



Enrollment Forms Packet

- Complete one enrollment packet per student based on the grade-specific information below.
- Review the information in the chart to determine what supporting documentation you should submit for each student.
- Please return all required paperwork in one of the following ways: via email to cemcssav@gmail.com, via US Mail to 301 Buckhalter Rd., Savannah, GA 31405, or via hand delivery to the black mailbox in front of the Main Office at the school.

Thank you!

Required For?	Item	Description / Information
ALL STUDENTS	CEMCS / SCCPSS Registration / Emergency Contact Form	Complete, sign and submit; <i>ENCLOSED IN PACKET</i>
	Proof of Chatham County address	Current utility bill showing service address OR mortgage statement/rental contract (incl. address and signature pages)
	*Immunization Record	Current Immunization Form 3231
	*Ear, Eye, Dental & Nutrition (EEDN) Form	Current GA Form 3330
	Proof of Age	Official Birth Certificate (original must be shown to staff in school's Main Office if requested)
	Proof of Identification	Official Social Security Card (original must be shown to staff in school's Main Office if requested)
	Montessori Parent Questionnaire	Complete and Submit; <i>ENCLOSED IN PACKET</i>
	School Lunch Program	Complete, sign and submit; <i>Available in August</i>
STUDENTS WITH GUARDIANS	Proof of Guardianship	Certified copy of Letter of Permanent Guardianship of Minor (from Probate Court)
STUDENTS WITH SPECIAL EDUCATIONAL NEEDS	Special Education documents	Copy of your student's current IEP or 504 Plan

* Forms 3231 and 3330 can be obtained from your child's doctor or at the Chatham County Health Department



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Entry Date:	GTID Number:	Special Services: <input type="checkbox"/> ECE <input type="checkbox"/> Gifted <input type="checkbox"/> EIP <input type="checkbox"/> REP	Teacher:
Completed: <input type="checkbox"/>	Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> GA EEDN <input type="checkbox"/> Proof of Residency		Grade:
Provisional: <input type="checkbox"/> Prov. End Date: _____	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Proof of Legal Guardianship (if applicable)		Verified by:

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STUDENT INFORMATION					
Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Social Security Number:			Nickname:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Grade:	Date of Birth:	State of birth:	Country of Citizenship: (if not USA)	Home Phone:	
Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native		Does Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address: (include apartment no.) <input type="checkbox"/> Federally Subsidized Housing		City:		State:	Zip code:
Mailing Address: (if different)		City:		State:	Zip code:
What language did/does the student... First learn to speak: _____ Speak at home: _____ Speak most often: _____					

STUDENT HISTORY			
Previous School Attended: <input type="checkbox"/> Attended SCCPSS Before <input type="checkbox"/> Home Study Program <input type="checkbox"/> Private School			
Previous School Address (City/State/Zip)	Last School Year Attended:	Last Grade Attended:	Date Withdrawn:

SIBLING INFORMATION				
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:
Last Name:	First name:	Date of Birth:	School:	Grade:

PARENT(S)/GUARDIAN(S) WITH WITHDRAWAL AUTHORITY				
Last Name:	First name:	Relationship:	Phone 1:	Phone 2:
Last Name:	First name:	Relationship:	Phone 1:	Phone 2:

Providing a Social Security number is voluntary. Should you decide not to provide your child's SSN, a waiver form must be filled out to provide an alternative number. Please fill out the Social Security Number Waiver Form located at www.sccpss.com, Student Affairs Office, or at the school's main office.

If the student is residing in a motel or emergency shelter, or is without an adult, he/she might be eligible for additional services under the McKinney -Vento Homeless Assistance Act of 2001. Please fill out the Student Residency Questionnaire for eligibility located at www.sccpss.com, Student Affairs Office, or at the school's main office.

Ethnicity and race are both required for processing

IEP - Individualized Education Plan ECE - Exceptional Child Education ESOL - English Speakers of Other Languages
 ELL - English Language Learners EIP - Early Intervention Program REP - Remedial Education Program

PARENT/LEGAL GUARDIAN SIGNATURE	
I the undersigned, certify that the information on pages 1 and 2 of this form is correct and current. I understand that a student admitted under false information is illegally enrolled and may be dismissed from school upon discovery. I further understand that it is my responsibility to immediately inform the school of any changes to the information provided. Further, I understand that a person who knowingly and willingly makes a false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment as allowed by criminal statute O.C.G.A 16-10-20.	
Parent/Legal Guardian Signature: _____	Date: _____
Parent/Legal Guardian Signature: _____	Date: _____



Student Last Name:	Student First Name:	Student Middle Name:
Student Date of Birth:	Student Age:	Teacher's Name:

PARENT/LEGAL GUARDIAN INFORMATION

Student lives with: (if other than parent, legal documentation is required.)

Both Parents Mother Father Legal Guardian Foster Parent Other (Specify Relationship) _____

PARENT/LEGAL GUARDIAN 1

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Address:	City:	Zip Code:	Email Address:
Phone #1	Phone #2	Phone #3	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status and Rank (if applicable):	Unit and Unit #	Works of Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/LEGAL GUARDIAN 2

Last Name:	First Name:	Parent/Legal Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Address:	City:	Zip Code:	Email Address:
Phone #1	Phone #2	Phone #3	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	Employer:	Highest Education Received:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
Military Status and Rank (if applicable):	Unit and Unit #	Works of Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

***EMERGENCY CONTACTS (Other than Parent/Legal Guardian) Please provide at least two**

Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2
Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2
Contact Last Name:	Contact First Name:	Relationship:	Phone #1	Phone #2

****Students may NOT be released to Emergency Contacts for dismissal unless, the Emergency Contacts are also listed in the "dismissal" section on the students Emergency Forms** (Emergency forms are good for ONE year only and are distributed at the beginning of each year.)****

The information provided shall be entered and maintained in the School's Information System (SIS)

Please note that in the event of an emergency, 911 may be called along with the Emergency Contacts listed above.

Doctor's Name: _____ Doctor's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

List of allergies: _____

List any medical conditions and/or medications: _____

Student Transportation (if known at time of registration):

Person(s) responsible for transporting student to and from school: _____

And/or

Bus Route #: _____ and Bus stop location: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____



Montessori Parent Questionnaire

Child's name: _____ Age: _____

Parent(s) name(s): _____

You have chosen to provide your child with a Montessori education, which is a wonderfully unique experience. It is a choice that must be intentional, as becoming a Montessori Parent carries responsibilities and is in fact a journey in itself. Your responses to the questions below will help start the growth of the critical home – school connection.

Is your child:

Comments

Able to complete tasks independently? YES NO _____

Able to clean up after his/herself? YES NO _____

Able to put on clothing independently? YES NO _____

Does your child complete self-chosen tasks? _____

Is your child able to follow simple two-step directions independently? _____

Is your child curious and engaged in the world around him/her? _____

Is your child able to concentrate on age-appropriate activities? _____

What are your child's favorite activities at home? _____

At what age do you believe a child is able to make his/her own choices? _____

Is your child a leader or observer? _____

Does your child separate (from people/things) easily? _____

How does your child handle frustration? _____

How does your child handle conflict? _____

How does your child communicate his/her needs to an adult or peer? _____

Is there anything that concerns you about your child's behavior? _____

As a parent:

What is your belief on rewards and incentives? _____

How do you motivate your child? _____

What is your approach to get your child to complete a non-preferred task? _____

Approximately what percent of the time do you allow your child the freedom to make his/her own choices? _____

What are your thoughts on limited screen time for your child? _____

Home-school connection:

Why did you choose Coastal Empire Montessori for your child? Please be specific. _____

What do you like about Montessori? _____

How do you think your child will benefit from a Montessori program? _____

How do you plan to get involved at the school? What interests/skills would you like to share? _____

Describe how your family plans to fulfill its Family Service Hours. _____

Additional information to assist with a smooth transition to our school:

Does your child have an IEP or 504 plan? _____

Is your child in RTI (Response to Intervention) Tier 2 or 3? _____

If yes, what subject? _____

Is English your child's second language? _____