



Clinch County Elementary School

KINDERGARTEN REGISTRATION

***These documents are mandatory for new students only.
Clinch County Pre-k students are not required to complete
registration.

Documents Required for Registration

Parents should bring the following documents to registration:

- 1) Official birth certificate
- 2) Immunization Record - Georgia Certificate of Immunization (GA Form 3231). This form is available from the Health Department or your child's physician.
- 3) Certificate of Vision, Hearing, Dental and Nutrition Screening (Georgia Form 3300). This form is available from the Health Department or your child's physician.
- 4) Social Security Card
- 5) Proof of residence (utility bill, rental agreement, cable bill, mortgage agreement, or land line phone bill only--statements must be current--within the last 30 days.
- 6) Guardian papers (if applicable)

Note: Kindergarten students must be 5 years old on or before September 1, 2024.

***Registration is not complete until
all documents have been received***

**Clinch County Elementary School
Kindergarten Registration Form
2024-2025**

Name: _____
Last First Middle Preferred Name

Social Security #: _____

Date of Birth: _____ **Birthplace (city/state):** _____ **Country of Birth:** _____

Gender: M F **Home Phone #** () _____ **County of Residence:** _____

Mailing Address: _____
Street City Zip

Street Address (required): _____
Street City Zip

Is this address ___ home/mobile home ___ apartment ___ motel/hotel ___ family/friends home ___ other

Parent/Guardian #1: _____ **Parent/Guardian #2:** _____

Relationship to student _____ Relationship to student _____

Work Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

Email: _____ Email: _____

**** Please note that the e-mail address and cell phone information obtained here will be used for our Alert Now call system ****

Emergency Contact #1 _____ Phone # () _____

(Other than guardian)

Relationship to student _____

Emergency Contact #2 _____ Phone # () _____

(Other than guardian)

Relationship to student _____

Emergency Contact #2 _____ Phone # () _____

(Other than guardian)

Relationship to student _____

Ethnicity: Is student Hispanic? ___ Yes ___ No

Race (check ALL that apply): ___ American Indian/Alaska Native ___ Asian ___ Black/African American

___ Native Hawaiian/Other Pacific Islander ___ White

Health: Does this child have any health problems? ___ Yes ___ No

If yes, please explain: _____

Language Survey: What language(s) did the student first learn to speak? _____

What language(s) does the student speak at home? _____

What language(s) does the student speak most often? _____

List siblings in the Clinch County School System: _____

Does this student's parent/legal guardian serve in the active duty armed forces? _____

Preschool Experience:

Did student attend: ___ Georgia Pre-K ___ Head Start

___ Out-of-state Public Pre-K ___ Private (i.e. church school)

Is this child a repeater? ___ Yes ___ No

<i>Office Use Only</i>	
Birth Certificate	_____
Social Security Card	_____
Immunization Cert.	_____
Ear, Eye & Dental	_____
Proof of Residency	_____

Parent/Guardian Signature

Date

Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² to questions about your preferred language for school communication and your child’s primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child’s level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<p>Communication Preferences</p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is not used to identify your child for English language proficiency screening.</p>	<p>Parent Communication Language (Required)</p> <ul style="list-style-type: none"> In which language would you prefer to receive school communication? <p>_____</p>
<p>Identification of Potential English Learners</p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child’s level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>	<p>Home Language Survey (Required)</p> <ol style="list-style-type: none"> Which language does your child <u>best</u> understand and speak? _____ Which language does your child <u>most</u> frequently speak at home? _____ Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
<p>Additional Information from Multilingual Families</p> <p>If you indicated that your child and other adults in the home understand and use English and another language or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p>	<p>Additional Information from Multilingual Families. Choose <u>only one sentence that best describes your child’s primary language.</u></p> <p>My child understands and uses only the home language and no English.</p> <p>My child understands and uses mostly the home language and a little English.</p> <p>My child understands and uses the home language and English equally.</p> <p>My child understands and uses mostly English and only a little of the home language.</p> <p>My child understands and uses only English.</p>

¹ U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, *Dear Colleague Letter: English Learner Students and Limited English Proficient Parents*, p. 10.

² The Home Language Survey should be given to first time enrollees to United States public schools.

Clinch County School System

Encuesta de Georgia sobre el idioma en el hogar

Nombre de Estudiante/Grado: _____

Fecha: _____

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a¹ recopilar sus respuestas a² las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
<p>Preferencias de comunicación</p> <p>Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.</p> <p>Esta pregunta es solo <u>con fines informativos</u>. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.</p>	<p>Idioma de comunicación de los padres y tutores (Favor de contestar.)</p> <ul style="list-style-type: none"> • ¿En qué idioma prefiere recibir la comunicación escolar? <p style="text-align: center;">_____</p>

<p>Identificación de posibles aprendices de inglés</p> <p>Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma.</p> <p>Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.</p>	<p>Encuesta sobre el idioma en el hogar (Favor de contestar.)</p> <ol style="list-style-type: none"> 1. ¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____ 2. ¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____ 3. ¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
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<p>Información adicional para familias multilingües</p> <p>Si indicó que su hijo/a y otras personas adultas en su hogar entienden y utilizan el inglés y otro(s) idioma(s), las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.</p> <p>Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.</p>	<p>Información adicional para familias multilingües. (Elija solo una frase que mejor describa el idioma principal de su hijo/a.)</p> <p>Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, no el inglés.</p> <p>Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y un poco de inglés.</p> <p>Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés por igual.</p> <p>Mi hijo/a entiende y utiliza principalmente el inglés y solo un poco del idioma que se habla en el hogar.</p> <p>Mi hijo/a entiende y utiliza solo el inglés.</p> <p>Firma de Padre: _____</p>
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¹ Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas (*Dear Colleague Letter*): *Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

² La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

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

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial 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, 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

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? Sí No

Si la respuesta es "sí", marque todo trabajo que aplique:

- 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- 3. Procesando/Empacando productos agrícolas
- 4. Trabajo en lechería, polleras o ganadería
- 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

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:

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Clinch County School System
Student Residency Questionnaire

This form is intended to address the McKinney-Vento Act 42 U. S. C. 11435, and must be completed for each student. The information you provide is **confidential**. Your child will not be discriminated against based upon the information provided.

Date: _____ School: _____

Student Name: _____ Birth Date: _____

Current Address: _____ Phone Number: _____

Please identify the student's current living arrangements. Please check one box:

_____ With another family or other person because of loss of housing or as a result of an economic hardship
(i.e. foreclosure, eviction)

_____ Emergency or transitional shelter

_____ Hotel or motel

_____ With an adult who is not a parent guardian, or alone without an adult

_____ Campground, car, park, public places, abandoned building, street, or any other inadequate living space

_____ None of the above

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (please print)

Date

Note: The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school, even if they don't have the documents normally needed, such as proof residency, school records, immunization records, or birth certificate.

The Homeless Liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation.

See the reverse side of this form for a one-page attachment titled, **"Information for Parents: McKinney-Vento Homeless Assistance Act"**.

**Information for Parents:
McKinney-Vento Homeless Assistance Act**

If your family lacks a fixed, regular and adequate nighttime residence and is forced to live in any of the following situations:

- Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, etc.).
- In a motel, hotel, campground, or similar setting due to lack of alternative adequate accommodations.
- In an emergency or transitional shelter.
- Have a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans.
- In a car, park, public space, abandoned building, substandard housing, bus or train station, or a similar setting.

Then your children have the right to:

- Enroll in school without proof of residency, immunization, school records, or other documents.
- Choose between the local school where you are living or the school last attended before becoming homeless, when feasible.
- Receive transportation to school.
- Attend school and participate in school programs with children who are not homeless children cannot be separated from the regular school program because they are homeless.
- Receive all the school services available to other students.

Clinch County Public School System Homeless Liaison:

Renee Harris 912-487-5402

State Coordinator for Homeless Education:

Eric McGhee 404-651-7555

CLINCH COUNTY SCHOOLS CLINIC CONSENT FORM

Student Name: _____

Grade: _____ **Home Room:** _____

Family Doctor/Phone Number: _____

Contact Names, relation to child, phone numbers in the order you wish to be contacted in event of illness or injury:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Medications student currently taking: _____

Allergies (include medications, foods, and insect bites):

Medical History: (Please circle any that student has had in the past or currently has):

Asthma (childhood and/or current)	Hearing Problems	Vision Problems
Cerebral Palsy	Heart Problems	Wears glasses
Cystic Fibrosis	Hyperactivity	Hearing Aids
Diabetes	Seizures	Other: _____
Frequent Ear Infections	Sickle Cell Disease	_____

*In case of a serious illness/injury, the school nurse will render first aid. The parents/guardians will be contacted. If parent/guardian can not be reached and the situation is emergent, 911 will be called and the child will be transported to the emergency room. Any fees for that transportation and medical services will be the responsibility of the parent/guardian.

*I give permission for my child to receive medical care by the school nurse in the school clinic for minor illnesses as in accordance with the Georgia School Health Resource Manual. This includes over-the-counter medications for minor pain and discomfort, menstrual cramps, stomach aches and/or indigestion, sore throat, headaches, and first aid care for minor abrasions, skin irritations, and injuries. I do hereby grant the school nurse permission to perform these and other School Health Services (as described on back of page) without further notification by signing. I do hereby release the school system and the school nurse from any adverse reaction that might occur as a result of taking these medications.

(See reverse for list of clinic services, medications, and parent signature area.)

***** Check Yes or No to indicate if you allow your child to receive the following medications at school by the school nurse.**

- Administration of Acetaminophen (Tylenol ®) or Ibuprofen (Motrin ®, Advil ®) at an age appropriate dose for discomfort, pain, or fever
 Yes No ***** students with fever > 100°F will be dismissed home**
- Antacid liquid or Antacid tablets for indigestion/minor stomach discomforts and age appropriate dose
 Yes No
- Benedryl ® (Diphenhydramine) for symptoms of allergic reactions, insect stings, or rashes at an age appropriate dose
 Yes No
- Sore throat relief spray for sore throat
 Yes No
- Cough drops for coughing (age appropriate due to choking hazard)
 Yes No
- Itch and rash relief cream/ointment for minor skin irritations
 Yes No
- Lubricating eye drops for eye irritations
 Yes No
- Oral pain relief gel for tooth/mouth discomfort
 Yes No
- Saline cleansing solution for cleaning of minor abrasions/wounds/cuts
 Yes No
- Triple antibiotic ointment for minor skin abrasions/wounds
 Yes No
- Cough Suppressant (Dextromethorphan HBr) syrup for mild cough with normal breath sounds and age appropriate dosing
 Yes No

Clinic Services:

- Nursing assessment of illness, injury, and other health related problems
- Administration of over-the-counter medications at age-appropriate doses per protocol
- Administration of prescription medication with parental consent
- Blood pressure screenings
- Blood sugar screenings (by finger stick if symptoms indicate the need)
- Head Lice screenings per policy
- Health promotion and wellness education including nutrition education
- Height and weight measurements as needed
- Implementing “Asthma Protocol” and “Severe Allergic Reaction Protocol” for students with asthma and severe allergic reactions.
- Screening of vision and hearing as needed and during class screenings

Parent/Guardian

Signature

Date

() I DO NOT WANT MY CHILD TO RECEIVE SCHOOL HEALTH SERVICE