

**UNION COUNTY PRIMARY SCHOOL
KINDERGARTEN REGISTRATION FOR 2020-2021**

Union County Primary School has reserved March 9th and 10th to screen and pre-register new kindergarten students who will begin school in the 2020-2021 school year. The required pre-registration will be by appointment only **Monday, March 9th and Tuesday, March 10th** at the Union County Primary School. The **appointments** will be scheduled between **9:00 AM to 11:40 AM and 1:00 PM to 2:20 PM**. Parents may call 706-835-4321 or come by the school to schedule an appointment. For the best selection in appointment times, please schedule an appointment as soon as possible. *Note – **There is no registration needed if the upcoming kindergarten student is currently enrolled in the UC School’s Pre-K Program**

Pre-registration can be expedited if parents complete an enrollment packet prior to their appointment.

A copy of the enrollment packet is available on the school system’s website at www.ucschools.org (For Parents > Student Registration) or the Primary School’s front office. Parents who bring a completed enrollment packet to their appointment will be entered in a drawing for a girl’s and a boy’s backpack filled with school supplies for their child’s 1st day of school.

All children who turn **five years of age on or before September 1st, 2020** are eligible to attend kindergarten in the upcoming school year. Eligible children who have been attending any other Pre-K or Day Care program will need to pre-register for kindergarten.

Parents **AND** Students are required to be at the registration appointment with the following documents:

▶ **Age Verification**

The school system requires evidence of the student’s date of birth and accepts as evidence a birth certificate or an alternate document from the prioritized list in the state enrollment rule.

▶ **Social Security Number**

The school system complies with the provisions of O.C.G.A. §20-2-150, which requires a person enrolling a student to provide a copy of the student’s social security number or to sign a form stating that the person does not wish to provide the social security number.

▶ **Immunization Certificate**

The school system requires proof of immunization as required by O.C.G.A. §20-2-771, which includes an exemption for religious grounds and provisions for a temporary waiver.

- A Georgia Department of Human Resources Form 3231 marked “Complete for School” shall be considered proof of immunization.
- Out of State Immunization Records will need to be transferred to a Form 3231 by the Union County Health Department **PRIOR to registration**.
- The Union County Health Department is located at 175 Chase Drive • Blairsville, GA • 706-745-6292.

▶ **Proof of Current Union County Residency (2 documents):**

- Examples include: Current (within 2 months old) lease agreement, vehicle registration form, mortgage documents, property tax notice, homeowner’s insurance bill, utility bills, etc. A cell phone bill, driver’s license, or bank statements are NOT acceptable.

▶ **Documentation for Homeless Students**

Homeless students, as defined by the McKinney-Vento Act, shall be enrolled immediately with full participation in school activities, regardless of whether all of the above can be provided at the time of enrollment. The designated employee responsible for care of homeless students shall assist the person enrolling the homeless student or the unaccompanied youth in acquiring the necessary documents for enrollment in accordance with the requirements of the state enrollment rule and the McKinney-Vento Act.

▶ **Georgia Public Health Form 3300**

- The form is included in the registration packet and can also be obtained from your child’s doctor or from the Union County Health Department.
- The form must be presented when attending a Georgia school for the first time.

The Union County School System, in its enrollment procedures, requirements and process does not and will not discriminate based on race, color, national origin, or immigration status. Parents are welcome to contact the Primary School (706-835-4321) for answers to any questions you may have regarding the Kindergarten Pre-Registration process. Call soon to make your appointment. And, bring a completed enrollment packet to your appointment for an opportunity to win a backpack filled with school supplies.

Equal Opportunity Educational Provider and Employer

Union County Schools—Student Registration Information



Please PrintPlease PrintPlease Print

Student Legal Name: _____
LastFirstMiddlePreferred

SSN: _____ - _____ - _____ Male Female Date of Birth: _____ Grade: _____

Phone: _____ Place of Birth: _____
Best Contact NumberCityCountyStateCountry

Phone Number For Text Messages: _____ Alternate Phone Number for Text Messages: _____

If student was born in another country, has he/she attended 3 full years of school in the United States? Yes No _____
Date Entered U.S. Schools
(If born in another country)

Ethnicity: Is student Hispanic or Latino? No, not Hispanic or Latino Yes, Hispanic of Latino
(Choose only one)(A person from Cuba, Mexico, Puerto Rico, South or Central American Countries, or other Spanish Culture or Origin, regardless of Race)

What is student's race? (Choose one or more)

<input type="checkbox"/> American Indian or Alaskan Native <small>(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment)s.</small>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <small>(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)</small>	<input type="checkbox"/> Asian <small>(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, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</small>
<input type="checkbox"/> Black or African American <small>(A person having origins in any of the black racial groups of Africa.)</small>	<input type="checkbox"/> White <small>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</small>	

Home Address: _____
StreetCityStateZip CodeCounty

Mailing Address: _____
(If different from above) P.O. Box / Street City State Zip Code County

Father's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Single Parent Household Yes No Lives with: Both Parents Grandparents Mother Other: Specify _____ Father

Guardian's Name: _____ Employer: _____

Home Phone: _____ Day/Work: _____ Cell: _____ E-mail: _____

Guardian's Relationship to Student: _____

Language at Home: _____ **SPOKEN** _____ **WRITTEN**
(example: English, Spanish, French)

Union County Schools—Student Registration Information

Emergency Contacts: The following people may be contacted, if the school system is unable to contact parent/guardian.
 NOTE: If any of these may need to pick-up your child, they will need to be listed on the section below.
 "Persons Authorized to Pick-up / Sign-out Student"

Emergency Contact #1: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #2: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #3: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

**Persons Authorized to Pick-up / Sign-out Student:
 (Don't Forget to Include Yourself)**

The following adults may pick-up / sign-out student without the school contacting the parent/guardian for permission.

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

From School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

Early/Emergency Dismissal Plan:

(How will the student go home in the case of an early school closing?)

Check & Complete Only One Option.

Ride Regular Bus Bus # / Driver _____

To: _____ Address: _____

Ride Different Bus Bus # / Driver _____

To: _____ Address: _____

Parent Will Pick-up Will Be Picked-up By: _____

Other: _____

Union County Schools—Student Registration Information

Medical Information:

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

Pre-K Program Student Attended:

- GA Pre-K Publicly Sponsored Head-Start Other Public School
 Private-Non-Profit Private For Private Did Not Attend a Pre-K

Pre-School Name: _____ City, State: _____

Has student ever been Home-schooled? Yes No

Has student ever attended Union County Schools? Yes No If yes, which grades and years? _____

Has student ever repeated a grade? Yes No If yes, which grade(s) and why? _____

Is student enrolled in Special Ed. Program? Yes No If yes, which one? _____

Has student ever had a psychological evaluation? Yes No If yes, when was it completed? _____

Primary School Students Only:

Please explain any complications during the pregnancy / birth or any delays in the early development. _____

Has the student ever had any experience that might have upset him/her emotionally or is there any other milestones regarding the student that you would like to share with us that may help us know and serve him/her more effectively?

Please provide information for the school the student most recently attended, so we may request educational records.

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

***** WITHDRAWAL INFORMATION *****

The individual enrolling a student is the only person permitted to withdraw the student.

Enrolling Parent

The person who enrolls a student during the school year assumes parental status; this can be mother or father (or both), a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA Law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pick-up list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me (and designated other listed below) as the school system's enrolling parent for the above named student.

Enrolling Parent Printed Name Enrolling Parent Signature Date

Optional Additional Enrolling Parent Printed Name Optional Additional Enrolling Parent Signature Date

Union County School System Consent for School Health Services

Please read, complete, sign, date & return to the school within 3 days. If you have any questions before signing, please contact the school. This consent form must be completed and signed by the parent or guardian in order for your child to receive services from the nurse. Without your consent, we will not be able to give your child minor or emergency treatments.

Student's Last Name	First Name	Birthdate	Grade	Homeroom
Student's Doctor: _____		Phone # _____		
Parent/Guardian: _____		Home Phone # _____		
Address: _____				
Work phone: _____		Cell Phone # _____		

PAST MEDICAL HISTORY	YES/NO	IF YES, EXPLAIN
Allergies (drugs or food)	/	_____
Current Medications	/	_____
Diabetes	/	_____
Seizure Disorder	/	_____
Asthma	/	_____
Wears Contact Lens	/	_____
Mental Illness	/	_____
Previous Surgery	/	_____
Previous Hospitalizations	/	_____
Other Illness	/	_____

Below is a list of medicines that the nurse might use on or give to your child. Please circle any medicines that you **DO NOT** want your child to receive. If you wish for your child to receive Tylenol, Advil, or any other medicines while at school, you will need to provide the medicine and complete the Authorization of Medication form for that medicine.

<u>Sore Throat:</u>	Sore Throat Spray Warm Salt Gargle	<u>Rash/Insect Bites:</u>	Hydrocortisone cream Benadryl cream/Spray
<u>Eyes:</u>	Visine Eye wash	<u>Cuts/Scrapes:</u>	Caladryl Bactine/Hibiclens
<u>Mouth:</u>	Vaseline Anbesol/Orabase		Dermaplast/Solarcaine Antibiotic Ointment
<u>Mild Stomach</u>			
<u>Upset:</u>	Antacid/ Tums	Head/Body Aches	Tylenol/Ibuprofen

Should my child suffer an accident while at school, Union County School System has permission to transport my child to the nearest health care facility in case of my absence.

I give permission for the above named student to receive services from the School Health Clinic. I understand that all services are free and confidential. I have given accurate and complete information to the best of my knowledge.

This consent is in effect for the current school year or until the parent otherwise notifies the school.

Signature of Parent/Guardian	Relationship	Date
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OR

No, I do not want the above student to receive services or have access to the School Clinic.

Signature of Parent/Guardian	Relationship	Date
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Required 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 (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

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

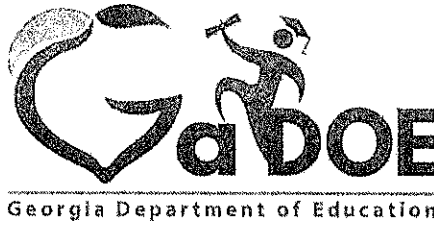
3. Which language do adults in your home most frequently use when speaking with your child?

Language for School Communication (not required):

4. In which language would you prefer to receive all school information?

Signature of Parent/Guardian/Other

Date



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

School District: _____

Date: _____

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
2. 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? Yes No

If you answer "yes", check all that applies:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
Please return this form to the school

Please maintain original copy in your files.

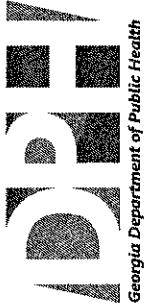
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your 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

Regional Office use only:



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

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: _____ first _____ middle _____ last _____
Parent/ Guardian Contact Information: _____
 Daytime phone number: _____
 Evening phone number: _____
 Cell phone number: _____

Child's Name: _____ first _____ middle _____ last _____
Date of Birth: ____/____/____ **Gender:** Male Female
Child's Home Address: _____ street _____ city _____ state _____ zip code _____ county _____

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input 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) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse Screeneer's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <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) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse Screeneer's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below) Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse Screeneer's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <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: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse Screeneer's Signature Date <i>I certify that this child has received the above screening.</i> Contact Information:

Screeners' Comments:

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

Student support services initiated on: _____

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300?

The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300?

Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required?

Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings?

Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean?

"BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked?

"Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school?

It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.

Dear Parents,

This optional form is being provided for you to complete on your child regarding his/her placement for next year. We must consider various factors in classroom placements including class size, boy/girl ratio and the needs of students, personalities of students and teachers and student separations. Other factors considered for placement include gifted, early intervention program and special education qualifications. Please refrain from asking for a specific teacher due to consideration listed above.

Student's name _____ Grade **2020-2021** _____

Please answer the following questions concerning your child's placement:

Are there any students with whom your child should not be placed?
(Only 2 can be honored)

1. _____ Reason: _____

2. _____ Reason: _____

Is there one teacher with whom your child should not be placed? (Only 1 can be honored)

1. _____ Reason _____

List any other concerns/thoughts regarding your child's placement:

Name of parent/guardian completing form (Print): _____

Signature of parent/guardian completing form: _____

Please return this form to your child's teacher (or turn in at Pre-K/Kdg. Registration) in a **sealed envelope** addressed to Millie Owenby before **May 22nd, 2020**.
Thank you for your input regarding your child's placement next year.