



HOME OF THE HUSKIES

MARTIN LUTHER KING, JR. ELEMENTARY SCHOOL

Registration Check List

THE INFORMATION REQUESTED IS MANDATORY FOR ENROLLMENT

Please be sure that you have completed all of the documents enclosed prior to your expected enrollment. If all required documents are not provided as listed below, your package will be INCOMPLETE and will NOT be received by registration intake personnel.

Enrolling in Grade \_\_\_\_\_ Year 20 \_\_\_\_\_

School Uniforms
Tops - Polo White/Navv
Bottoms - Khaki/Navv Blue

FOR OFFICE USE ONLY

Table with two columns: 'New To Clayton County Public Schools Checklist' and 'In-District Transfer Checklist'. Lists various required documents like birth certificates, immunization records, and proof of residency.

Transportation Home
Check ONE only

BUS \_\_\_\_\_ CAR RIDER \_\_\_\_\_ WALKER \_\_\_\_\_ NURSERY \_\_\_\_\_ CAMPUS KIDS \_\_\_\_\_

STATEMENT OF LEGAL RESIDENCE

This affidavit is valid for thirty days from the date it is completed and must be renewed upon expiration.

- \_\_\_\_\_ Affidavit of residence is completed by homeowner and signed
\_\_\_\_\_ Valid Homeowner's ID
\_\_\_\_\_ 2 Proofs of Residency from the Homeowner
\_\_\_\_\_ Notarized

Checklist Information Verified by: \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

INTAKE REGISTRAR: please note additional Info (DES, HED, IEP, Medical Needs, Foster, Special Custody, etc.) \_\_\_\_\_

Assigned Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_ System Enroller Initials \_\_\_\_\_
Date \_\_\_\_\_



# **MARTIN LUTHER KING, JR. ELEMENTARY SCHOOL**

5745 WEST LEE'S MILL ROAD - COLLEGE PARK, GA 30349  
PHONE: (770) 991-4651 - FAX: (770) 991-4679

**DR. CARL JACKSON**  
PRINCIPAL

*PAMELA MURPHY*  
ASSISTANT PRINCIPAL

*SCHMEKIA TATE*  
SCHOOL COUNSELOR

Good Evening Parents,

Welcome to MLK Jr. Elementary School and the 2017-2018 school year. I hope your summer has been productive and your minds rejuvenated. We are excited to have you all back in school and we look forward to partnering with you in a relationship that will ensure an optimal learning environment for your child's growth.

We have been busy making changes and growing our faculty for this school year. I would like to thank you for personally coming out to not only support us but to become familiar with your child's teacher as well. With your help, patience and understanding, I am sure we can create a culture of pride, respect, and high achievement. I am honored by the presence of you and your child and I take neither for granted.

While I have your attention I would like to tell you about a few changes and procedures for this school year and for the first week of school:

- After the first day of school, parents will not be allowed down the main hallway without an appointment for a conference. Since our instructional day begins at 7:45 a.m., it is imperative that teachers begin at that time and proceed without interruption in order to take advantage of every single moment of instruction.
- After the first day of school, parents will not be allowed to eat breakfast with their students on school grounds. Each student receives approximately 10 minutes to eat breakfast from the time that they sit down. It is very difficult to feed nearly 600 students for breakfast inside of 40 minutes and any additional individuals in that space just add to the difficulty.
- Please make your child's teacher aware of how your child will normally get home and definitely what this mode of transportation will look like on the first day of school.
- We begin receiving students into the cafeteria and the gymnasium at 7:00 a.m. Students are allowed to report to their teacher's class at 7:20 a.m. The school day begins at 7:45 a.m. After this time, your child is considered tardy and you will need to sign them in when dropping them off for school after this time. This is important so that your child receives credit for attendance.

- Please make sure that both the front office and your child's teacher has your most current information.
- When you have issues and/or concerns that you would like to discuss with an administrator please begin with your child's grade level administrator first. If you cannot resolve the issue with the appropriate assistant principal, you can request an appointment with the principal by calling the front office or emailing me directly at 770.991.4651. email – [Carl.jackson@clayton.k12.ga.us](mailto:Carl.jackson@clayton.k12.ga.us).

Thank you for your attention to this communication. With your assistance I am sure we can make this year a successful year for your student(s).

Respectfully,

Carl R. Jackson, Ed.D.  
Principal, Martin Luther King Jr. Elementary School

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Welcome Newsletter

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# Martin Luther King, Jr. Elementary

*"Providing quality instruction and challenging learning experiences"*

5745 West Lee's Mill Road, College Park, GA 30349

Website: <http://135.clayton.k12.ga.us/>

T: 770.991.4651

F: 770.991.4679

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Dear Parents and Students,

We welcome you to a school of excellence in the heart of Clayton County! King loves its hardworking students who soar with excellent behavior. King has outstanding teachers and dedicated parents. Everyone always works together. We know you will, too, because now YOU are a Mighty Husky!!!

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**MASCOT:** Husky

**SCHOOL SPIRIT COLORS:** Forest Green and Orange

### **KING'S VISION STATEMENT**

King will provide an environment that empowers students to be ambitious learners and productive, responsible members of a global society.

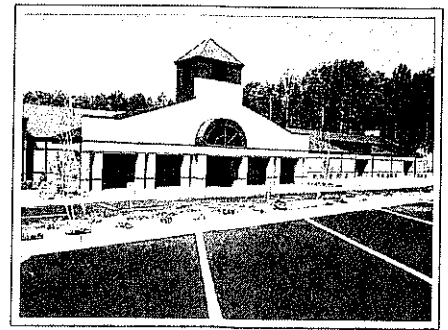
### **KING'S MISSION STATEMENT**

King Elementary will prepare students to become successful citizens and lifelong learners.

### **KING'S CREED**

Today is a new day, a new beginning. It has been given to me as a new gift. I can either use it or throw it away. What I do today, will affect me tomorrow. I cannot blame anyone but myself if I do not succeed. I promise to use this day to the fullest by giving my best realizing it can never come back again. This is my life and I choose to make it a success!

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## **Administration**

Carl R. Jackson, Principal

Pamela Murphy, Asst.  
Principal

Schmekia Tate, Counselor

## **Front Office Staff**

Barbara Maddox,  
Attendance Clerk

Neametrica Reeves,  
Secretary

## **School Hours**

**Office:** 7:00am – 4:00pm

**Registration:** 8:00-10:00am

**Instructional Time:**  
7:45am – 2:00pm

**Early Checkout**  
Ends at 1:45pm

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## More Important News

### SCHOOL UNIFORMS

Shirts: solid white or navy blue polo or oxford style with collars

Pants: blue or khaki with a belt. No jeans. Boys wear shirts tucked in their pants.

### ATTENDANCE

- We especially love our Attendance **H.E.R.O's** (Here, Every day, Ready, On time)
- King students enjoy coming to school daily. They arrive to their classrooms by 7:45 a.m. Students are tardy at 7:46am and must be signed in by an adult.
- Students are considered absent after 10:45am.
- All student absences must be documented by an excuse written by the student's parent/guardian or doctor/dentist. The excuse includes the date written, the date of the absence, the reason, and a signature. The school must receive this within THREE days of the child returning to school. We regret that an excuse cannot be phoned in or emailed.

### BUS RIDERS

Pre-k through 1<sup>st</sup> grade bus riders must have a notarized bus rider form on file.

Changes in Transportation: A mode of transportation from school to home must be clearly known by the classroom teacher. If there are any changes to the child's transportation that differs from the initial means, please inform the front office and your child's teacher by 12 noon, notification must be in writing with a parent signature and may be sent with the child or faxed with a copy of the parent's ID. We cannot accept emails or telephone calls.

### SCHOOL WIDE DISMISSAL

Begins with announcements at 1:50pm and ends at 2:45pm. Car Riders/Nursery Riders are dismissed to the gym at 2:00pm.

1<sup>st</sup> Load departs at 2:10pm; 2<sup>nd</sup> Load departs 2:30pm; Walkers are dismissed at 2:15pm; Campus Kids are released at 2:40pm.

Campus Kids aftercare hours are 2:40pm – 6:30pm. There is a required \$15 non-refundable application fee per applicant and fee of \$40 a week per child.



### Dates To Remember

**9/14, 11/17, 2/21, 5/3**

Progress Reports

**10/17, 1/17, 3/20, 5/23**

Report Cards

**April 17-27, 2018**

GMAS Testing

**8/23, 9/20, 10/6, 10/31, 2/16**

Early Release Days

**5/23**

Last Day of School

### Helpful Learning Resources

**MyOn** – Lexile measuring reading tool

<https://myon.com/login/>

**Class Dojo** – Behavior Monitoring and Teacher Communication app

**GCIS, Jr.** - Georgia Career Information System

## **SAFETY RULES**

- No bullying of any kind is allowed at school, on the bus, at the bus stop, or at school events.
- All reports of bullying behavior will be investigated.
- We have three schoolwide expectations:
  - 1) Be responsible,
  - 2) Be respectful
  - 3) Be persistent.

## **KING TREASURES ITS HOME/SCHOOL/COMMUNITY PARTNERSHIPS**

We have a fantastic parent liaison, Douglas Henry, who facilitates our Parent Resource Room. He hosts workshops, has computers available for use, provides academic materials for check-out, and much more!

- "Make a Child Smile" dental van
  - PTO School Council
  - Partners in Education
- Parent Volunteer Program
  - Class/School Newsletters
  - Box Tops for Education
- Infinite Campus~Parent Gradebook

## **HOW ARE STUDENTS RECOGNIZED?**

Honors Assemblies  
BETA Club  
King Kash Store  
HERO Attendance Awards  
Student of the Month  
Accelerated Reader (AR)  
MyOn Award



### **FUN ACTIVITIES**

Field trips  
Field Day  
Book Fairs  
Career Day  
Grandparents Day  
Red Ribbon Week  
Spirit Days

### **PROGRAMS FOR STUDENTS**

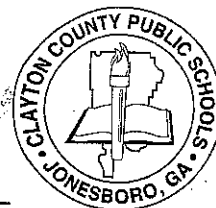
Helen Ruffin Reading Bowl  
BETA Club  
Music/Drum Club  
Art Club  
School Patrol  
Girl Scouts  
WMLK News  
Campus Kids (after school care)

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# Welcome to King Elementary

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# Clayton County Public Schools 2017-2018 Student Enrollment Form



School: King Elementary Date: \_\_\_\_\_

## STUDENT INFORMATION

Have you enrolled any other student (s) in the Clayton Count Public School System for the 2017-2018 school year?  Yes  No

Last Name:	First Name:	Middle Name:	Suffix:
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Grade:	Gender:	Date of Birth:	Social Security #:
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State of Birth (USA):	Country of Birth: (if not in USA)	If not born in the United States, when did the student first enroll in a U.S. school?
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Home Phone Number:	Cell Phone Number:
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Home Address:	Apt#	City:	State:	Zip:
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Does the Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individualized Educational Program) If yes, what is the disability? _____	Does the Student have an IHP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individualized Health Plan) If yes, what is the illness? _____	Is student-enrolled in an ELD/ESOL Program? (English Language Development/English to Speakers of Other Languages) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Was/Is student in Gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was/Is student involved in the Student Support Team (SST): <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the family lived in another country in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 on an English language assessment.

1. Which language does your child most frequently speak at home? \_\_\_\_\_
2. Which language do the adults in your home most frequently use when speaking with your child? \_\_\_\_\_
3. Which language(s) does your child currently understand or speak? \_\_\_\_\_

If yes, what is the date the family arrived in Clayton County? \_\_\_\_\_

**Is your child Hispanic/Latino?**

No, Not Hispanic/Latino

Yes, Hispanic/Latino  
 (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.)

**What is your child's race (Choose all that apply)?**

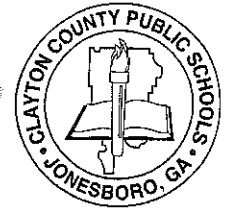
**American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

**Black or African American** (A person having origins in any of the Black racial groups of Africa-includes Caribbean Islanders and others of African origin.)

**Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, the Middle East or Africa.)



## Clayton County Public Schools 2017-2018 Student Enrollment Form

School: King Elementary Date: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Student Lives With:**  Biological Parents  Mother only  Father only  Legal Guardian  Foster Parent  Grandparent  Kinship Caregiver  
 Other \_\_\_\_\_ if other than the biological parent, as listed on the birth certificate, additional documentation is required (i.e., Foster Parent DFCS Letter; Grandparent Power of Attorney; Military Power of Attorney; Kinship Caregiver Affidavit; or Other Legal Custody Document signed by a Judge).  
**Withdrawals:** A student should generally be withdrawn by the person who enrolls them. However, the parent/legal guardian who enrolled the student may provide the school with written permission for another person to withdraw the student. That person must provide a copy of the parent/legal guardian's photo identification as well as their own photo identification.

Household Address:		Apt#	City	State	Zip
<b>Parent/Guardian</b>	Last Name:	First Name:		Middle Initial:	
Home Phone:	Work Phone:	Cell Phone:		Other:	
Marital Status:	Employer:	Highest Education Level		Preferred Language:	
Parent E-mail Address:		Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Parent/Guardian</b>	Last Name:	First Name:		Middle Initial:	
Home Phone:	Work Phone:	Cell Phone:		Other:	
Marital Status:	Employer:	Highest Education Level		Preferred Language:	
Parent E-mail Address:		Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			

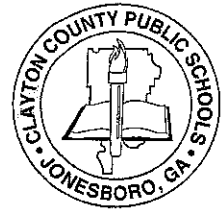
### EMERGENCY CONTACTS/NON-HOUSEHOLD PERSONS

Name:	Relationship:	Home Phone:	Cell Phone:
Name:	Relationship:	Home Phone:	Cell Phone:
Name:	Relationship:	Home Phone:	Cell Phone:

### SIBLING INFORMATION

Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:		Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:		Grade:





## Clayton County Public Schools 2017-2018 Student Enrollment Form

School: King Elementary                      Date: \_\_\_\_\_

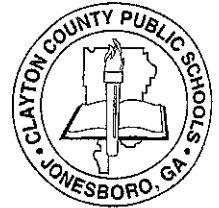
PREVIOUS SCHOOL EXPERIENCE	
Pre-School Experience: <input type="checkbox"/> Georgia Pre-K Program <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Private Pre-School <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start	
Attended a Clayton County Public School before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Clayton County Public School Attended: _____  Grade: _____                      Date of Withdrawal: _____
Is student currently suspended or pending expulsion from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, provide name of school: _____	If YES, provide name of school: _____

PLEASE LIST ALL PREVIOUS SCHOOLS ATTENDED IN THE SPACE BELOW:				
Name of Previous School:	Address of Previous School:	Phone Number of Previous School:	Date of Withdrawal:	Grade:

**REQUIRED PARENT/GUARDIAN RESIDENCY NOTICE**

I understand that a student admitted under false information AFFECTING RESIDENCY is illegally enrolled and will be dismissed FROM or reassigned WITHIN Clayton County Public Schools upon discovery. Further, I understand that a person who knowingly and willfully makes a false, fictitious or fraudulent statement/ representation or makes/uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement in any manner shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both (O.C.G.A 16-10-20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian/Caregiver to immediately inform the school district of any changes in the information provided. Residency Notice: to be enrolled in Clayton County Schools, students must reside full-time in the County of Clayton with their natural parent(s), legal guardian(s) or caregiver(s). Students and their parent(s)/ guardian(s)/custodian(s) must remain full-time Clayton County residents for the entire period of enrollment in Clayton County Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the County of Clayton and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the County of Clayton, but does not reside in Clayton County, is not considered a resident for purpose of this policy.

PARENT/GUARDIAN SIGNATURES	
<b>I SWEAR or AFFIRM THAT I AM A FULL-TIME RESIDENT OF CLAYTON COUNTY OR I AM AN EMPLOYEE OF THE CLAYTON COUNTY PUBLIC SCHOOLS SYSTEM AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.</b>	
Parent/Legal Guardian/Caregiver Signature: _____	Parent/Legal Guardian/Caregiver Signature: _____
Date: _____	Date: _____



## Clayton County Public Schools 2017-2018 Student Enrollment Form

School: King Elementary Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY**

Enrollment Date:	Student ID#:	Grade:	Homeroom:	Student Household Name:
<b>Conditional Enrollment:</b> <input type="checkbox"/> Yes, Expiration Date: _____ <input type="checkbox"/> No		<b>Immunization:</b> (GA Form 3231 Required) <input type="checkbox"/> Complete for School K-12 <input type="checkbox"/> Complete for School 7-12 <input type="checkbox"/> Expired (Date of Expiration: _____) Future Expiration Date: _____ <input type="checkbox"/> Provisional (Date of Expiration: _____) <input type="checkbox"/> Religious Waiver Exemption (Department of Public Health Form)		<input type="checkbox"/> 504 <input type="checkbox"/> EIP/REP Math <input type="checkbox"/> EIP/REP Reading <input type="checkbox"/> English Language Learner <input type="checkbox"/> ESOL <input type="checkbox"/> Foster Care <input type="checkbox"/> Gifted <input type="checkbox"/> Individual Health Plan <input type="checkbox"/> Migrant <input type="checkbox"/> Neglected/Disabled Youth <input type="checkbox"/> Psychological <input type="checkbox"/> Response to Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> Student Support Team <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Title 1 Reading
<b>Homeless:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Ear/Eye/Dental/Nutrition:</b> <input type="checkbox"/> Complete for School K-12 <input type="checkbox"/> Provisional (Date of Expiration: _____)		
<b>Is Parent /Guardian/Caregiver a CCPS employee:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, CCPS Employee number: _____		<b>Birth Certificate - State:</b> _____		
<b>Did the Caregiver provide a notarized Non-Parental Affidavit form or a Grandparent Power of Attorney document?</b> : <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> Social Security Card <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline		
<b>Transportation:</b> <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Day Care Bus <input type="checkbox"/> After-School Program		<b>Census Information</b> <b>Does Student household already exist?</b> <input type="checkbox"/> YES - If Yes, enroll your new student only <input type="checkbox"/> NO - If No, enroll student and create household		
<b>Race/Ethnicity Determination</b> <input type="checkbox"/> 01- Parent Identified <input type="checkbox"/> 02- Student Identified <input type="checkbox"/> 03- Observer Determined <input type="checkbox"/> 04- Unknown		<b>Household Information: Parents, Address, Non-Household members &amp; siblings must be entered</b>		
<b>GMAS</b> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies		<b>EOC:</b> <input type="checkbox"/> 9 <sup>th</sup> Grade Literature <input type="checkbox"/> American Literature <input type="checkbox"/> Physical Science <input type="checkbox"/> Biology <input type="checkbox"/> U.S. History <input type="checkbox"/> Economics <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Analytic Geometry <input type="checkbox"/> Algebra 2		



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5745 WEST LEE'S MILL ROAD - COLLEGE PARK, GA 30349  
PHONE: (770) 991-4651 - FAX: (770) 991-4679

Dr. Carl E. Jackson,  
Principal

Ms. Pamela Murphy,  
Assistant Principal

Ms. Schmekia Hamm-Tate,  
School Counselor

Dear Parents:

Please be advised that all children in Pre-K, Kindergarten, and 1<sup>st</sup> grade cannot get off the bus without supervision (parent, guardian, family member, older sibling, neighbor, etc.) **must be present at the bus stop** to retrieve your child from the bus, unless you state they **do not need any supervision**. Please use the form below to document who will be meeting your child at the bus stop **every day** or that they **do not need any supervision**. There should be no more than 3 authorized person per child; this will prevent confusion among the bus driver as well as your child.

**NOTE: If the designed person is not at the stop, the child will be returned to the school. If your child's bus stop is an apartment complex, please make sure the designee is at the stop, not sitting in their cars, standing in their doorway, etc. They must be AT THE STOP.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Bus #: \_\_\_\_\_ Load#: \_\_\_\_\_ Bus Stop Location: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

Designee: \_\_\_\_\_ Relationship to the student: \_\_\_\_\_

**Or:**  I give permission for my child to get off the bus by themselves as they required no supervision.  
(check)

Address: \_\_\_\_\_ Working phone number: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Contact's phone number: \_\_\_\_\_

Parent/Guardian's Name (Please Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

### FOR NOTARY PUBLIC ONLY

Signature and Stamp of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



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Dr. Carl E. Jackson,  
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Ms. Pamela Murphy,  
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Ms. Schmekia Hamm-Tate,  
School Counselor

## CCPS Attendance Policy

Research documents that frequent absences interrupt student learning, which can affect interest and attitude toward school. Clayton County Public Schools is committed to working cooperatively with parents and students to improve daily and on-time attendance. For a student to be marked present for a full school day are not met. According to Georgia School Board Rule-JB and O.C.G.A. 160-5-1-10, "Local boards of education shall adopt policies and procedures excusing students under the following circumstances as a minimum.

Absences will be coded in accordance with Georgia Department of Education guidelines. Georgia State Board of Education delineates excused absences for the following reasons:

- Personal illness or attendance in school endangers a student's health or health of others
- A serious illness or death in the student's immediate family, necessitating an absence from school
- A Court order or an order by a governmental agency including pre-induction physical examination for service in the armed forces, mandating absence from school
- Observing religious holidays, necessitating absence from school, necessitating absence from school
- Serving as a page for the Georgia General Assembly (Students will be marked present)
- Local boards of education may allow a period not to exceed one day for registering to vote or voting in a public election
- Conditions rendering attendance impossible or hazardous to student health or safety
- Up to five school days when a parent is called to duty or leave from a combat zone or combat support posting
- Students in foster care who attend court proceedings related to their foster care (Students will be marked present)
- Up to two days per school year for a student who successfully participate in the Student Teen Election Participant program (Students will be marked present)

Students shall not be permitted to leave school without parental permission. Students shall not encourage, urge or counsel other students to violate this rule.

## Attendance Protocol Chart

By September 1 of each school year of 30 days after enrollment of student (students under 16 years of age)	A parent notification letter will be issued, explaining attendance expectations and possible penalties/consequences of unexcused absences. The form requires the signatures of the parent/guardian and student (ages 10 and up) by September 1 of each school year.
Three (3) Unexcused Absences	A notification letter will be sent to the parent(s)/guardian(s) reminding of possible penalties/consequences of absences, as well as explaining attendance expectations. The attendance designee and the school social worker will collaborate weekly to review data and ensure that letters have been generated and processed according to procedures.
Five (5) Unexcused Absences	Designated personnel or school social worker will send a notification letter and/or make a home visit reminding parent(s)/guardian(s) of possible penalties/consequences or misdemeanor violation and requesting participation in Student Attendance Committee (SAC) Meetings. The purpose of the meeting is to identify and implement family of the school social worker to assess the attendance problem, increase intensity of

	strategies, and refer to community agencies. Community agencies may include, but are not limited to the Attendance Support Center Saturday Sessions, QUAD C ST, and the Clayton County System of Care.
Ten (10) or more Unexcused Absences (Truancy Protocol)	<p>Additional Student Attendance Committee (SAC) meetings may take place and appropriate referrals to QUAD C ST and the Clayton County System of Care may be initiated. The school system may refer the student and family to the Clayton County Juvenile Court if parent(s)/guardian(s) are noncompliant with attendance interventions unexcused absences according to House Bill 242.</p> <p>The school system complies with Georgia's Teenage and Adult Drivers Responsibilities Act. The Department of Driver Services may prohibit the student attaining driver's permit/license or revoke the student's driver's permit/license or revoke the student's driver's permit/license privileges.</p>

I acknowledge that I have reviewed the Attendance Policy for Clayton County Public Schools. I understand that the attendance protocol will be enacted if my child shall ever have excessive unexcused absences.

\_\_\_\_\_

Student Name

\_\_\_\_\_

Homeroom Teacher/Grade

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Parent/Guardian Signature



# MARTIN LUTHER KING, JR. ELEMENTARY SCHOOL

5745 WEST LEE'S MILL ROAD - COLLEGE PARK, GA 30349  
PHONE: (770) 991-4651 - FAX: (770) 991-4679

Dr. Carl E. Jackson,  
Principal

Ms. Pamela Murphy,  
Assistant Principal

Ms. Schmekia Hamm-Tate,  
School Counselor

## CCPS Attendance Policy

Research documents that frequent absences interrupt student learning, which can affect interest and attitude toward school. Clayton County Public Schools is committed to working cooperatively with parents and students to improve daily and on-time attendance. For a student to be marked present for a full school day are not met. According to Georgia School Board Rule-JB and O.C.G.A. 160-5-1-10, "Local boards of education shall adopt policies and procedures excusing students under the following circumstances as a minimum.

Absences will be coded in accordance with Georgia Department of Education guidelines. Georgia State Board of Education delineates excused absences for the following reasons:

- Personal illness or attendance in school endangers a student's health or health of others
- A serious illness or death in the student's immediate family, necessitating an absence from school
- A Court order or an order by a governmental agency including pre-induction physical examination for service in the armed forces, mandating absence from school
- Observing religious holidays, necessitating absence from school, necessitating absence from school
- Serving as a page for the Georgia General Assembly (Students will be marked present)
- Local boards of education may allow a period not to exceed one day for registering to vote or voting in a public election
- Conditions rendering attendance impossible or hazardous to student health or safety
- Up to five school days when a parent is called to duty or leave from a combat zone or combat support posting
- Students in foster care who attend court proceedings related to their foster care (Students will be marked present)
- Up to two days per school year for a student who successfully participate in the Student Teen Election Participant program (Students will be marked present)

Students shall not be permitted to leave school without parental permission. Students shall not encourage, urge or counsel other students to violate this rule.

## Attendance Protocol Chart

By September 1 of each school year of 30 days after enrollment of student (students under 16 years of age)	A parent notification letter will be issued, explaining attendance expectations and possible penalties/consequences of unexcused absences. The form requires the signatures of the parent/guardian and student (ages 10 and up) by September 1 of each school year.
Three (3) Unexcused Absences	A notification letter will be sent to the parent(s)/guardian(s) reminding of possible penalties/consequences of absences, as well as explaining attendance expectations. The attendance designee and the school social worker will collaborate weekly to review data and ensure that letters have been generated and processed according to procedures.
Five (5) Unexcused Absences	Designated personnel or school social worker will send a notification letter and/or make a home visit reminding parent(s)/guardian(s) of possible penalties/consequences or misdemeanor violation and requesting participation in Student Attendance Committee (SAC) Meetings. The purpose of the meeting is to identify and implement family of the school social worker to assess the attendance problem, increase intensity of



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## New Student Rider/Dismissal Form

### Student Information

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

Parent Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

Contact No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Dismissal Information

Check the mode of transportation:

\_\_\_ Campus Kids \_\_\_ Walker \_\_\_ Car Rider \_\_\_ Nursery Rider (Name) \_\_\_\_\_

\_\_\_ Bus # \_\_\_\_\_ Dismissal Load \_\_\_\_\_ Bus Pass Color \_\_\_\_\_ AM Stop \_\_\_ PM Stop \_\_\_

Bus Stop Location \_\_\_\_\_

### Office Use Only

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room Number \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy Provided to: Teacher \_\_\_ Parent \_\_\_ Bus Driver \_\_\_ PR File \_\_\_

MARTIN LUTHER KING, JR. ELEMENTARY  
CLAYTON COUNTY PUBLIC SCHOOLS  
AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS  
And/or COMMUNICATION WITH A THIRD PARTY

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1<sup>st</sup> Previous School Name \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Previous School's Address \_\_\_\_\_

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

2<sup>nd</sup> Previous School Name \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ to \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2<sup>nd</sup> Previous School's Address \_\_\_\_\_

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

The student named above has enrolled in Clayton County Public Schools in the \_\_\_\_\_ grade. Please send the documents listed below to the following address. As the parent or legal guardian of the above named student, I understand that my signature on this document authorizes the release of the educational records to Clayton County Public Schools.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Attention: Ms. Reeves, Records Department  
Martin Luther King Elementary School  
5745 West Lee's Mill Road  
College Park, GA 30349  
(770) 991-4651  
(770) 991-4679 FAX

1. Transcript/Academic record with an explanation of grading scale
2. Discipline record
3. Attendance record
4. SST/504 records
5. Health/legal documents
  - a. Current immunization
  - b. Hearing Acuity Screening
  - c. Medical History data
6. Assessment Data
  - a. Standardized test data (group and/or individual)
- b. Psychological reports
- c. Eligibility report
- d. Photocopies of standardized test labels
7. Grades at the time of withdrawal
8. Additional information used in educational planning



**CLAYTON COUNTY PUBLIC SCHOOLS  
STUDENT ENROLLMENT QUESTIONNAIRE (SEQ)**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Adult Registering Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Contact phone \_\_\_\_\_

Welcome to Clayton County Public Schools. Our mission is to provide a quality education for all students. We will provide support services to ensure that all students are able to succeed.

**Please answer the following questions to begin the enrollment process.**

**Do you currently have the following enrollment materials?**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verification of Residency (two proofs)              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Birth Certificate                                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Student Social Security Card                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verification of Guardianship                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Georgia Immunization Certificate (Form 3231)        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Georgia Eye, Ear and Dental Certificate (Form 3300) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | School records / grades / transcripts               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Discipline Information (grades 7 to 12)             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parent ID   |

**Please check any situations apply:**

- 1. **Doubled-up:** Share housing temporarily with relatives or others because I have lost my housing or cannot afford housing.
- 2. **Unsheltered:** Live in a campground, car, abandoned building, or other inadequate housing.
- 3. **Shelter:** Live in an emergency or transitional shelter or domestic violence shelter
- 4. **Unsheltered:** Live on the street.
- 5. **Awaiting foster care placement:** Live in temporary foster care.
- 6. **Motel:** Live in motel due to lack of alternative housing.
- 7. **Unaccompanied Youth:** Homeless youth (under 21) enrolling without a parent or guardian.

**I certify that the above information is accurate and true.**

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

\_\_\_\_\_  
Date

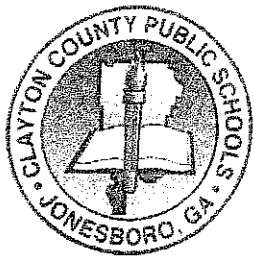
***(PLEASE RETURN THIS FORM TO THE REGISTRATION PERSONNEL)***

\_\_\_\_\_  
Reviewed By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



# Clayton County Public Schools School Health Program

Clayton County Public Schools has established a School Health Program that provides a healthcare technician at your child's school during the school year. If you **choose** for your child to participate in the School Health Program, the healthcare technician/designee must have your permission and some important health information about your child. **Please complete this form and return to the healthcare technician at your child's school.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Street Address \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
Emergency contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Emergency contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Student's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any specific health need or chronic health condition? NO \_\_\_\_\_ Yes (explain) \_\_\_\_\_

Does your child have an allergy (food, medication, other)? NO \_\_\_\_\_ Yes (please explain) \_\_\_\_\_

Does your child take medication daily? NO \_\_\_\_\_ Yes (please explain) \_\_\_\_\_

Side effects from medication: \_\_\_\_\_

The School Health Program provides the services listed below:

- Assessment and evaluation of sudden illness while in school
- Basic First Aid
- Medication Administration (Medication Authorization required)
- Vision, Hearing and Scoliosis Screening
- Health and Nutrition Education
- Referral for illness/injury not suitable for treatment in the school
- Asthma management (Asthma Health Plan and Medication Authorization required)
- Diabetic management/Glucose monitoring (Diabetic Health Plan and Medication Authorization required)
- Seizure management (Seizure Health Plan and Medication Authorization required)
- Allergic Reaction management (Allergic Reaction Health Plan and Medication Authorization required)

If an emergency arises requiring treatment for your child, every effort will be made to contact you immediately. **In the event of the life threatening situation, 911 will be called.** Doctors and hospitals are very conscious of liability suits and will not treat a child without parental consent. Your signature gives us authority to seek emergency medical treatment. **The Clayton County Public School System assumes no financial responsibility for actions taken to preserve the health and well being of the said student.**

**I, UNDERSIGNED, HEREBY GIVE THE PERMISSION TO CLAYTON COUNTY PUBLIC SCHOOLS FOR MY CHILD TO PARTICIPATE IN THE ABOVE SERVICES OF THE SCHOOL HEALTH PROGRAM. THE HEALTHCARE TECHNICIAN/DESIGNEE HAS MY PERMISSION TO CONTACT MY CHILD'S PHYSICIAN FOR FURTHER MEDICAL INFORMATION AS NECESSARY. I UNDERSTAND THAT I CAN REVOKE THIS PERMISSION AT ANY TIME BY WRITTEN NOTIFICATION TO THE SCHOOL.**

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



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

School District: \_\_\_\_\_

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



Georgia Department of Education

*Richard Woods, Georgia's School Superintendent*

*"Educating Georgia's Future"*

School District: \_\_\_\_\_

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

**Encuesta Ocupacional para Padres**

**Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C**

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? \_\_\_\_\_

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura: plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: \_\_\_\_\_

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Dirección donde vive: \_\_\_\_\_

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

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

*Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.*

**Note for the school/district:** When both (Yes) "Si" 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:

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