB COUNTY SCHOOL DISTRICT
ACHIEVEMENT AND PERFORMANCE... FOR EVERY CHILD

Howard High School - New Student Information

Student's Legal Name:

Last First Middle

Grade _____ Social Security # _____

Home Address _____ Apt _____

City _____ State _____ Zip Code _____

Home Phone _____ Sex (M) _____ (F) _____ Race _____

Date of Birth _____ U.S. Citizen? (Y) _____ (N) _____

City and State of Birth _____

Name of Contact Parent / Legal Guardian

Student Lives With:

BP - Both Parents MO - Mother Only FO - Father Only
 MS - Mother & Stepfather FS - Father & Stepmother LG - Legal Guardian

School Last Attended _____

Address _____

Phone _____ Fax _____

Has Student ever attended a Bibb County Public School? _____

School(s) _____ Year _____

Does Student Have an IEP _____ SST _____

Year Student Entered Ninth Grade _____

Does Student Sometimes Speak Another Language in Your Home?

Yes _____ No _____ If so, What Language? _____

Has Student Ever Been in an ESOL Class? Yes _____ No _____

Medical Alerts _____

Parent/Guardian _____

Date _____



BIBB COUNTY SCHOOL DISTRICT

ACHIEVEMENT AND PERFORMANCE... FOR EVERY CHILD

Howard High School - Parent/Guardian Information

Student Name _____

Father/Male Guardian _____

Home Address _____ Phone _____

Employer _____ Work Phone _____

Cell Phone _____

E-Mail Address _____

Mother/Female Guardian _____

Home Address _____ Phone _____

Employer _____ Work Phone _____

Cell Phone _____

E-Mail Address _____

Stepfather (If applicable) _____

Employer _____ Work Phone _____

Cell Phone _____

Stepmother (If applicable) _____

Employer _____ Work Phone _____

Cell Phone _____

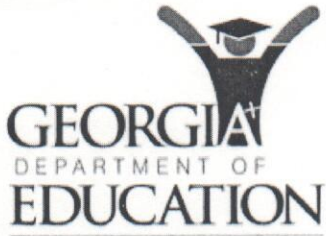
Emergency Contacts for student, other than those listed above:

Name _____ Phone _____

Relationship to student _____

Name _____ Phone _____

Relationship to student _____



School System: _____

Parent Occupational Survey

Please complete this form to determine if your children 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 Students	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 children 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. Military moves **DO NOT** qualify for the program. Non-funded (consortium) systems should fax occupational parent surveys to Migrant Education Agency (MEA) serving your district

For additional questions regarding this form, please call the MEA serving your district:
Region 1 - Live Oak MEA (Brooklet) 1- 800-621-5217; Fax (912) 842-5440
Region 2 - Southern Pine MEA (Lenox and Bainbridge) 1-866-505-3182; Fax (229) 546-3251
Region 3 - Piedmont MEA (Clarksville) 1-800-648-0892; Fax (706) 754-3594

Bibb County Public Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	