



DR. BRIAN V. HIGHTOWER
Superintendent of Schools

KYLA CROMER
School Board Chair

ROBERT RECHSTEINER
School Board Vice-Chair

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JOHN HARMON

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CLARK MENARD

KELLY POOLE

Thank you for contacting our office regarding the Preschool Special Needs Program. Please find attached the requested preschool referral assessment packet. A separate email will be sent to you for registering your child in Cherokee County School System, upon completion of the packet and receipt of all Registration documents.

Please note:

- **Complete the attached referral packet as soon as possible. You may email it back to me including the registration documents** (Let me know if you need a paper copy of this packet).
- **All evaluations and services are in person.**
- **Please make arrangements for any other children that you have.**
- **We ask that only one parent/guardian and child come to the transition meeting.**

Registration Documents needed summary (See list for detailed information)

- Proof of age: A certified hospital issued birth record, or birth certificate, or a passport; or an adoption record
- Parent/Guardian picture ID
- 3300 Form or current Vision and Hearing Evaluations within 9 months of when the packet is received
- 3231 Form Immunizations
- Social Security Card if providing one (Not required)
- Any and/or all private evaluations that have been completed
- Proof of residence
 - o If owner- Current Cherokee County property tax or closing documents (Such as the settlement statement or closing disclosure).
 - o If renting- Lease, Residency Affidavit

PLEASE NOTE THAT A UTILITY BILL WILL NOT BE ACCEPTED AS PROOF OF RESIDENCE.

Let us know if you have any questions or concerns.

Cherokee County School District
Preschool Referral, Social History, and Background Information

(To be completed by parents or guardians)

Preschool parents: Please complete this form prior to your child's evaluation as this information will aid us in assessing your child. Information on this form will be treated in a confidential manner. Please return this completed form to the Preschool Assessment Office.

GENERAL INFORMATION

Person Filling Out Form: ☐ Biological/Adoptive Parent ☐ Foster Parent ☐ Legal Guardian

Child's Full Name: _____

(First)

(Middle)

(Last)

Date of Birth: ____/____/____

Age: _____

Gender:

☐ Male

☐ Female

Referred by:

☐ Babies Can't Wait (BCW) ☐ Parent ☐ IEP Committee (Re-evaluation) ☐ Transfer from another school district

☐ Teacher ☐ Pediatrician ☐ Health Dept. ☐ Other: _____

Reason for referral/Parent concerns (Please share your concerns in detail, attach an additional page if more space is needed)

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ ☐ None

Preferred E-Mail: _____ Belongs to: ☐ Parent 1 ☐ Parent 2

(All notices, communications, and documents will be sent here)

Parent 1 Name: _____ Age: _____ Occupation: _____

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Legal Guardian-Relation to child: _____ ☐ Other _____

Parent 1 cell: _____ Parent 1 Work Phone: _____ Employer: _____

Highest Level of Education (Optional):

☐ Elementary School ☐ High School ☐ Bachelor's Degree ☐ Master's Degree ☐ Post Graduate Level ☐ Doctorate

Parent 2 Name: _____ Age: _____ Occupation: _____

☐ Mother ☐ Father ☐ Foster Mother ☐ Foster Father ☐ Legal Guardian-Relation to child: _____ ☐ Other _____

Parent 2 cell: _____ Parent 2 Work Phone: _____ Employer: _____

Highest Level of Education (Optional):

☐ Elementary School ☐ High School ☐ Bachelor's Degree ☐ Master's Degree ☐ Post Graduate Level ☐ Doctorate

Where does your child spend his day?

☐ Stays home during the day with ☐ Parent ☐ Other: _____

☐ Attends Daycare/Preschool: Days/Times Attending _____

Name of Daycare/Preschool: _____ Phone: _____

Address: _____

Teacher's name: _____ Teacher's Email: _____

**Cherokee County School District
Preschool Referral, Social History, and Background Information**

(To be completed by parents or guardians)

***We recognize that the following questions are personal in nature. This information is requested to aid in determining the person or persons who are legally able to sign the Consent for Evaluation for Special Education Services. Please note that follow up questions may be necessary.**

*Were the parents married at the time of the child's birth? ☐ Yes ☐ No

If no, did the father legitimize the child? ☐ Yes ☐ No

(If yes, please provide finalized court order or certified copy of DPH Form 3940)

*Current marital status of parents: ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Widowed

*Name of parent or guardian with whom the child lives: _____ ☐ Both parents

*Does someone other than a parent have educational decision-making rights? ☐ Yes ☐ No

If yes, who has educational decision-making rights? _____

(Please provide documentation {Court order, POA, etc.})

*If separated/divorced, how old was the child when the separation occurred? _____

Is either parent remarried? ☐ Yes ☐ No Stepparent's name: _____

Does the child see the other parent? ☐ Yes ☐ No How often? _____

Who has educational decision-making rights? _____

(Please provide finalized court order/documentation {Divorce decree, parenting plan, etc.})

*Is this child in foster care? ☐ Yes (See Foster Care Letter) ☐ No

If yes, when was the child placed in foster care? _____ In what county? _____

Is there a reunification plan? ☐ Yes ☐ No If yes, please explain: _____

*DFCS Case Manager's name: _____ Email: _____

Phone Number: _____ Cell: _____

*Has the child ever been in Foster care? ☐ Yes ☐ No

Is the child adopted? ☐ Yes ☐ No If yes, at what age? _____ Is the child aware of the adoption? ☐ Yes ☐ No

Recent traumatic events? ☐ Yes ☐ No If yes, please explain: _____

List all people living in the household:

Name	Relationship to the child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any brothers or sisters are living outside of the home, list their names and ages:

Name	Relationship to the child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary language spoken in the home: _____ ☐ Parent ☐ Child ☐ Other (Who) _____

Cherokee County School District
Preschool Referral, Social History, and Background Information

(To be completed by parents or guardians)

Other languages spoken in the home: _____ ☐ Parent ☐ Child ☐ Other (Who) _____

What was the first language your child learned? _____ At what age did your child learn English? _____

Which language does your child best understand? ☐ English ☐ Other _____

Which language does your child most frequently speak at home? ☐ English ☐ Other _____

Parent's country of origin: _____

In which language would you prefer to receive written communication? ☐ English ☐ Other _____

In which language would you prefer to receive verbal communication? ☐ English ☐ Other _____

*****Documentation that your child has passed a hearing and vision screening within 9 months from receipt of the referral packet is preferred. Attach copies of both hearing and vision screenings on Georgia Form 3300. If your child has a known hearing or vision loss or concern, please attach audiogram and vision report.***

Has your child's vision been tested? ☐ Yes ☐ No If yes, when? ____/____/____ Results: _____

Has your child's hearing been tested? ☐ Yes ☐ No If yes, when? ____/____/____ Results: _____

PREVIOUS EVALUATIONS: (Please specify name of evaluator, date, results and provide a copy of the report if possible)

Psychological Evaluation: _____

Physical Therapy: _____

Occupational Therapy: _____

Speech-Language Evaluation: _____

Babies Can't Wait (BCW): _____

THERAPIES TO DATE:

Speech-Language Therapy – Dates Received: _____ Frequency: _____

☐ Currently in therapy ☐ Dismissed from therapy ☐ Discontinued due to finances/insurance coverage

Occupational Therapy – Dates Received: _____ Frequency: _____

☐ Currently in therapy ☐ Dismissed from therapy ☐ Discontinued due to finances/insurance coverage

Physical Therapy – Dates Received: _____ Frequency: _____

☐ Currently in therapy ☐ Dismissed from therapy ☐ Discontinued due to finances/insurance coverage

Other Therapy – Dates Received: _____ Frequency: _____

☐ Currently in therapy ☐ Dismissed from therapy ☐ Discontinued due to finances/insurance coverage

☐ BCW – Dates Received: _____ Frequency: _____

PRENATAL HISTORY / BIRTH HISTORY:

During pregnancy, was mother on any medication? If yes, please describe: _____

During pregnancy, did mother smoke? ☐ No ☐ Yes Did mother drink alcohol? ☐ No ☐ Yes,
If yes how often? _____

Did mother use recreational drugs? ☐ No ☐ Yes If yes, describe _____

During pregnancy, did mother experience any of the following issues?

☐ Trauma ☐ Chronic Disease ☐ Vaginal Bleeding ☐ Toxemia ☐ Viral Infection ☐ Poor Nutrition

☐ Pre-term Labor ☐ Bed Rest ☐ High Blood Pressure ☐ Gestational Diabetes ☐ Type 1 or Type 2 Diabetes

Length of Pregnancy: _____ weeks

Birth Weight: _____ pounds _____ ounces Length: _____

Length of Labor: _____

☐ Normal Vaginal Delivery ☐ Caesarean Section ☐ Forceps Used ☐ Breech Birth ☐ Labor Induced

☐ Jaundice ☐ Meconium Aspiration ☐ Cord Wrapped Around Neck ☐ Breathing Difficulties

☐ Neonatal Intensive Care Unit ☐ Incubator? If yes, how long? _____

Cherokee County School District
Preschool Referral, Social History, and Background Information

(To be completed by parents or guardians)

Discuss any complications with labor and/or delivery: _____

Length of stay in the hospital: _____

As an infant was the child: ☐ alert ☐ quiet ☐ loud ☐ unaware

Did he/she liked to be held? ☐ Yes ☐ No

Did he/she grow normally? ☐ Yes ☐ No

DEVELOPMENTAL HISTORY:

To the best of your memory, when did the following developmental milestones occur?	Early	On Time	Late	Not Yet	Approximate Age
Sat without support (most children develop this skill between 6-9 months)					
Crawled (most children develop this skill between 9-12 months)					
Walked Independently (most children develop this skill between 12-18 months)					
Spoke first real words (besides mama/dada)-(most children develop this skill between 12-18 months)					
Put two or more words together (most children develop this skill between 2- 3 years)					
Toilet trained-day (most children develop this skill by 3 years)					
Toilet trained-night (most children develop this skill under 5 years)					
Dressed and undressed without help, except for shoelace tying (most children develop this skill by age 4)					

CURRENT DEVELOPMENTAL SKILLS:

Adaptive Skills (eating, sleeping, and dressing)

What does your child wear that he/she can take off without assistance? _____

What does your child wear that he/she can put on without assistance? _____

How does your child handle bathing? _____

Does your child mind having their hands dirty? ☐ Yes ☐ No

Is your child bothered when walking barefoot outside? ☐ Yes ☐ No

Sleep habits: Sleep through the night? ☐ Yes ☐ No Take naps? ☐ Yes ☐ No

Where does your child sleep? _____

Time your child typically goes to bed: _____ Time your child typically wakes up: _____

Feeding Skills: Which of the following describes your child's feeding routine?

☐ Fed with spoon ☐ Drinks from sippy cup ☐ G-tube fed ☐ Finger feeds ☐ Drinks from a regular cup

☐ Uses fork/spoon independently ☐ Drinks from a straw

Does your child have difficulty biting, chewing, sucking and/or swallowing? ☐ Yes ☐ No

If yes, please describe: _____

Is your child a picky eater? ☐ Yes ☐ No

Does your child eat fewer than 10 foods? ☐ Yes ☐ No

If yes, what types of foods will he/she eat? _____

Does your child have an aversion to textured foods? ☐ Yes ☐ No

Does your child frequently overstuff his/her mouth? ☐ Yes ☐ No

Does your child drool? ☐ Yes ☐ No Does your child put inedible objects in his/her mouth? ☐ Yes ☐ No

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(To be completed by parents or guardians)

COGNITIVE SKILLS (Play, problem solving, pre-academic readiness skills, concept development, reasoning skills):

What are your child's favorite activities? _____

What activities does your child like least: _____

Describe how your child plays: _____

Does your child play appropriately with toys? ☐ Yes ☐ No

If not, please explain (e.g., lines items up, spinning toys): _____

How does your child problem solve? (e.g., obtain an out of reach object, complete a puzzle, nest cups): _____

Does your child imitate actions to familiar songs, such as "The Wheels on the Bus" or "Itsy Bitsy Spider"? ☐ Yes ☐ No

COMMUNICATION SKILLS (comprehension of language and verbal expression): Check all that apply

- ☐ Cries ☐ Smiles ☐ Laughs ☐ Coos ☐ Babbles ☐ Signs ☐ Gestures ☐ Points
☐ Uses Single Words ☐ Puts 2-3 words together ☐ Speaks in complete sentences ☐ Follows one step directions
☐ Follows 2-3 step directions ☐ Answers simple questions ☐ Talks about what he/she is doing ☐ Can tell a simple story ☐ Asks for help

Describe your child's eye contact:

- ☐ appropriate (looks at you when interacting) ☐ avoids ☐ fleeting ☐ too long ☐ too short ☐ absent

Articulation (Children's speech should be 70% intelligible by the age of 3 when context is known; by 4 years a child should be 80% intelligible when context is known; by 5 years a child should be 90% intelligible when context is known.)

Your family understands your child's speech: ☐ All of the time ☐ Most of the time ☐ Some of the time

People outside of your family understand your child's speech: ☐ All of the time ☐ Most of the time ☐ Some of the time

What sounds does your child have difficulty pronouncing? _____

Does your child become frustrated if misunderstood? ☐ Yes ☐ No

Fluency:

Does your family have a history of stuttering? ☐ Yes ☐ No

- ☐ mother ☐ father ☐ sister ☐ brother ☐ aunt ☐ uncle ☐ grandfather ☐ grandmother

FINE MOTOR SKILLS (movement and coordination of fingers, hands, arms, shoulders):

Can your child bring hands to middle (e.g., clap hands, pull apart pop beads)? ☐ Yes ☐ No

Does your child scribble? ☐ Yes ☐ No

Can your child turn pages in a book? ☐ Yes ☐ No

How does your child hold a crayon or pencil? ☐ fist ☐ pads of fingertips ☐ adult grasp

Is your child able to pick up small objects? ☐ Yes ☐ No

GROSS MOTOR SKILLS (movement and coordination of head, torso, and legs): Check all that apply

- ☐ Sits upright ☐ Pushes up on hands ☐ Rolls over ☐ Walks
☐ Runs smoothly ☐ Climbs on playground equipment ☐ Jumps ☐ Hops on one foot
☐ Kick a ball ☐ Throw a ball ☐ Catch a ball

How does your child climb the stairs?

- ☐ Crawl ☐ Handheld ☐ Uses rail ☐ One step at a time ☐ Alternate feet

SOCIAL-EMOTIONAL SKILLS:

Cherokee County School District
Preschool Referral, Social History, and Background Information

(To be completed by parents or guardians)

How does your child react to strangers? _____

Describe your child's temperament (personality): _____

How does your child show affection? _____

How does your child react to same aged peers? _____

How does your child react to changes in routine? _____

How does your child react when he/she does not get his/her own way? _____

How does your child react to outings like the grocery store, shopping, or church? _____

BEHAVIORAL SKILLS:

Do you have any significant problems with your child's behavior? ☐ Yes ☐ No

If yes, please describe: _____

What discipline techniques do you typically use when your child misbehaves? _____

Are these techniques effective? _____

BEHAVIORAL CHECKLIST

- | | | |
|--|--|--|
| <input type="checkbox"/> Feels happy with him/herself | <input type="checkbox"/> Sucks his/her thumb | <input type="checkbox"/> Demands excessive attention |
| <input type="checkbox"/> Overly dependent on others | <input type="checkbox"/> Cries often | <input type="checkbox"/> Plays well with others |
| <input type="checkbox"/> Overly anxious to please | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Exhibits uncooperative attitude | <input type="checkbox"/> Tries to control others | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Relates well to adults | <input type="checkbox"/> Follows directions | <input type="checkbox"/> Sad or depressed often |
| <input type="checkbox"/> Does not adjust readily to change | <input type="checkbox"/> Fearful | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Immature for his/her age | <input type="checkbox"/> Affectionate with family | <input type="checkbox"/> Poor attention |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Restless | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Good memory | <input type="checkbox"/> Loud | <input type="checkbox"/> Jealous of sibling(s) |
| <input type="checkbox"/> Tantrums | <input type="checkbox"/> Good problem-solving skills | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Injures self | <input type="checkbox"/> Attentive | <input type="checkbox"/> Stubborn |

MEDICAL HISTORY:

Please indicate any illnesses or conditions your child has had and the age of the child when he/she had the illness/condition.

Hospitalization: ☐ Yes ☐ No If yes, when and for what ailment? _____

Surgery: ☐ Yes ☐ No If yes, when, and what type? _____

Allergies: ☐ Yes ☐ No If yes, what type? _____

Any that are life threatening? ☐ Yes ☐ No

Asthma: ☐ Yes ☐ No

Broken bones: ☐ Yes ☐ No If yes, when, and which bone(s)? _____

Epilepsy/Seizures: ☐ Yes ☐ No If yes, how frequently? _____

Head Injury: ☐ Yes ☐ No If yes, when and please describe: _____

High fever over 104 degrees: ☐ Yes ☐ No If yes, when? _____

Does your child have a history of ear infections? ☐ Yes ☐ No

Does your child have pressure equalization tubes? ☐ Yes ☐ No If yes, when were they placed? _____

Does your child have a medical diagnosis? ☐ Yes ☐ No

If yes, please list: _____

Cherokee County School District
Preschool Referral, Social History, and Background Information

(To be completed by parents or guardians)

Has your child had a medical evaluation (e.g., MRI, genetic testing, swallow study etc.)? ☐ Yes ☐ No

If yes, describe: _____

Is your child currently prescribed medication? ☐ Yes ☐ No

If yes, please list: _____

Please indicate any specialists involved with your child:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Ophthalmologist | <input type="checkbox"/> Developmental Pediatrician |
| <input type="checkbox"/> Endocrinologist | <input type="checkbox"/> Geneticist | <input type="checkbox"/> ENT | <input type="checkbox"/> Neurologist |
| <input type="checkbox"/> Pulmonologist | <input type="checkbox"/> Orthopedist | | |

Please indicate any adaptive equipment your child currently uses:

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> AFO's/Splints | <input type="checkbox"/> Glasses | <input type="checkbox"/> Feeding tube | <input type="checkbox"/> Gait trainer |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Prone stander | <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Adaptive Seating | <input type="checkbox"/> Oxygen | <input type="checkbox"/> Feeding pump | <input type="checkbox"/> Catheter |

Any additional information:

Signature: _____ **Date:** _____



CHEROKEE COUNTY SCHOOL DISTRICT
Regular Education Teacher Input Form
Special Education Preschool Program

Child's Name: _____ D.O.B.: _____

Center/Preschool Name: _____ Contact Phone Number: _____

Teacher Name: _____ Teacher Email: _____

By providing your email address you are giving permission for assessment related information to be sent

Classroom Age Group: _____ Ratio of Children to Adult: _____

List the number of days and hours child attends your program: _____

Check which routines in which child participates and list level of support required

	Independently Participates	Participates with some assistance	Full Assistance required to participate	Comments
Circle Time				
Free Play				
Movement/ Outdoor				
Centers				
Transitions				
Bathroom				
Snacks/Lunch				
Communication with Peers & Teachers				
Fine Motor/ Art Activities				
Small Group/Pre- Academic Skills				

Please make a statement concerning progress of the child based on goals and/or curriculum of your program.

Teacher Signature _____ Date _____

**Please fax completed form to CCSD Preschool Assessment 770-720-4791 or email to preschoolassessment@cherokee.k12.ga.us, or mail to CCSD Preschool Assessment P.O. Box 769 Canton, Georgia 30169

Date Sent: _____

☐ Faxed ☐ Emailed ☐ Mailed

Sent By: _____

Cherokee County
School District

AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS

This document is a reciprocal release of information form

To: _____
Records Custodian_____
School/Agency_____
Address_____
City/State/Zip_____
Phone/Fax/EmailFrom: **Preschool Assessment Team**

Person Requesting Records

CCSD Preschool Assessment

School/Agency

P.O. Box 769

Address

Canton, GA 30115

City/State/Zip

770.721.8562/770.720.4791/preschoolassessment@cherokee.k12.ga.us

Phone/Fax/Email

YOU ARE HEREBY AUTHORIZED AND INSTRUCTED TO RELEASE CONFIDENTIAL INFORMATION REGARDING:

First Middle Last_____
Date of Birth Grade Level

REASON FOR REQUEST (OPTIONAL):

- ☒ Educational Evaluation and Program Planning
☐ Maintenance of Student Records
☒ Other: 2 way communication

PLEASE SPECIFY THE RECORDS TO BE RELEASED:

- ☐ Psychological Report
☐ Educational Evaluation
☐ Social History
☐ I.E.P. (Minutes & Goals/Obj.)
☐ Hearing / Vision Screening Results
☐ Medical Exam Report Form

- ☐ Medical Problems Related to Learning
☐ Medical Evaluation and Treatment
☐ * For IEP only - Date of upcoming IEP meeting

- ☐ Psychiatric Evaluation
☐ Eligibility Report
☐ Anecdotal Records
☐ Medical Records

☒ Other: Teacher Checklists Teacher Input form/Classroom Observation

Authorization:

This authorization is valid for one year or as specified: **No expiration date** It will expire on: _____

I hereby represent that I lawfully possess the parental authority (*as parent, guardian or adult student*) to authorize the release of the records specified above, and I agree to allow representatives of the school system to check my driver's license or government issued photo identification in order to verify my identity. (If this request is delivered other than in person, I understand that my signature must be notarized) I understand that the Cherokee County School District will rely upon this representation in considering this request for records. I understand that providing consent to release records is voluntary on my part. The Cherokee County School District may impose nominal fees for copying in certain circumstances. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian/Adult Student Printed Name_____
Relationship to Student_____
Parent/Guardian/Adult Student Signature_____
Date

(Required if ID Not Verified)

Sworn to and subscribed before me this

____ day of _____, 20____

Notary Public

My Commission Expires: _____

Date Sent: _____

☐ Faxed ☐ Emailed ☐ Mailed

Sent By: _____



AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS

This document is a reciprocal release of information form

To: _____

Records Custodian

From: Preschool Assessment Team

Person Requesting Records

CCSD Preschool Assessment

School/Agency

P.O. Box 769

Address

Canton, GA 30115

City/State/Zip

770.721.8562/770.720.4791/preschoolassessment@cherokee.k12.ga.us

Phone/Fax/Email

Phone/Fax/Email

YOU ARE HEREBY AUTHORIZED AND INSTRUCTED TO RELEASE CONFIDENTIAL INFORMATION REGARDING:

First

Middle

Last

Date of Birth

Grade Level

REASON FOR REQUEST (OPTIONAL):

- ☒ Educational Evaluation and Program Planning
☐ Maintenance of Student Records
☒ Other: Two-way communication

- ☐ Medical Problems Related to Learning
☐ Medical Evaluation and Treatment
☐ * For IEP only - Date of upcoming IEP meeting

PLEASE SPECIFY THE RECORDS TO BE RELEASED:

- ☐ Psychological Report
☐ Educational Evaluation
☐ Social History
☐ I.E.P. (Minutes & Goals/Obj.)
☐ Hearing / Vision Screening Results
☐ Medical Exam Report Form

- ☐ Psychiatric Evaluation
☐ Eligibility Report
☐ Anecdotal Records
☐ Medical Records
☐ Other: OT/PT/Speech evaluations, progress notes

Authorization:

This authorization is valid for one year or as specified: No expiration date

It will expire on: _____

I hereby represent that I lawfully possess the parental authority (as parent, guardian or adult student) to authorize the release of the records specified above, and I agree to allow representatives of the school system to check my driver's license or government issued photo identification in order to verify my identity. (If this request is delivered other than in person, I understand that my signature must be notarized) I understand that the Cherokee County School District will rely upon this representation in considering this request for records. I understand that providing consent to release records is voluntary on my part. The Cherokee County School District may impose nominal fees for copying in certain circumstances. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the local education agency (LEA), may no longer be protected by HIPAA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian/Adult Student Printed Name

Relationship to Student

Parent/Guardian/Adult Student Signature

Date

(Required if ID Not Verified)

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public

My Commission Expires: _____

CHEROKEE COUNTY SCHOOL DISTRICT

Parental/Legal Guardian Declaration

I declare the Parental/Legal Guardian authority listed below for the following children enrolled in this school.

School Name: Preschool Assessment

Student Name: _____ Grade: N/A

Student Name: _____ Grade: _____

1. These children reside with both Biological/Adoptive Parents

- As such, either parent is authorized to act on their behalf.

2. These children resides with one Biological Parent

- I am the physical, custodial parent (as declared in a court order or divorce decree). Supporting documentation is attached. *Note: Parents are reminded that "legal custody" is not the same as "physical custody". "Physical custody" addresses with whom the children will reside, which is essential for purposes of school enrollment.*
- I share joint physical custody with the other biological parent (as declared in a court order or divorce decree). Supporting documentation is attached.
- I am the custodial parent, but no supporting documentation is available because there was never a marriage, there is no divorce decree in place, the other parent is deceased, or another circumstance is in place.
A declaration should be written here:

- I am the non-custodial parent, but the School District's Educational Power of Attorney has been utilized and attached as documentation of this arrangement.

Under penalty of law (O.C.G.A. § 16-10-71), I swear that the information given above is true and correct.
This the _____ day of _____, 20 ____.

Parent/Legal Guardian

SWORN TO AND SUBSCRIBED BEFORE ME,
This the _____ day of _____, 20 ____.

Notary Public

CHEROKEE COUNTY SCHOOL DISTRICT
Residency Affidavit for Property Owners/Property Managers

SCHOOL USE ONLY RESIDENCY INFO Tax Map Page Number
--

I. Ownership/Management Declaration

I, _____, currently own/manage a residence located at the following address:

 Street/Apt. #

 City

 Zip Code

 (Telephone Number)

 (Subdivision/Apt. Complex/Mobile Home Park)

II. Rental/Occupancy Declaration

☐ I currently rent/lease that residence to the following:

 (Name)

--OR--

☐ I currently allow the following to occupy that residence:

 (Name)

The following school-age child(ren) reside(s) at said address on a full-time basis:

III. Property Declaration:

(A) Parcel Number of Residence: _____ (three-digit number)

(B) Tax Map Page Number (if available): _____ (combination of six digits/letters)

This information can be documented by (a) owner's current tax bill; (b) the property purchase/closing information (if the residence has been built/purchased prior to the publication of this year's property tax bills); or (c) by accessing the Tax Assessor's database located on the Cherokee County website at <http://www.cherokeega.com>, or by proceeding directly to the database at <http://www.cherokeega.com/ccweb/departments/assessor/>.

IV. Additional Declarations

I understand:

- 1) All the facts contained herein are based upon my personal knowledge and are true and correct.
- 2) I have reviewed the residency requirements included in the School Admissions Policy (JBC) included on the back of this affidavit.
- 3) That representatives of the Cherokee County School District may verify my property information to establish residency of said renters/occupants.
- 4) That representatives of the Cherokee County School District may visit said renters/occupants at the address set forth above to verify the contents of this affidavit.

SWORN TO AND SUBSCRIBED BEFORE ME,

THIS THE _____ DAY OF _____, 20____

 Notary Public

UNDER PENALTY OF LAW (O.C.G.A. § 16-10-71), I
 SWEAR THAT THE INFORMATION GIVEN ABOVE
 IS TRUE AND CORRECT.

THIS THE _____ DAY OF _____, 20____

 Property Owner/Manager

1) I, _____, currently occupy a residence with:
(Parent/Guardian's name)

(Contact number)

Street/Apt. #

City

Zip Code

(Subdivision/Apt. Complex/Mobile Home Park)

☐ The property owner is same person listed above; or

☐ The property owner is a different person than is listed above:

(Name)

(Contact number)

Student's Full Name _____

Date of Birth

Grade

School

1. _____

2. _____

3. _____

4. _____

I understand:

- 1) All of the facts contained herein are based upon my personal knowledge and are true and correct, and if found to be false or erroneous, will lead to the immediate removal of said student(s) from the current school(s).
- 2) I understand that I must report any change of residence to the school(s), regardless if that change in residence is outside of the school's attendance zone.
- 3) By policy of the Cherokee County School District, the said student(s) seeking enrollment must reside with a parent or legal guardian that has legal custody of said student(s) by valid Court Order; and that I am the parent or legal guardian of said student(s) (the valid Court Order must be provided to the school upon enrollment).
- 4) I have reviewed the residency requirements included in the School Admissions Policy (JBC) included on the back of this affidavit.
- 5) That representatives of the Cherokee County School District may visit said student(s) at the address set forth above to verify the contents of this affidavit.

THIS THE _____ DAY OF _____, 20____

Notary Public

THIS THE _____ DAY OF _____, 20____

Parent/Guardian

CHEROKEE COUNTY SCHOOL DISTRICT
Materials Needed for Preschool Assessment Registration

Proofs of Residency

To obtain enrollment in the Cherokee County School District, students must reside in the county with their natural parent(s) or court-approved legal guardian(s). Students and their parent(s)/legal guardian(s) must remain residents of the county for the entire period of enrollment in the School District. For enrollment purposes, a resident is defined as an individual who is a full-time occupant of a dwelling located within the county and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county, but does not reside in the county, is not considered a resident for these purposes.

For Parents/Legal Guardians Who Own Their Residence—One Item: a current residential property tax statement (if there is no tax bill, then the purchase/closing information for the residence can be used). The record must include the name of the parent/legal guardian.

For Parents/Legal Guardians Who Are Renting a Residence—Two Items: (1) a lease or rental agreement consisting of the written evidence that the agreement is valid; and (2) a District-designated affidavit signed by the property owner which will allow for appropriate verification of residency.

For Parents/Legal Guardians Who Are Occupying Another Person's Home—Two Items: (1) a District-designated affidavit signed by the parent/legal guardian; and (2) a District-designated affidavit signed by the property owners. If the occupants are renters, then the property owner's signature will also be required.

Verification of Parents/Legal Guardians

In order to ensure the safety of your child, all parents/legal guardians enrolling students in the system will be asked to provide a picture ID* at the time of enrollment. The name on the ID should match the name on the documentation being provided for enrollment (e.g. certified copy of birth certificate).

*Students will not be denied enrollment if a parent/legal guardian is unable to produce a photo ID. If a photo ID is not available, a parent/legal guardian must provide such additional information as may be reasonably required to verify the identity of the child to be enrolled and verify the relationship between the child to be enrolled and the parent/legal guardian. Such additional documentation would include, but not be limited to, banking information, tax returns, W-2s, 1099s, family photos, or photo IDs of other family members who might verify identity.

Satisfactory Evidence of Proper Age

A certified copy of the student's birth certificate, certified hospital issued birth record or birth certificate; a military ID; a valid driver's license; a passport; an adoption record; a religious record signed by an authorized religious official; an official school transcript; or,

If none of these evidences can be produced, an affidavit of age sworn to by the parent/legal guardian accompanied by a certificate of age signed by a licensed, practicing physician. The certificate completed by the physician must verify that a physical examination has occurred, and that the physician believes the age indicated on the affidavit is substantially correct.

Vision, Hearing Screening Information

Information must be recent and no older than 9 months.

Acceptable forms are: Certificate of Vision, Hearing, Dental and Nutrition Screening (DPH Form 3300) with Pass results for Vision and Hearing, or a hearing Audiogram.

Note: If hearing and vision has not been conducted for your child, we can administer them at no charge. This will be separated appointments from the preschool evaluation.

Immunization Certification**Pre-Kindergarten Programs**

All children attending pre-kindergarten must have a Certificate of Immunization (DPH Form 3231). Children may register prior to completion of this examination and certificate.

Social Security Card

An official copy of the child's social security card (the original card) shall be provided and be incorporated into the official school records pertaining to the child. While this card cannot be mandated according to current State law, it is strongly recommended by the School District because of its impact on accurate student records.

CHEROKEE COUNTY SCHOOL DISTRICT

Proof of Residency Guidelines

- (A) The following are the “Residency Requirements” that are a part of the Cherokee County School District’s School Admissions Policy (JBC):

Residency:

To obtain enrollment in the Cherokee County School District, students must reside in the county with their natural parent(s), or court-approved legal guardian(s). Students and their parent(s)/guardian(s) must remain residents of the county for the entire period of enrollment in the School District. For enrollment purposes, a resident is defined as an individual who is a full-time occupant of a dwelling located within the county and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county, but does not reside in the county, is not considered a resident for these purposes.

Proof of Residency:

Proof of residency is required when a student initially enrolls in a school and whenever a change of residence occurs.

The following shall be accepted as proof of residency for parents/guardians considered as “home-owners”: a current residential property tax statement (if there is no tax bill, then the purchase/closing information for the residence can be used). The record must include the name of the parent/guardian.

The following shall be accepted as proof of residency for parents/guardians considered as “renters”: (1) a lease or rental agreement consisting of the written evidence that the agreement is valid; and (2) a District-designated affidavit signed by the property owner which will allow for appropriate verification of residency.

The following shall be accepted as proof of residency for parents/guardians considered as “non-renters” or “occupants of another person’s home/residence”: a District-designated affidavit signed by the parent/guardian, as well as by the home’s occupants. If the occupants are renters, then the property owner’s signature will also be required.

Verification of Residency:

A school system employee may visit the address given by any parent/guardian to verify residency. The property address given must be the actual location where the student and parent/guardian live full time.

- (B) The school will verify residency by accessing the Tax Assessor’s database located on the Cherokee County website at <http://www.cherokeega.com>, or by proceeding directly to the database at <http://www.cherokeega.com/ccweb/departments/assessor/>