

O.C.G.A. § 20-2-780

GEORGIA CODE
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*** Current through the 2009 Regular Session ***

TITLE 20. EDUCATION
CHAPTER 2. ELEMENTARY AND SECONDARY EDUCATION
ARTICLE 16. STUDENTS
PART 4. REMOVAL OF CHILD FROM SCHOOL TO GAIN CUSTODY

O.C.G.A. § **20-2-780** (2009)

§ **20-2-780**. Change of custody of minor child by removing child from premises of private or public school prohibited

(a) No person shall make or attempt to make a change of custody of a minor child by removing the child from the premises of a private or public elementary or secondary school without the permission of the person who enrolled the child in the school, notwithstanding the fact that the person seeking to obtain custody of the child from the school has a court order granting custody of the child to such person.

(b) This Code section shall not apply with respect to the following:

(1) Persons seeking to enforce court orders that specifically authorize or direct the release of custody by the school; or

(2) State or local officials acting under the express authority of this state's child protection laws.

(c) Any person violating this Code section shall be guilty of a misdemeanor.

(d) School officials when acting in their official capacities in preventing or attempting to prevent a violation of this Code section shall be immune from civil or criminal liability that otherwise might be incurred or imposed.

HISTORY: Code 1981, § **20-2-780**, enacted by Ga. L. 1990, p. 344, § 1.

STUDENT: Couloute Sophia GRADE: K TEACHER: Philomen
Last, First

LATE CHECK-IN / EARLY CHECK-OUT INSTRUCTIONS

My child has permission to check out of school with the following: (please include parents/guardians)

<u>Matthew Couloute</u>		<u>860-242-7890</u>	<u>855-441-1110</u>
Parent or Guardian	Home	Cell	Work
Parent or Guardian	Home	Cell	Work
Name & Relationship	Home	Cell	Work
Name & Relationship	Home	Cell	Work
Name & Relationship	Home	Cell	Work

Please check if student is on RESTRICTED PICKUP: Yes No

Please specify restriction: _____

Parent/Guardian Signature: [Signature]

DATE: 9/19/17

- A late check-in is defined as arriving at school after school starts.
- An early check-out is defined as anytime a student leaves school prior to the end of the school day.
- An unexcused late check-in or early check-out is defined as any time a student arrives late to school or leaves school for a reason other than those defined by the State Board of Education as an excused absence. A combination of three (3) unexcused late check-ins or early check-outs is considered one unexcused absence.
- Truant - A student with five (5) unexcused absences is considered truant.

REGISTRATION INFORMATION

Couloute27931

Registration Date: 9/18/2017



SSN:

Waiver:

Student Information

Student Name: Sophia Lorraine Couloute
(Legal name as shown on Birth Certificate)

Home Phone: (860)879-8951 Nickname: _____ Birth Date: 1/31/2012

Address: 3210 Lakeheath Dr City/St/Zip: Cumming GA 30041

Gender: Female Start Date: 9/20/2017 Siblings Already Attending Forsyth County Schools: No

Grade: KK School: Brookwood Elementary School

Ethnicity/Race and Home Language Survey

Federal and State law requires the following information be collected

Is the student of Hispanic or Latino ethnicity? (Check ONE)

NO, not Hispanic or Latino

YES, Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

What is the student's race? (You MUST select at least one, and may select more than one)

American Indian or Alaska Native - Having family origins of North or South America (including Central America), who maintains a tribal affiliation or community attachment.

Asian - Having family origins of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.

Black or African American - Having family origins of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - Having family origins of Hawaii, Guam, Samoa, or other Pacific Islands.

White - Having family origins of Europe, the Middle East, or North Africa.

Was your child born in the United States? Yes No If yes, in which state?: NY

If no, in what other country was your child born?: _____

On what date did your child enter the U.S.?: _____

On what date did your child enter a U.S. School?: _____

Which language does your child most frequently speak at home?: English

Which language do adults in your home most frequently use when speaking with your child?: English

Which language(s) does your child currently understand or speak?: English

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.

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

Please indicate whether You/Spouse/Guardian is on active duty with the US Armed Forces?
(include National Guardian or Reserve)?

Medical Information

Medical Conditions: _____

Medications / Side Effects: _____

Medical Comments: _____



Parent/Guardian Initials: MLC

(continued)

REGISTRATION INFORMATION (cont'd)

Student Name: Sophia Lorraine Couloute

Parent / Guardian Information

Name: Matthew Couloute Relationship: Father/Daughter Gender: Male
Home Phone: _____ Cell Phone: (860)879-8951
Employer: Self Employed Work Phone: (855)441-1110
Email: mattcouloute@gmail.com
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Name: Lauren Haidon Relationship: Mother/Daughter Gender: Female
Home Phone: _____ Cell Phone: (917)763-1236
Employer: Unemployed Work Phone: _____
Email: lhaidon@gmail.com
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Emergency Contact / Check Out Information - Other Than Parent/Guardian

Name: Amber Bashkin Relationship: _____ Gender: Female
Home Phone: _____ Cell Phone: (678)777-3383
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Name: _____ Relationship: _____ Gender: _____
Home Phone: _____ Cell Phone: _____
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Name: _____ Relationship: _____ Gender: _____
Home Phone: _____ Cell Phone: _____
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Name: _____ Relationship: _____ Gender: _____
Home Phone: _____ Cell Phone: _____
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Name: _____ Relationship: _____ Gender: _____
Home Phone: _____ Cell Phone: _____
 Guardian Emergency Contact Resides w/Student Permission to Checkout of School

Legal Information

Restrictions on student pickup: _____
Legal documents describing restriction must be given to school personnel otherwise it is not enforceable.

Other Comment

Signature

- Signing below indicates that I have:
1. Agreed that I am the parent or guardian of the student listed on these documents and that the student resides full time at the address listed.*
 2. Provided information to the best of my ability that is true and accurate.

Matthew Couloute
(Printed Name)


Signature of Parent or Guardian

9/18/2017

* I must immediately notify Forsyth County Schools if I change residence or if the child listed above should change residence. A student enrolled in Forsyth County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school. Falsified information may result in a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years or both.

USA



Georgia

DRIVER'S LICENSE



GOVERNOR

Nathan Deal

010280

DL NO. 055071512

DOB 01/02/1970

CLASS CM

EXP 01/02/2025

MATTHEW CONDEL
COULOUTE JR

3210 LAKEHEATH DR
CUMMING, GA 30041-7328
FORSYTH

Restrictions A

End NONE

Iss 05/16/2017

Sex M

Eyes BRO

Hgt 6'-03"

Wgt 190 lb

DDI 308129117100049253

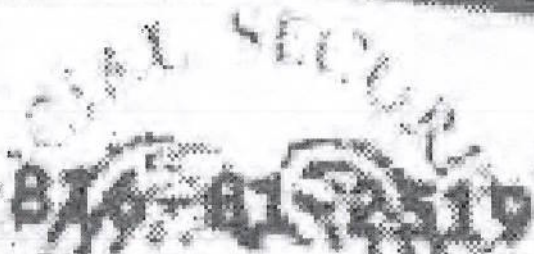
COMMISSIONER *Spencer H. Roach*



Matthew Couloute Jr.

DONOR

SOCIAL SECURITY



874-012519

THIS NUMBER HAS BEEN ESTABLISHED FOR

SOPHIA HERRAINE
COULBUTE

SIGNATURE

02/09/2012



Georgia Department of Education
Home Language Survey

Dear Parent or Guardian:

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 of an English language assessment.

Thank You

Student Name: Sophia Lorraine Couloute

1. Which language does your child most frequently speak at home? English

2. Which language do adults in your home most frequently use when speaking with your child? English

3. Which language(s) does your child currently understand or speak? English

4. If possible, would you prefer notice of school activities in a language **other** than English? Yes No

If yes, which language? English



Signature of Parent/Guardian/Other

9/18/2017

Date

CERTIFICATE OF BIRTH REGISTRATION

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
FEBRUARY 06, 2012
 05:56 PM
CERTIFICATE OF BIRTH
 CERTIFICATE NO. **156-12-009383**

1. NAME OF CHILD Sophia Lorraine Coufoute			
2. SEX Female	3a. NUMBER DELIVERED of this pregnancy 1	4a. DATE OF CHILD'S BIRTH January 31, 2012	4b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 01:39
5. PLACE OF BIRTH Manhattan	5a. NEW YORK CITY BOROUGH Manhattan	5b. Name of Hospital or other facility (if not facility, street address) St. Luke's - Roosevelt Hospital Center (Roosevelt Hospital Division)	
5c. TYPE OF PLACE <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other specify: _____			
6a. MOTHER/PARENT'S NAME (Prior to first marriage) Lauren Elizabeth Haldon		6b. MOTHER/PARENT'S DATE OF BIRTH 06 / 26 / 1982	6c. MOTHER/PARENT'S BIRTHPLACE Buffalo, NY
7. MOTHER/PARENT'S USUAL RESIDENCE a. State CT b. County Fairfield		7c. City or town Stamford	7d. Street and number Apt. No. ZIP Code 373 Erskine Road 06903
7a. Inside city limits of 7c? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8a. FATHER/PARENT'S NAME (Prior to first marriage) Matthew Condel Coufoute Jr		8b. FATHER/PARENT'S DATE OF BIRTH 01 / 02 / 1970	8c. FATHER/PARENT'S BIRTHPLACE Bloomfield, CT
9a. NAME OF ATTENDANT AT DELIVERY Jacques Moritz		<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> D.O. <input type="checkbox"/> R.M. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify: _____ No Correction History	
9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN. Signed Shonte N Howard Name of Signer Shonte N Howard Address 1000 Tenth Avenue New York, New York 10019 Date Signed February 06, Year - yyyy 2012		<input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> D.O. <input type="checkbox"/> R.M. <input checked="" type="checkbox"/> Hosp. Admtn. <input type="checkbox"/> Lic. Midwife <input type="checkbox"/> Other-Specify: _____	

Mother/Parent's Current (First, Middle, Last)
 Legal Name **Lauren Elizabeth Haldon**
 Address **373 Erskine Road** Apt. _____
 City **Stamford** State **CT** ZIP **06903**

Above is a Certificate of Birth Registration for your child, which is sent without charge. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law. If the certificate contains any errors it is important to have them corrected as soon as possible. You may call (212) 788-4520 for information. Or, you may write to the Corrections Unit, Office of Vital Records, 125 Worth Street - CN4, New York, New York 10013. Forms and instructions are also available on the Department of Health and Mental Hygiene's Web site: www.nyc.gov/vitalrecords

Michael R. Bloomberg *Thomas Farley* *John P. Swartz*
 MAYOR COMMISSIONER OF HEALTH AND MENTAL HYGIENE CITY REGISTRAR

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 DATE ISSUED February 9, 2012



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF IMMUNIZATION

COULOUE, SOPHIA L

Child's Name (Last name first)

01 | 31 | 2012

Birthdate

COULOUE, MATTHEW

(Optional) Parent/Guardian Name (Last name first)

<input checked="" type="checkbox"/> (Fill in X) Complete For K through 6th Grade Child must be >= 4 years and have met all requirements for school attendance.
<input type="checkbox"/> (Fill in X) Complete For 7th Grade Or higher Fulfills requirements K through 6th grade AND must have Tdap and MCV4 documented.

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Program.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td	04	03	12	06	15	12	08	31	12	06	27	14	03	09	17					5
Polio	04	03	12	06	15	12	08	31	12	06	27	14	09	18	17					5
Hepatitis B	02	02	12	02	27	12	02	27	13											3
Tdap																				0
MCV4																				0
HIB (Under Age 5)	04	03	12	06	15	12	08	31	12	06	27	14								4
PCV (Under Age 5)	04	03	12	06	15	12	04	29	14											3
Measles	04	29	14	06	22	15														2
Mumps	04	29	14	06	22	15														2
Rubella	04	29	14	06	22	15														2
Hepatitis A (Born on/after 1/1/06)	04	29	14	03	09	17														2
Varicella	04	29	14	06	22	15														2
Recommended Vaccines (For Information Only)																				
Rotavirus	04	03	12	06	15	12														2
HPV (3 Doses)																				0
Influenza																				0
Td Booster																				0

Notes:
 A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content and certification of this certificate with legible name, address, signature and date of issue. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box. A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department
Dawson County Health Department
 54 Hwy. 53 East
 706-265-2611
 Dawsonville, GA 30534

Angela DeCoursey 2019/18/17
 Certified by (Signature/Signature Stamp) Date of Issue

Georgia Department of Public Health Form 3300
Certificate of Vision, Hearing, Dental, and Nutrition Screening
 FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
 SCREENER CONTACT INFORMATION IS REQUIRED

Parent/Guardian Name: MATTHEW COULOUTE
 Daytime phone number: _____
 Evening phone number: 860-879-8951
 Cell phone number: _____

Child's Name: SOPHIA L COULOUTE Date of Birth: 01/31/2012 Gender: F
 Child's Home Address: 3210 LAKEHEATH DR
CUMMING, GA 30041

VISION	HEARING	DENTAL	NUTRITION
<input checked="" type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input checked="" type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Height: 3 Ft. 7 In. Weight: 41 Lbs. <input checked="" type="checkbox"/> BMI: 15.2 BMI%: 50.97 <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> <5 th percentile - Needs further evaluation <input type="checkbox"/> >= 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)

Screening completed by: _____
 Physician _____
 Local Health Department
 Optometrist _____
 "Prevent Blindness Georgia" employee _____
 School Registered Nurse _____

Screening completed by: _____
 Physician _____
 Local Health Department
 Audiologist _____
 Speech-Language Pathologist _____
 School Registered Nurse _____

Screening completed by: _____
 Physician _____
 Local Health Department
 Registered Dental Hygienist _____
 School Registered Nurse _____

Screening completed by: _____
 Physician _____
 Local Health Department
 Registered Dietician _____
 School Registered Nurse _____

Screeners' Comments: _____

FOR SCHOOL SYSTEM ONLY Follow up for further evaluation			
1 st attempt	2 nd attempt	Actions reported (if any)	

Screeners' Signature _____ Date _____
 I certify that this child has received the above screening.
 Contact Information: _____
 DAWSON COUNTY BOARD OF HEALTH
 706-265-2611

TEMPORARY GRADE PLACEMENT

Student Information

Student Name: Sophia Lorraine Couloute

Home Phone: (860)879-8951 Nickname: _____ Birth Date: 1/31/2012

Address: 3210 Lakeheath Dr Ethnicity: American Indian or Alaska Native

Cumming GA 30041 Gender: Female Registered: 9/18/2017

School: Brookwood Elementary School Grade: KK Start Date: 9/20/2017

I understand that Sophia Lorraine Couloute has been temporarily placed in grade KK, pending the receipt of official records from the previous school and/or local school testing.

Permanent grade placement will be determined upon receipt of official records and/or local school testing. This grade placement may be different than the temporary assignment listed above. The local school administrator will make the permanent determination of the grade level with the exception of kindergarten through first grade enrollment in which the age requirements of State Rule 160-5-1.28 apply.

Secondary students:

- * Failure to provide official school records will result in ineligibility for extracurricular activities.
- * Students without official high school transcripts from the prior school will be ineligible to graduate from Forsyth County Schools

Georgia Law:
 "A transferring student may be admitted on a conditional basis if he or she and his or her parent or a legal guardian execute a document providing the name and address of the school last attended and authorizes the release of all academic records to the school administration." (O.C.G.A. 20-2.670)

 Signature of Student



 Signature of Parent / Guardian

 Signature of Counselor

Student and Parent Signatures

Student Name: Sophia Lorraine Couloute **Grade:** KK
Home Address: 3210 Lakeheath Dr
School Name: Brookwood Elementary School **Homeroom Teacher:** _____

YES **NO**

Field Trip Permission/Release:

I give permission for my child to participate in field trips during school hours when accompanied by Instructional Staff.

Publicity and Yearbook Release:

I give permission for my child to be photographed, interviewed or videotaped for the school or school system. Information may appear in external or school system print and electronic publications, including yearbooks, television and the internet.

Survey Release:

I give permission for my child to participate in local and state surveys used to evaluate educational programs and activities.

Student/Parent Handbook Acknowledgement:

I acknowledge that the Student/Parent Handbook is located in the Student Agenda, where applicable, and/or online for all grade levels. A printed copy is available upon request and is also posted on school websites. I acknowledge that it includes FCS's FERPA Directory Information Notice.

Library Account Consent:

I give permission for Forsyth County Schools to provide student information to the Forsyth County Library in order for the library account to be generated. This account would provide access to in-print and online library media resources. Information provided would include student name, student birthdate, student number, guardian names and guardian contact information.

Signing below indicates that I have:

- read the **Attendance Notice** and am now informed of the possible consequences and penalties associated with violations;
- received the **Code of Conduct** and received a listing and description of each of the **school's clubs and organizations** and had an opportunity to deny permission for my child to participate in one or more of the school's clubs and organizations;
- read the **Medical Notice**;
- read the **Field Trip Permission/Release, Publicity and Yearbook Release, Surveys Release and Student/Parent Handbook Acknowledgment**, and I agree and/or give permission by checking one box per statement;
- agreed that I am the parent/guardian of the child listed above and that the child resides full time at the address noted above.

Student Signature:** _____ **Date:** 9/18/2017

Parent/Guardian Signature:  _____ **Date:** 9/18/2017

**I must immediately notify FCS if I or if the child listed above changes residence. A student enrolled in FCS under falsified information is illegally enrolled and will be immediately withdrawn from school. Falsified information may result in a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.*


***Student signature required for grades 3-12 for Code of Conduct, and for age 10+ for Attendance Notice.*

The student above MAY NOT participate in the clubs/organizations listed below:

Parent Portal Authorization

Student Name: Sophia Lorraine Couloute **Grade:** KK
Home Address: 3210 Lakeheath Dr
School Name: Brookwood Elementary School **Start Date:** 9/20/2017

I **certify** that I am the **parent/legal guardian** of Sophia Lorraine Couloute. I authorize Forsyth County Schools to email my Parent Portal Activation Key to me at my email address of mattcouloute@gmail.com.

Couloute 
 Parent/Legal Guardian Last Name Parent/Guardian Signature
Matthew 9/18/2017
 Parent/Legal Guardian First Name Date

Registrar has verified picture identification ER.

I **certify** that I am the **parent/legal guardian** of Sophia Lorraine Couloute. I authorize Forsyth County Schools to email my Parent Portal Activation Key to me at my email address of _____.

 Parent/Legal Guardian Last Name Parent/Guardian Signature
 _____ 9/18/2017
 Parent/Legal Guardian First Name Date

Registrar has verified picture identification ER.

I **certify** that a **Permission Affidavit** has been completed by the **parent/legal guardian** of Sophia Lorraine Couloute granting me access to Parent Portal. I authorize Forsyth County Schools to email my Parent Portal Activation Key to me at my email address of _____.

 Permission Affidavit Appointee Last Name Permission Affidavit Appointee Signature
 _____ 9/18/2017
 Permission Affidavit Appointee First Name Date

Registrar has verified picture identification and the Permission Affidavit ER.



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

School District: Forsyth County Schools

Date Completed: 9/18/2017

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 [x] 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): _____

Table with 3 columns: Name of Student(s), Name of School, Grade. Row 1: Sophia Lorraine Couloute, Brookwood Elementary School, KK.

Names of Parent(s) or Legal Guardian(s) Matthew Couloute
Current Address: 3210 Lakeheath Dr
City: Cumming State: GA Zip Code: 30041 Phone: (860)879-8951

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. 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

Proof of Registration Completion

Registration Date: 9/18/2017 Registrar Initials: ERICH Start Date: 9/20/2017

School Entering: Brookwood Elementary School

Student Name: Sophia Lorraine Couloute DOB: 1/31/2012 Grade: KK

Contact #1: Matthew Couloute Relationship: Father/Daughter

Address: 3210 Lakeheath Dr Phone Number: (860)879-8951

Contact #2: Lauren Haidon Relationship: Mother/Daughter Phone Number: (917)763-1236

Contact #3: Amber Bashkin Relationship: _____ Phone Number: (678)777-3383

Restricted Pickup: _____

Student Medical Condition: _____
 Student Medications: _____
 Special Medical Instructions: _____

Previous School Name and Address: _____

 PHONE: _____ FAX: _____

Custody Documents Provided: YES NO Comment: _____

MV Program: YES NO Comment: _____

Special Services: SE Gifted ESOL _____

Parent/guardian brought records from previous school: YES* NO



Signature of Parent or Guardian



BILLING STATEMENT

PAGE 1 OF 6

Account #: 20111331
Statement for: MATTHEW COULOUTE
3210 LAKEHEATH DR
CUMMING, GA 30041-7328

Statement Date: 08/30/17
Billing Period: 08/06/17 to 08/29/17

PAYMENT REVERSAL

WHAT DO I OWE AND WHEN?

TOTAL DUE:

\$74.80

← Please Pay

WHAT IS MY ACCOUNT OVERVIEW?

Previous Balance	\$78.80
Payments Received Since Last Bill	-74.80
Payment Reversed on 08/29/17	74.80
Balance	78.80
New Charges:	
Other Discounts	-4.00
Total New Charges	-4.00
TOTAL AMOUNT DUE	\$74.80

WHAT CHANGED SINCE LAST MONTH?

Any changes to your account can be found in the Account Activity section of this bill.

WHAT DO I NEED TO KNOW?

- **IMPORTANT:** Your recent payment was rejected. Please pay upon receipt.
- *Top Cat Begins* is nonstop fun for the whole family! Watch it now exclusively on DIRECTV CINEMA®!
- DIRECTV Movers Deal™ makes moving easy and comes with bundles and equipment upgrades too! Call 855.333.0028.

For additional information, see page 2.

HOW DO I PAY?



It's easy to pay online at [directv.com/billpay](#)



By mail — [directv.com/billpay](#)



Call us at 800.541.5400 and say, "Pay my bill." Transaction fee may apply.



By mobile, text PAY to 21880. *Text msg rates may apply.

PLEASE FOLD ALONG PERFORATION, DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



ACCOUNT NUMBER:
20111331

PLEASE PAY:
\$74.80

PAYMENT AMOUNT:

Note my change of billing address on reverse side.
DO NOT WRITE OTHER COMMENTS ON THIS FORM.

Please do not send cash. Make check or money order payable to:

AB 02 003131 38129 B 15 A
MATTHEW COULOUTE
3210 LAKEHEATH DR
CUMMING, GA 30041-7328

DIRECTV
PO BOX 105261
ATLANTA, GA 30348-5261



0000000000000000000020111331 3 0028 00000000 00007480 3

00531 1/3

1 2 4 6 6

BASIC RENTAL AGREEMENT OR RESIDENTIAL LEASE

This Rental Agreement or Residential Lease shall evidence the complete terms and conditions under which the parties whose signatures appear below have agreed. Landlord/Lessor/Agent, Jacqueline Couloute, shall be referred to as "OWNER" and Tenant(s)/Lessee, Matthew Couloute, shall be referred to as "RESIDENT." As consideration for this agreement, OWNER agrees to rent/lease to RESIDENT and RESIDENT agrees to rent/lease from OWNER for use solely as a private residence, the premises located at 3216 Lakeheath Drive in the city of Cumming, Georgia.

1. **TERMS:** RESIDENT agrees to pay in advance \$ 1500⁰⁰ per month on the 5th day of each month. This agreement shall commence on August 8 and continue; (check one)
A. until _____, _____ as a leasehold. Thereafter it shall become a month-to-month tenancy. If RESIDENT should move from the premises prior to the expiration of this time period, he shall be liable for all rent due until such time that the Residence is occupied by an OWNER approved paying RESIDENT and/or expiration of said time period, whichever is shorter.
B. until _____ on a month-to-month tenancy until either party shall terminate this agreement by giving a written notice of intention to terminate at least 30 days prior to the date of termination.

2. **PAYMENTS:** Rent and/or other charges are to be paid at such place or method designated by the owner as follows 50 Duncaster Rd. Bloomfield, CT 06002. All payments are to be made by check or money order and cash shall be acceptable. OWNER acknowledges receipt of the First Month's rent of \$ 1500, and a Security Deposit of \$ N/A, and additional charges/fees for _____, for a total payment of \$ _____. All payments are to be made payable to Jacqueline Couloute.

3. **SECURITY DEPOSITS:** The total of the above deposits shall secure compliance with the terms and conditions of this agreement and shall be refunded to RESIDENT within 30 days after the premises have been completely vacated less any amount necessary to pay OWNER; a) any unpaid rent, b) cleaning costs, c) key replacement costs, d) cost for repair of damages to premises and/or common areas above ordinary wear and tear, and e) any other amount legally allowable under the terms of this agreement. A written accounting of said charges shall be presented to RESIDENT within 15 days of move-out. If deposits do not cover such costs and damages, the RESIDENT shall immediately pay said additional costs for damages to OWNER.

4. **LATE CHARGE:** A late fee of \$ 10, (not to exceed _____% of the monthly rent), shall be added and due for any payment of rent made after the 5th of the month. Any dishonored check shall be treated as unpaid rent, and subject to an additional fee of \$ 35.

5. **UTILITIES:** RESIDENT agrees to pay all utilities and/or services based upon occupancy of the premises except N/A.

6. **OCCUPANTS:** Guest(s) staying over 15 days without the written consent of OWNER shall be considered a breach of this agreement. ONLY the following individuals and/or animals, AND NO OTHERS shall occupy the subject residence for more than 15 days unless the expressed written consent of OWNER obtained in advance Xavier Couloute and Sophia Couloute.

7. **PETS:** No animal, fowl, fish, reptile, and/or pet of any kind shall be kept on or about the premises, for any amount of time, without obtaining the prior written consent and meeting the requirements of the OWNER. Such consent if granted, shall be revocable at OWNER'S option upon giving a 30 day written notice. In the event laws are passed or permission is granted to have a pet and/or animal of any kind, an additional deposit in the amount of \$ N/A shall be required along with additional monthly rent of \$ N/A along with the signing of OWNER'S Pet Agreement. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible liability and damages that may be caused by such animals.

liquid is permitted without prior written consent and meeting the requirements of the OWNER. RESIDENT also agrees to carry insurance deemed appropriate by OWNER to cover possible losses that may be caused by such items.

9. **PARKING:** When and if RESIDENT is assigned a parking area/space on OWNER'S property, the parking area/space shall be used exclusively for parking of passenger automobiles and/or those approved vehicles listed on RESIDENT'S Application attached hereto. RESIDENT is hereby assigned or permitted to park only in the following area or space _____ The parking fee for this space (if applicable is \$ _____ monthly. Said space shall not be used for the washing, painting, or repair of vehicles. No other parking space shall be used by RESIDENT or RESIDENT'S guest(s). RESIDENT is responsible for oil leaks and other vehicle discharges for which RESIDENT shall be charged for cleaning if deemed necessary by OWNER.

10. **NOISE:** RESIDENT agrees not to cause or allow any noise or activity on the premises which might disturb the peace and quiet of another RESIDENT and/or neighbor. Said noise and/or activity shall be a breach of this agreement.

11. **DESTRUCTION OF PREMISES:** If the premises become totally or partially destroyed during the term of this Agreement so that RESIDENT'S use is seriously impaired, OWNER or RESIDENT may terminate this Agreement immediately upon three day written notice to the other.

12. **CONDITION OF PREMISES:** RESIDENT acknowledges that he has examined the premises and that said premises, all furnishings, fixtures, furniture, plumbing, heating, electrical facilities, all items listed on the attached property condition checklist, if any, and/or all other items provided by OWNER are all clean, and in good satisfactory condition except as may be indicated elsewhere in this Agreement. RESIDENT agrees to keep the premises and all items in good order and good condition and to immediately pay for costs to repair and/or replace any portion of the above damaged by RESIDENT, his guests and/or invitees, except as provided by law. At the termination of this Agreement, all of above items in this provision shall be returned to OWNER in clean and good condition except for reasonable wear and tear and the premises shall be free of all personal property and trash not belonging to OWNER. It is agreed that all dirt, holes, tears, burns, and stains of any size or amount in the carpets, drapes, walls, fixtures, and/or any other part of the premises, do not constitute reasonable wear and tear.

13. **ALTERATIONS:** RESIDENT shall not paint, wallpaper, alter or redecorate, change or install locks, install antenna or other equipment, screws, fastening devices, large nails, or adhesive materials, place signs, displays, or other exhibits, on or in any portion of the premises without the written consent of the OWNER except as may be provided by law.

14. **PROPERTY MAINTENANCE:** RESIDENT shall deposit all garbage and waste in a clean and sanitary manner into the proper receptacles and shall cooperate in keeping the garbage area neat and clean. RESIDENT shall be responsible for disposing of items of such size and nature as are not normally acceptable by the garbage hauler. RESIDENT shall be responsible for keeping the kitchen and bathroom drains free of things that may tend to cause clogging of the drains. RESIDENT shall pay for the cleaning out of any plumbing fixture that may need to be cleared of stoppage and for the expense or damage caused by stopping of waste pipes or overflow from bathtubs, wash basins, or sinks.

15. **HOUSE RULES:** RESIDENT shall comply with all house rules as stated on separate addendum, but which are deemed part of this rental agreement, and a violation of any of the house rules is considered a breach of this agreement.

16. **CHANGE OF TERMS:** The terms and conditions of this agreement are subject to future change by OWNER after the expiration of the agreed lease period upon 30-day written notice setting forth such change and delivered to RESIDENT. Any changes are subject to laws in existence at the time of the Notice of Change Of Terms.

N/A

28. **NOTICES:** All notices to RESIDENT shall be served at RESIDENT'S premises and all notices to OWNER shall be served at 3210 Lakeheath Dr. Cumming, GA 30041

29. **INVENTORY:** The premises contains the following items, that the RESIDENT may use.
N/A

30. **KEYS AND ADDENDUMS:** RESIDENT acknowledges receipt of the following which shall be deemed part of this Agreement: (Please check)
N/A Keys #of keys and purposes _____
N/A House Rules ___ Pet Agreement ___ Other _____

31. **ENTIRE AGREEMENT:** This Agreement constitutes the entire Agreement between OWNER and RESIDENT. No oral agreements have been entered into, and all modifications or notices shall be in writing to be valid.

32. **RECEIPT OF AGREEMENT:** The undersigned RESIDENTS have read and understand this Agreement and hereby acknowledge receipt of a copy of this Rental Agreement.

RESIDENT'S Signature _____

Date July 5th 2017

RESIDENT'S Signature _____

Date _____

OWNER'S or Agent's Signature Jacqueline Coult

Date August 5, 2017

Terms Included: All Terms

Period Summary

Period	Excused	Unexcused	Tardy
00	0	0	1

Day Summary

Date	Periods															
	00	01	02	03	04	05	06	07	08	09	10	11f	12f	13f	14f	15f
10/03/2017 T	17f	21f	22f	27f												
	TU															

Description: Tardy Unexcused Comments: In 7:40; tardy after bell; no card pulled



Quality Learning and Superior Performance for All

KINDERGARTEN CHECKLIST

Incomplete (All forms back to parent) Couloute 27931
 Complete - Received on 9/18/17 By [Signature]

This Checklist is for Office Use Only

OLR ID: 29709 Gender: F
 Grade: KK School Year: 1718
 Student: Couloute, Sophia Lorraine

Student #: 150829
 ES BES
 MS SFM
 HS LHS

Date: 9/18/2017
 Appt Time: 10:00AM

DOB: 1/31/2012

Subdivision Name: Summit at Brookwood OOD: Need Approved

Tasks:	Initial:	Comments:	Need
Previous School Experience	EL	<input type="checkbox"/> F.C. Pre-K <input type="checkbox"/> No Prior Pre-K <input type="checkbox"/> KK <input type="checkbox"/> Never attended school	
Retained	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Grade	
Proof of Residency	EL	<input checked="" type="checkbox"/> PQR <input checked="" type="checkbox"/> Utilities <input type="checkbox"/> Affidavit <i>lease Directv</i>	
Determine school assignment	EL	Locator Map <input checked="" type="checkbox"/> Transportation - Name:	
Review DHR Form 3231 - Immunizations	EL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Waiver	
Birth Certificate / Provisional for 30 days if school is in session	EL	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Provisional <input type="checkbox"/> Other:	
Review DHR Frm 3300	EL	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Dental <input type="checkbox"/> Nutrition	
SSN card copy or WAIVER	EL	<input checked="" type="checkbox"/> SSN card copy <input type="checkbox"/> Waiver	
Parent / Guardian Photo ID	EL	<input checked="" type="checkbox"/> DLic, State <u>GA</u> <input type="checkbox"/> Passport	
Custody / Probate Court-TG / Adult Affidavit / Power of Attorney	EL	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Adult Affidavit <i>Primary Custody: Father</i>	
Restricted Pickup	EL	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>Restricted per ct docs: MOM</i>	
Active duty US Forces, Nat'l Guard or Reserve	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Registration Info	EL	<input checked="" type="checkbox"/> Demographics <input checked="" type="checkbox"/> Contacts <input checked="" type="checkbox"/> Temp Grade <input checked="" type="checkbox"/> Parent Permission	
Ethnicity/Race and Home Language	EL	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>English</i>	
List Medical Condition here or NONE - if yes give medical forms	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>None</i>	
Records Release Form	EL	<i>N/A</i>	
Other Services / Special Ed - IEP	EL	<input type="checkbox"/> Special Ed <input type="checkbox"/> Gifted <input type="checkbox"/> ESOL <input type="checkbox"/> 504 <input type="checkbox"/> Other: <i>N/A</i>	
MV-Program complete Referral Form	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> Yes	
Provide Free / Reduced Lunch Form	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Affidavit of Permission	EL	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Parent Portal Approval	EL	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>did</i>	
Previous student in FC? File at Hill Center or Last School		Perm File @ <input type="checkbox"/> Transmittal Information in the online system	
Country of Birth - USA or Other?		<input checked="" type="checkbox"/> USA <input type="checkbox"/> Other? <i>NY</i>	
Data entered the U.S.	EL	Date: _____	
Data entered U.S. School (Pre-K-12)		Date: _____	
		Immigrant: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Confirm Information: IC [Signature] SSN _____ Middle Init _____ DOB _____ Enrollment _____
 Relationship _____ Schools _____ Country of Birth _____ Docs Scanned [Signature]
 Person ID: 382324 DATE Student will start School? 9/19/17 School Trim ID: 48
 Medical Flag Provisional MV Program More than one Language Military

GF18Temp

At a term of the Family Court of the State of New York, held in and for the County of Erie, at Courthouse, One Niagara Plaza, Buffalo, NY 14202, on September 14, 2017

PRESENT: Hon. Sharon M. LoVallo

In the Matter of a **Custody/Visitation** Proceeding

File #: 204566

Docket #: V-13065-17/17A

Lauren E Haidon,

Petitioner,

**TEMPORARY ORDER OF
CUSTODY AND
VISITATION**

- against -

Matthew C Couloute Jr,

Respondent.

Lauren E Haidon having filed a petition on August 31, 2017, pursuant to Article 6 of the Family Court Act, requesting an order awarding custody/visitation of the following minor child(ren):

<u>Name</u>	<u>Date of Birth</u>
Sophia Lorraine Couloute	1/31/2012

And the matter having duly come on to be heard before this Court;

And the Court having searched the statewide registry of orders of protection, the sex offender registry and the Family Court's child protective records, and having notified the attorneys for the parties and for the child and the following self-represented party Matthew C Couloute Jr of the results of these searches;

And the Court having considered and relied upon the following results of these searches in making this decision;

NOW, it is hereby

ORDERED that the child, Sophia Lorraine Couloute (DOB: 1/31/2012) is to reside with the Respondent- father in the State of Georgia pending further Order of this Court. The child is to be delivered to the father at the Adams Mark Hotel no later than 8:00pm on Friday September 15, 2017. The child is to attend school in the State of Georgia; and it is further

ORDERED that the Petitioner- mother is granted independent access to the child's health, education and welfare records and their providers. Respondent is to provide Attorney Yvonne Vertlieb and Attorney Kelly Linn Ball with a summary of all providers and contact information no later than October 2, 2017. The child is not to be seen by any medical, mental health, psychiatric counselors, social workers or dentist while visiting with the Petitioner unless it is a medical emergency; and it is further

ORDERED that the Petitioner is granted access with the child from September 23, 2017 through September 30, 2017. Petitioner is granted access with the child in the State of Georgia from

October 19, 2017 through October 22, 2017 if she chooses. There shall be no negative inference taken if Petitioner does not exercise this period of access in Georgia. Petitioner shall have access with the child from November 18, 2017 through November 25, 2017. Petitioner is granted access with the child from December 25, 2017 through January 1, 2018; and it is further

ORDERED that the non custodial parent shall have Skype access with the child every other day for a period of 10 minutes; and it is further

ORDERED that the Respondent shall schedule and purchase all plane tickets for the child's periods of access. Pending further action, there may be a reallocation of responsibility for the cost of transportation retroactive to September 14, 2017; and it is further

ORDERED that there is to be no communication with any 3rd parties regarding these proceedings. There are to be no photographs of the child or information regarding these proceedings posted online or on any form of social media; and it is further

ORDERED that the parties are to cooperate with a parenting assessment.

This order shall remain in effect until further order of the Court.

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT, AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD UPON THE APPELLANT, WHICHEVER IS EARLIEST.

Dated: September 14, 2017



ENTER

Hon. Sharon M. LoVallo

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]: 9-14-17 Petitioner, Respondent & attorney
 Order received in court on [specify date(s) and to whom given]: _____

CC: Kelly Linn Ball, Esq., Attorney for Child
Yvonne A. Vertlieb, Esq., 18B (Assigned Counsel)
Todd James Potter Jr., Esq., 18B (Assigned Counsel)
Matthew C Couloute Jr, Respondent
Lauren Haidon, Petitioner

*Todd
Fattori*

GF18Temp

*Provided by mom
via email 10-19-17*

✓

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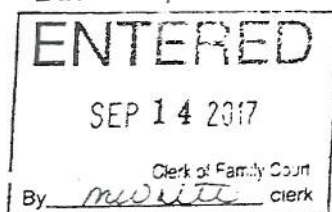
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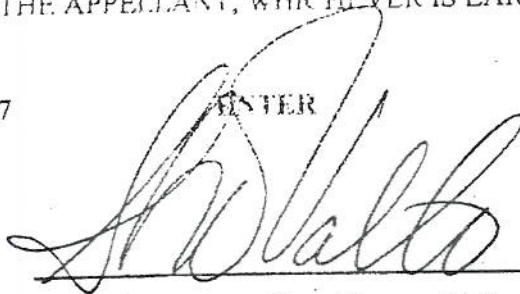
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Dated: September 14, 2017



ENTER


Hon. Sharon M. LoVallo

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]: 9-14-17 Petitioner, Respondent & attorney

Order received in court on [specify date(s) and to whom given]: _____

CC: Kelly Linn Ball, Esq., Attorney for Child
Yvonne A. Vertlieb, Esq., 18B (Assigned Counsel)
Todd James Potter Jr., Esq., 18B (Assigned Counsel)
Matthew C Couloute Jr, Respondent
Lauren Haidon, Petitioner