# JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>School Counselor Registrar</th>
<th>JOB CODE:</th>
<th>400,401,402</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Academic, Support and Specialized Services</td>
<td>SALARY SCHEDULE:</td>
<td>Teacher</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>Student Assistance Programs</td>
<td>WORK DAYS:</td>
<td>188</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>Principal</td>
<td>PAY GRADE:</td>
<td>CIT (5, 6 or 7)</td>
</tr>
<tr>
<td>FLSA:</td>
<td>Exempt</td>
<td>PAY FREQUENCY:</td>
<td>Monthly</td>
</tr>
<tr>
<td>PRIMARY FUNCTION:</td>
<td>Provides school counseling registrar services for all new students.</td>
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## REQUIREMENTS:

1. Educational Level: Completed Master Degree in school counseling
2. Certification/License Required: Valid Georgia School Counselor Certificate
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication, organization, affective education

*The Board of Education and the Superintendent may accept alternatives to some of the above requirements.*

## ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.
2. Enrolls new students.
3. Reviews and interprets transcripts and test data for new students.
4. Creates class schedules for new students.
5. Meets with students to review academic records.
6. Inputs registration and student transcript information into system as needed.
7. Participates in the development and implementation of a comprehensive school counseling program based on the needs of the students and the school.
8. Conducts and/or participates in professional learning.
9. Facilitates the referral of students and parents to internal and external services.
10. Participates in school and county committees.
11. Demonstrates professional and ethical practices consistent with school and system policies in working with students, student records, parents and colleagues.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ____________________________ Date ____________________________

Signature of Supervisor ____________________________ Date ____________________________