

## Pre-K Enrollment Checklist

- ☐ Completed Application
- ☐ Birth Certificate
- ☐ Copy of Child's Social Security Card
- ☐ Immunization Certificate –  
*(Immunizations (DHR Form 3231) must be up-to-date)*
- ☐ Certificate of Vision, Hearing, Dental, and  
Nutrition Screening *(Form 3300 must be signed by a private  
practitioner or representative of a local Department of Health.)*
- ☐ Residency Affidavit – *(Two documents, i.e. utility bill, paperwork,  
etc. verifying your 911 address; P. O. boxes are not proof of residency)*





*In an effort to support local families with school readiness, the Fannin County School System will be offering two Georgia Lottery Funded Pre-Kindergarten Classes during the 2019-2020 school year. **Any child who will be four years old on or before September 1, 2019**, is eligible to apply for a position in the classes. The classes will be at Blue Ridge Elementary and follow the Fannin County School District's calendar. There are no application fees or other charges for class participation, and transportation will be available, if needed.*

### **Application Process**

1. Applications can be picked up at the Fannin County Board of Education or Blue Ridge Elementary beginning **Friday, March 1, 2019**. Applications can also be downloaded at [www.fannin.k12.ga.us](http://www.fannin.k12.ga.us). Also the Pre-K web page can be found on our system web site.
2. Completed applications along with supporting documentation should be submitted at the **Fannin County Board of Education no later than 4:00 pm Friday, April 12, 2019**.
3. Children who will turn four on or before September 1, 2019, and who are Georgia residents may apply. School zones within Fannin County do not bind pre-k students.
4. Forty-four positions are available. Positions will be determined using a lottery method. **A public drawing will be held at 5:30 pm on Thursday, April 25, 2019, in the cafeteria at Blue Ridge Elementary School.**
5. Remaining applicants will be drawn and written down in consecutive order. Those not chosen as the first 44 students will be placed on a waiting list.
6. Families will be notified by phone and mail on the status of their application no later than **Tuesday, April 30, 2019**.
7. The Board of Education will continue to accept applications beyond, **Friday, April 12, 2019**, however those names will be placed on a secondary waiting list.



# Pre-K Registration Form 2019-2020 School Year

**PROVIDER LEGAL NAME:** \_\_\_\_\_ (This section to be completed by the provider)

**SCHOOL/SITE NAME:** \_\_\_\_\_

**CHILD INFORMATION** (Please print name exactly as it appears on the birth certificate.)

CHILD'S LAST NAME:

CHILD'S FIRST NAME:

CHILD'S MIDDLE NAME:

CHILD'S SOCIAL SECURITY#: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SEX: [ ] M [ ] F

HOME ADDRESS (911) \_\_\_\_\_ COUNTY: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: GA ZIP: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

**If the Student is transferring from another Pre-K, please provide the following:**

Previous School Name: \_\_\_\_\_ Last Date in Attendance: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 – LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Home Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #2 – LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Home Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Persons to contact in the event that either parent/guardian cannot be contacted)

NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE
1.			
2.			
3.			

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Signature Parent/Guardian: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>CHILD MAINTENANCE</b>		
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER		
<b>THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:</b>		
NAME	RELATIONSHIP	CELL PHONE
1.		
2.		
3.		
4.		
5.		
<b>CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):</b>		
CLINIC'S NAME	PHONE: (    )	
PHYSICIAN'S NAME	PHONE: (    )	
DATE OF LAST FULL HEALTH SCREENING:		
<b>MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):</b>		
<b>ARE THERE ANY SPECIFIC ACCOMMODATIONS THAT NEED TO BE IN PLACE FOR YOUR CHILD TO BE SUCCESSFUL AT SCHOOL?</b>		
<b>MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH</b>		
<b>Will your child need to take medications at school?      Circle    YES or NO</b>		
<b>List the medications that will need to be administered at school:</b>		
<b>Transportation</b>		
<b>I will need transportation assistance: Circle   YES   or   NO</b>		
<b>Physical address that child will need to be transported from/to: (N/A if no)</b> _____		

**Questions? Contact:**

Shannon Miller, Director of Student Services  
Fannin County Board of Education  
706-632-3771 or [smiller@fannin.k12.ga.us](mailto:smiller@fannin.k12.ga.us)

It is the policy of Fannin County School System to not discriminate on the basis of race, color, national origin, sex, age, religion, creed or disability in admission to its programs, services, and activities in access to them, in treatment of individuals or in any aspect of their operations to also include but not be limited to additions, modifications, or alterations to the physical plan of any school facility.

**GENERAL RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, \_\_\_\_\_, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: Shannon Miller  
Director of Student Services  
Fannin County Board of Education  
706-632-3771 OR [smiller@fannin.k12.ga.us](mailto:smiller@fannin.k12.ga.us)

SIGNATURE (Parent/Guardian): \_\_\_\_\_ DATE: \_\_\_\_\_

It is the policy of Fannin County School System to not discriminate on the basis of race, color, national origin, sex, age, religion, creed or disability in admission to its programs, services, and activities in access to them, in treatment of individuals or in any aspect of their operations to also include but not be limited to additions, modifications, or alterations to the physical plan of any school facility.

## AFFIDAVIT OF GEORGIA RESIDENCY

State of Georgia  
County of Fannin

Date: \_\_\_\_\_

Personally before the undersigned Notary authorized to administer oaths appeared \_\_\_\_\_, who, after being duly sworn, deposes under oath as follows:

1. I (we) are the parent(s) of, \_\_\_\_\_ a minor of school age whose birthday is \_\_\_\_\_ and is presently \_\_\_\_\_ years old. I signed this affidavit in support of my child's right to enroll in the Fannin County schools

I (we) affirm that my child and I are bona fide residents of Fannin County, and that our address is \_\_\_\_\_. We became residents of Fannin County on or about \_\_\_\_\_. We were formerly residents of \_\_\_\_\_. In support of our residency, affirm that the following is true and the proper documentation is attached. *(Two documents, i.e. utility bill, paperwork, etc. verifying your 911 address; P. O. boxes are not proof of residency)*

- 2.
- a. I have registered to vote in Fannin County and,
  - b. I have acquired a Georgia driver's license or my application for a Georgia driver's license is pending and,
  - c. I have purchased a tag for my automobile in Fannin County and,
  - d. I have receipts for utilities furnished to my home in Fannin County that I will provide the School District or,
  - e. Other evidence of my intent to make Fannin County my legal residency is as follows:

\_\_\_\_\_  
\_\_\_\_\_

If your response to a through d is no, please explain below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that the school district will rely upon this affidavit to verify my residency in Fannin County in order to enroll my child in school. If at any time I am no longer a resident of Fannin County, I will so advise the principal where my child is enrolled. I understand that any information furnished to the school system that is intentionally false may constitute the offense of false swearing under Georgia law.

\_\_\_\_\_  
Notary Signature  
Seal and Date

\_\_\_\_\_  
Parent / Guardian Signature





# 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

Child's Name: \_

first middle last

Parent/ Guardian Contact Information:

Daytime phone number: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Date of Birth: \_ / \_ / \_

Gender: ☐ Male ☐ Female

Child's Home Address:

street city state zip code county

### VISION

- ☐ Unable to screen (explain why below)
- ☐ Uses corrective lenses
- ☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Optometrist
- ☐ "Prevent Blindness Georgia" employee
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

### HEARING

- ☐ Unable to screen (explain why below)
- ☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Audiologist
- ☐ Speech-Language Pathologist
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

### DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
- ☐ Needs further evaluation
- ☐ Emergency problem observed
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Dentist
- ☐ Local Health Department Registered Nurse
- ☐ Registered Dental Hygienist
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

### NUTRITION

- ☐ Unable to screen (explain why below)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

BMI: \_\_\_\_\_ BMI%: \_\_\_\_\_

- ☐ 5<sup>th</sup> to 84<sup>th</sup> percentile - Appropriate for age
- ☐ < 5<sup>th</sup> percentile - Needs further evaluation
- ☐ ≥ 85<sup>th</sup> percentile - Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Registered Dietician
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

### FOR SCHOOL SYSTEM ONLY Follow up for further evaluation

	1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on:

### Screener's Comments:

# 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 dietician 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](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.