



DR. BRIAN V. HIGHTOWER  
*Superintendent of Schools*

KYLA CROMER  
*School Board Chair*

ROBERT RECHSTEINER  
*School Board Vice-Chair*

MIKE CHAPMAN

JOHN HARMON

PATSY JORDAN

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 Intervention Program**  
**Transfer Information Form**

The following documents should accompany this form: IEP, eligibility Report, and evaluation reports.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother  Father  Foster Mother  Foster Father  Legal Guardian-Relation to child: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother  Father  Foster Mother  Foster Father  Legal Guardian-Relation to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

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

FORMER SCHOOL SYSTEM/DISTRICT: \_\_\_\_\_

FORMER SCHOOL: \_\_\_\_\_

Special Education Services: \_\_\_\_\_ Eligibility Category: \_\_\_\_\_

IEP Date: \_\_\_\_\_ Eligibility Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  None

**\*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 Placement for Special Education Services and/or Consent for Evaluation. Please note that follow-up questions may be necessary.**

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

If not, did the father legitimize the child?  Yes  No

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

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

\*If separated/divorced, who has educational decision-making rights? \_\_\_\_\_

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

\*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.)

\*Is this child in foster care?  Yes (See Foster parent letter)  No

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

DFCS Case Manager's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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/Email

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

**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: \_\_\_\_\_

- 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: \_\_\_\_\_

**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: \_\_\_\_\_



**Cherokee County  
School District**

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To: \_\_\_\_\_  
Records Custodian

From: **Preschool Assessment Team**  
Person Requesting Records

\_\_\_\_\_  
School/Agency

**CCSD Preschool Assessment**  
School/Agency

\_\_\_\_\_  
Address

**P.O. Box 769**  
Address

\_\_\_\_\_  
City/State/Zip

**Canton, GA 30115**  
City/State/Zip

\_\_\_\_\_  
Phone/Fax/Email

**770.721.8562/770.720.4791/preschoolassessment@cherokee.k12.ga.us**  
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First Middle Last

\_\_\_\_\_  
Date of Birth

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**REASON FOR REQUEST (OPTIONAL):**

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- Maintenance of Student Records
- Other: \_\_\_\_\_

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- Medical Records
- Other: \_\_\_\_\_

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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**  
**Residency Affidavit for Parents/Guardians Currently Considered as "Occupants"**

**I. Residency Declaration**

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

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Contact number)

2) The address of this residence is

\_\_\_\_\_  
 Street/Apt. #

\_\_\_\_\_  
 City

\_\_\_\_\_  
 Zip Code

\_\_\_\_\_  
 (Subdivision/Apt. Complex/Mobile Home Park)

3) I have attached an affidavit from the residence's property owner:

- The property owner is same person listed above; or
- The property owner is a different person than is listed above:

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Contact number)

**II. Student Enrollment Declaration**

Student's Full Name	Date of Birth	Grade	School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**III. Additional Declarations**

*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.

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

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:

Three horizontal lines for writing a declaration.

- 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 Materials Needed for School 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.



**Immunization Certification**

**Pre-Kindergarten Programs**

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

**Grades K-12**

All students must have a Certificate of Immunization (DPH Form 3231) on file in accordance with Georgia Department of Public Health regulations. Students entering public schools for the first time must present this form upon enrollment. Students who are transferring from any other public school system have 30 calendar days to meet this requirement.

**Certificate of Vision, Hearing, Dental and Nutrition Screening**

**Pre-Kindergarten Programs**

All children attending pre-kindergarten programs must have a Certificate of Vision, Hearing, Dental and Nutrition Screening (DPH Form 3300).

**Grades K-12**

A Certificate of Vision, Hearing, Dental and Nutrition Screening (DPH Form 3300) in accordance with Georgia Department of Public Health regulations must be presented the first time a child enrolls at any grade level. Students transferring from another Georgia public school system are exempt from this requirement.

**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.

**Official Transcript (Cumulative Record)**

Enrolling students shall present an official transcript of work or credit at the time of entrance. If a transcript should not be presented, the student shall be enrolled on a tentative basis from information available at the time of enrollment. Discipline records for students in grades 6-12 must also be presented to the school.

Students coming from accredited private schools, home school programs, other countries, or states are to be accepted provisionally in the grade to which they indicate membership.

**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/>