

# Floyd County School District

## Returning Student

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### Student Information

Student's Legal First Name **Anderson**

Student's Legal Gender **Male**

Student's Legal Middle Name **Blake**

Student's Date of Birth **11/27/2008**

Student's Legal Last Name **Pierce**  
Suffix

Student's Cell Phone **706-238-3728**

### Student's Place of Birth

City **Rome**

Country **United States**

State **Georgia**

Enrolling Grade **9**

Enrolling School **Armuchee High School (Grades 7 - 12)**

### Home/Residential Information

Phone **706-234-6927**

Address **346 Featherston Rd SW**

Apt / Unit / Ste

City **Rome**

State **Georgia**

Zip **30165-8597**

☐ Check here if you would like to modify this address

### Mailing Address

Address **346 Featherston Rd SW**

Apt / Unit / Ste

City **Rome**

State **Georgia**

Zip **30165-8597**

### Ethnicity and Race Report

The U.S. Department of Education has issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

This form is to be filled out by the student's parents or guardians, and both questions **MUST** be answered. Part A asks about the student's ethnicity and Part B asks about the student's race.

#### Part A - Ethnicity

*Is the student Hispanic / Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

**No, not Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the next question by selecting from one or more of the options below to indicate what you consider this student's race to be.

## Part B - Race

- | **American Indian or Alaskan 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 a 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 in Africa.
- | **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 North Africa.

### Choose one or more:

Race(s) **White**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

## Contact Information

Please enter the contact information for the parent/guardian. This information will be listed as the emergency contact, as well as receive any automated calls from the school.

### Contact 1

Title **Mr.**

First Name **Chad**

Middle Name

Last Name **Pierce**

Suffix

Gender **Male**

Relationship to Student **Father**

Emergency Contact **Yes**

Has custody **Yes**

Can pick up student **Yes**

Lives with student **Yes**

Resides at 346 Featherston  
Rd SW **Yes**

### Contact 1 Physical/Residential Address

Receives mail for student **Yes**

Street **346 Featherston Rd SW**

Address Line 2

Apt / Unit / Ste

City **Rome**

State **Georgia**

Zip **30165-8597**

### Contact 1 Contact Information

Phone 1 Number **706-266-2216**

Phone 1 Type **Mobile**

Preferred phone number? **Yes**

Accepts SMS? **Yes**

Phone 2 Number **706-234-6927**

Phone 2 Type **Home**  
Preferred phone number? **No**  
Phone 3 Number  
Phone 3 Type  
Preferred phone number?  
Would you like to receive  
automated calls from the  
school?  
  
Employer  
Email Address **chad\_e\_pierce@yahoo.com**

## Contact 2

Title  
First Name **Tammy**  
Middle Name **Michelle**  
Last Name **Pierce**  
Suffix  
Gender **Female**  
Relationship to Student **Mother**  
Emergency Contact **Yes**  
Has custody **Yes**  
Can pick up student **Yes**  
Lives with student **Yes**  
Resides at 346 Featherston  
Rd SW **Yes**

## Contact 2 Physical/Residential Address

Receives mail for student **Yes**  
Street **346 Featherston Rd SW**  
Address Line 2  
Apt / Unit / Ste  
City **Rome**  
State **Georgia**  
Zip **30165-8597**

## Contact 2 Contact Information

Phone 1 Number **706-266-2217**  
Phone 1 Type **Mobile**  
Preferred phone number? **No**  
Accepts SMS? **No**  
Phone 2 Number **706-234-6927**  
Phone 2 Type **Home**  
Preferred phone number? **No**  
Phone 3 Number  
Phone 3 Type  
Preferred phone number?  
Would you like to receive  
automated calls from the  
school?  
  
Employer  
Email Address **tmpierce24@yahoo.com**

## Other Contacts

Please enter additional emergency contacts and/or people who are allowed to pick-up your child. Contacts listed as emergency contacts will receive school-related automated calls (ex. Notifications of inclement weather, school events, etc).

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## Contact 3 Information

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*Title* **Mr.**  
*First Name* **Hughey**  
*Middle Name* **Ray**  
*Last Name* **Turner**  
*Suffix*  
*Gender* **Male**  
*Relationship to Student* **Grandfather**  
*Emergency Contact* **Yes**  
*Has custody* **No**  
*Can pick up student* **Yes**  
*Lives with student* **No**  
*Resides at 346 Featherston Rd SW* **No**  
*Receives mail for student* **No**  
*Street* **32 Devonshire Dr SE**  
*Address Line 2*  
*Apt / Unit / Ste*  
*City* **Rome**  
*State* **Georgia**  
*Zip* **30161-9430**  
*Phone 1 Number* **706-512-0325**  
*Phone 1 Type* **Mobile**  
*Preferred phone number?* **Yes**  
*Accepts SMS?* **Yes**  
*Phone 2 Number*  
*Phone 2 Type*  
*Preferred phone number?*  
*Email Address*

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## Contact 4 Information

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*Title* **Ms.**  
*First Name* **Skye**  
*Middle Name* **Autumn**  
*Last Name* **Pierce**  
*Suffix*  
*Gender* **Female**  
*Relationship to Student* **Sister**  
*Emergency Contact* **No**  
*Has custody* **No**  
*Can pick up student* **Yes**  
*Lives with student* **No**  
*Resides at 346 Featherston Rd SW* **No**

Receives mail for student **No**  
Street **1789 May Glen Dr NW**  
Address Line 2  
Apt / Unit / Ste  
City **Acworth**  
State **Georgia**  
Zip **30102**  
  
Phone 1 Number **706-266-2215**  
Phone 1 Type **Mobile**  
Preferred phone number? **Yes**  
Accepts SMS? **Yes**  
Phone 2 Number  
Phone 2 Type  
Preferred phone number?  
Email Address

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## Contact 5 Information

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Title **Ms.**  
First Name **Summer**  
Middle Name **Beri**  
Last Name **Pierce**  
Suffix  
Gender **Female**  
Relationship to Student **Sister**  
Emergency Contact **No**  
Has custody **No**  
Can pick up student **Yes**  
Lives with student **No**  
Resides at 346 Featherston Rd SW **No**  
  
Receives mail for student **No**  
Street **1789 May Glen Dr NW**  
Address Line 2  
Apt / Unit / Ste  
City **Acworth**  
State **Georgia**  
Zip **30102**  
  
Phone 1 Number **706-766-5652**  
Phone 1 Type **Mobile**  
Preferred phone number? **Yes**  
Accepts SMS? **Yes**  
Phone 2 Number  
Phone 2 Type  
Preferred phone number?  
Email Address

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# Contact 6 Information

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*Title* **Mrs.**  
*First Name* **Sheila**  
*Middle Name*  
*Last Name* **Turner**  
*Suffix*  
*Gender* **Female**  
*Relationship to Student* **Grandmother**  
*Emergency Contact* **Yes**  
*Has custody* **No**  
*Can pick up student* **Yes**  
*Lives with student* **No**  
*Resides at 346 Featherston Rd SW* **No**  
*Receives mail for student* **No**  
*Street* **32 Devonshire Dr SE**  
*Address Line 2*  
*Apt / Unit / Ste*  
*City* **Rome**  
*State* **Georgia**  
*Zip* **30161-9430**  
*Phone 1 Number* **706-512-0143**  
*Phone 1 Type* **Mobile**  
*Extension*  
*Phone 2 Number*  
*Phone 2 Type*  
*Extension*  
*Phone 3 Number*  
*Phone 3 Type*  
*Extension*  
*Email Address* **tmpierce24@yahoo.com**

## Additional Contact

*Would you like to add another contact?*

## Emergency Contact Priority

Below is the priority in which emergency contacts will be called. To adjust the priority, please select the appropriate order number next to the name.

*Chad Pierce* **2**  
*Tammy Pierce* **1**  
*Hughey Turner* **3**  
*Skye Pierce* **6**  
*Summer Pierce* **5**  
*Sheila Turner* **4**

## Transportation

Selecting "Bus" in the boxes below registers the student for AM/PM bus service to the above-entered physical address. If an address other than your physical address is needed, please contact transportation. Bus service takes approximately five school days to schedule during the first few weeks of school.

*Method of Transportation TO School*

**Car**

*Method of Transportation FROM School*

**Car**

## Parent Occupational Survey

*The answers to this survey will help determine if your child(ren) is/are eligible to receive supplemental services from the Title I, Part C Program.*

*Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?*

**No**

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? (Check all that apply.)

☐ Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)

☐ Planting, growing, or cutting, or processing trees (pulpwood), or raking pine straw

☐ Processing/packing agricultural products

☐ Dairy/Poultry/Livestock

☐ Meatpacking/Meat processing/Seafood

☐ Fishing or fish farms

☐ Other

☒ Not Applicable

## Immigrant Information

*Is this your first year in a school in the United States?*

**No**

*Is the student classified as an immigrant? ( an immigrant student was not born in any US state, Puerto Rico, or the District of Columbia AND has not been attending one or more schools in any one or more states for more than 3 full academic years)*

**No**

## McKinney Vento

Dear Parent/ Guardian:

Families or unaccompanied youth that are living in temporary (short-term) housing situations, due to loss of housing or financial hardship, may be eligible for extra services. If your family qualifies, your child may not have to transfer schools, even when you move. Please notify the school office personnel IMMEDIATELY if your family is in a temporary living situation. This questionnaire is intended to address the McKinney-Vento Act 42 U. S. C. 1145. Presenting a false record or falsifying records is an offense under OCGA 10-10-20. If you have any questions about eligibility or assistance, please feel free to contact: Student Services

706-234-1031

*Is your family in a temporary living situation?* **No**

## Previous School Information

*Name of Last School Attended*

**Armuchee High School**

*Was School:* **Public**

*Address* **4203 Martha Berry Highway**

*City* **Rome**

*State* **Georgia**

*Zip* **30105**

*Name of Other School Attended (School Attended prior to the one listed above)*

**Armuchee Middle School**

*Was School:* **Public**

*Address* **471 Floyd Springs Rd NE**

City **Rome**  
State **Georgia**  
Zip **30105**

Has student EVER attended school before in Floyd County?

**Yes**

Which school? **Armuchee High**

Date Entered Ninth (9th) Grade for First Time

**08/03/2023**

Has student ever been retained in any grade(s)?

**No**

Was your child enrolled in an Alternative School Program  
prior to enrolling in the Floyd County School System?

**No**

I/We authorize Floyd County Schools to request any previous  
school transcripts and records.

**Yes**

### Exceptional Services

Did student receive any special services at last school attended or in past school years?

**No**

### Military Service

A student whose parent or guardian is on active duty in the U.S. armed forces will be allowed to enroll before physically establishing residency in this school system upon presentation of a copy of the official military orders. The student may enroll in a school in the attendance zone in which the family will be living or in a school the student would be allowed to attend under the school system's transfer procedures.

Is the student a dependent of an active member of the Armed Forces?

**No**

### Free/Reduced Lunch

#### Benefits

- | SAT/ACT fee waivers (2 per year)
- | One free AP exam annually
- | Qualification for the Pell grant
- | Low cost Internet through Comcast and AT&T
- | Fee waiver for the Duke Tip program
- | Scholarship opportunities for Boys & Girls Clubs
- | Funding opportunities for schools

### Student's Medical Information

#### Physician

Physician Name **Dr. Robersteen Howard**

Phone **762-235-2990**

#### Dentist

Dentist Name **Dr. Ben Knaak**

Phone **706-235-6011**

#### Insurance

Do you have health insurance?

Policy Number **WUL893A22842**

**Yes**

Insurance Company **Anthem**

#### Health History

**Does your child have a past or  
present history of the following?**



*Life-Threatening Allergy* **No**

*Asthma* **No**

*Diabetes* **No**

*Seizure Disorder* **No**

*Attention Deficit  
Hyperactivity Disorder* **Yes**

*Please Explain* **Takes Adderall**

*Speech, Hearing, or Visual  
Impairment* **No**

*Does your child require any  
routine / daily medications?* **No**

*Orthopedic Injury /  
Disability* **No**

*Chronic or Recurrent Ear  
Infections* **No**

*Congenital or Acquired  
Heart Disorder* **No**

*Developmental / Learning  
Problem* **No**

*Other health conditions* **No**

*I give permission for my  
child to be seen and  
treated by the school nurse  
if available or designated  
personnel.* **Yes**

*I consent to hearing, vision,  
dental and scoliosis  
screenings for my child. I  
realize that I will be notified  
of the results.* **Yes**

#### **Student Handbook**

Please read the [Student Handbook](#) and answer the question below.

#### **Automatic Dialer System Agreement**

I grant express consent for the school system to contact me using an automatic dialing system to provide information about my child and the school. I understand that it is my responsibility to contact the school and the school system with any changes to my telephone information and I will indemnify and hold harmless the school and the school system from and against any claims, damages, or causes of action arising from the schools system's use of the telephone contact information I have provided to the school.

#### **Student Withdrawal**

STUDENTS MAY BE WITHDRAWN ONLY BY THE PARENT OR GUARDIAN WHO ENROLLS THEM, except in cases where the student lives with both natural parents. Students living with both natural parents may be withdrawn by either natural parent.

#### **Inclement Weather**

In the event of inclement weather, listen to the local radio stations for emergency closing information. If school closes early, your children will be sent home the way they are regularly transported.

#### **Compulsory School Attendance**

Georgia's compulsory attendance law requires that every parent, guardian, or other person residing within the State having control or

charge of any child or children between their sixth (6) and sixteen (16) birthday shall enroll and send such child or children to a State approved education program. O.C.G.A. § 20-2-690.1)

#### **POSITIVE BENEFITS OF SCHOOL ATTENDANCE**

- | The student becomes a part of the educational and social learning process.
- | The student will have the opportunity to develop his / her own areas of interest for life skills.
- | The student will be provided opportunities to make career choices.

#### **CONSEQUENCES OF FAILURE TO COMPLY WITH THE COMPULSORY ATTENDANCE LAW**

- | The student becomes deficient in developing life-long learning skills.
- | The student may be referred to the Rome City/ Floyd County Truancy Treatment Team to assist the family in developing a plan to comply with the compulsory attendance law.

#### **PENALTIES FOR FAILURE TO COMPLY WITH THE COMPULSORY ATTENDANCE LAW MAY INCLUDE**

- | The student and parents/ guardians may be referred to the Floyd County Division of Family and Children Services (DFCS) on the grounds of educational neglect.
- | The student and parents/ guardians may be referred to Floyd County Juvenile Court for truancy.
- | The parents/ guardians may be subject to fines (\$25.00 to \$100.00), imprisonment (maximum 30 days), and/ or community service for each day absent, if found to be in violation.

Floyd County School's Attendance Policy can be found in the Board Policies at [www.floydboe.net](http://www.floydboe.net)

*I have read and understood the Student Handbook for Floyd County Schools*

**Yes**

#### **Electronic Signature**

The electronic signature below, and all of its related fields, replaces a handwritten signature on paper and is legally binding.

*I affirm that the information provided is true, correct and complete, to the best of my knowledge and belief. This electronic signature below and its related fields are treated by like a handwritten signature on a paper form.*

#### **Parent/Guardian Signature**

*I Agree* **Yes**

*Today's Date* **05/04/2023**

*Electronic Signature* **Tammy Pierce**