

The following documents are required
for
NEW STUDENTS:

- Two proofs of residency
- Georgia Immunization Form #3231
- Eye, Ear, and Dental Form #3300
- Final Report Card
- Withdrawal Form
- Eligibility paperwork for special programs
(ESOL, Special Education, TAG)
- Most Current Standardized Test Scores
- Copy of Birth Certificate
- Copy of Social Security Card (or waiver)

CONNECTION CLASSES

CHOOSE OPTION A OR B

Option A: General Connections

- ◆ One period includes 2 semester-long courses that are randomly assigned, in content areas, such as art, business and computer science, graphic design, architecture, and general music. *Courses are randomly assigned and course requests are not accepted.*
- ◆ One class includes 2 semesters of health/physical education

Option B: Performing Music Connections

- ◆ One year-long course in the requested performing arts program of:

Chorus

Band*

Orchestra*

**Prior instrumental experience is NOT required for 6th graders only; 7th and 8th graders must have prior experience to participate.*

- ◆ One class consisting of 2 semester-long courses
 - 1 semester of health/physical education
 - 1 semester course in content area, such as art, business and computer science, graphic design, architecture, and general music.

Courses are randomly assigned and course requests are not accepted.

_____ I prefer **OPTION A:** General Connections

_____ I prefer **OPTION B:** Performing Music Connections

Please select one of the following:

☐ Chorus

☐ Band

☐ Orchestra

Prior Instrument Experience: _____

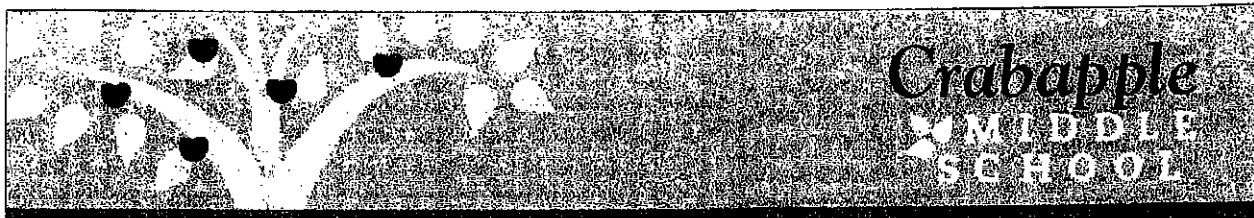
None: ☐

Prior Instrument Experience: _____

None: ☐

Student Name (legibly printed): _____

Parent Signature: _____



READING AND WORLD LANGUAGE

Every student at Crabapple Middle School is placed in either reading or a world language. Per Fulton County Guidelines, a student needs to meet certain requirements in order to qualify for placement in a world language. Your student's counselor will look at your student's test scores and report card grades and will determine if he or she qualifies for placement in world language. Eligibility for world language will be re-evaluated by a student's reading teacher at the end of 6th and 7th grade.

High school credit is earned for successful completion of Level I Parts A and B of a world language. Students at Crabapple Middle School have the option to complete one of the following paths to earn credit:

	During 6 th Grade	During 7 th Grade	During 8 th Grade	Enter 9 th grade, having earned:
Path 1:	Successful completion of Level I Part A of language Example: French A	Successful completion of Level I part B of language Example French B (A and B = French 1 HS credit)	Level II of language Example: French II	2 full language credits Example: French I and French II
Path 2:	Enrollment in Level I Part A, however, successful completion is not met Example: French A	Successful completion of Level I Part A of a different language Example: Spanish A	Successful completion of Level 1 Part B of language Example: Spanish B (A and B = Spanish I HS credit)	1 full language credit Example: Spanish I
Path 2:	Reading	Successful completion of Level I part A of language Example: German A	Successful completion of Level I part B of language Example: German B (A and B = German I HS credit)	1 full language credit Example: German I
Path 3:	Reading	Reading	Level I of the specific language offered as year-long course at CMS, or level 1 of language taken through Fulton Virtual School completed at home (any language offered through FVS)	1 full language credit

If your student is eligible to take a world language, please review the following options carefully and make your selection:

_____ Enroll my child in French

_____ Enroll my child in German

_____ Enroll my child in Spanish

_____ Enroll my child in Reading, regardless of the qualifying score

If you have questions about the placement requirements, please contact Jamie Patterson, World Languages Coordinator, at 404-254-8557 or patterson@fultonschools.org.

Parent's signature _____ Date _____



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____ School: _____

- ☐ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: Crabapple Middle School Phone: 470-254-4520

Address: 10700 Crabapple Road Fax: 470-254-4524

City: Roswell GA 30075 State: _____ Zip Code: _____

- ☐ Release of student information will be reciprocal between persons/agencies listed above (Please check box).
- ☐ I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.
- ☐ This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

EDUCATIONAL RECORDS

☐ All Student Educational Records:

- ☐ Enrollment
- ☐ Withdrawal
- ☐ Attendance
- ☐ Behavior
- ☐ Grades/Progress reports
- ☐ Immunization
- ☐ Official Transcript
- ☐ Student Intervention Team records/minutes/plans
- ☐ Other: _____

SPECIAL EDUCATION RECORDS

☐ All Special Education Evaluation and Records

- ☐ Educational Evaluation/Student Achievement
- ☐ IEP Meeting Minutes
- ☐ Individualized Education Plans (IEP)
- ☐ Consent for Placement
- ☐ Consent for Evaluation
- ☐ Adaptive Behavior reports or checklists
- ☐ Behavioral reports or checklists
- ☐ Transition Plan
- ☐ Eligibility Report for all Categories of Disability
- ☐ Developmental/Social/Behavioral History
- ☐ Other: _____
- ☐ Other: _____

SPECIALIZED EVALUATIONS AND RECORDS

☐ All Specialized Evaluation and Records

- ☐ Psychological
- ☐ Neuropsychological
- ☐ Treatment Plan/Recommendations
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech/Language
- ☐ Vision
- ☐ Hearing
- ☐ Otological
- ☐ Audiological
- ☐ Other: _____

MEDICAL EVALUATION AND RECORDS

☐ All Medical Records

- ☐ Psychiatric
- ☐ Diagnoses
- ☐ Medications
- ☐ Educational Impact Summary
- ☐ Discharge Summary
- ☐ Outpatient Treatment Plan
- ☐ Other: _____
- ☐ Other: _____

FCS Authorization To Release Confidential Student Information | AUG 2017

Parent/Guardian Signature: _____ Date: ____/____/____

STUDENT'S NAME: _____
Last First Middle

BIRTH DATE: _____
Month Day Year

**FULTON COUNTY BOARD OF EDUCATION
EMERGENCY TRANSPORTATION/TREATMENT RELEASE**

In the event that I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Signature (Print)

Please PRINT Information Below

Date of Birth _____ / _____ / _____

Social Security # _____ - _____ - _____

Family Doctor _____ Telephone _____

Medications _____

Allergies _____

Brief Medical History (Asthma, Diabetes, etc.)

Daytime Contact# _____ Home () _____

Work () _____

Cell () _____