FULTON COUNTY SCHOOLS

2024-2025 PRE-Kindergarten

LOTTERY & REGISTRATION GUIDELINES

Fulton County Schools
Early Childhood Department
6201 Powers Ferry Rd NW
Atlanta, Georgia 30339
470-254-4574

NOTE: The FCS Pre-Kindergarten program is funded through DECAL Bright from the Start. Lottery funding is never guaranteed, and classes are pending until state funding is awarded.

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PROGRAM OVERVIEW

Fulton County Schools implements the state funded Georgia's Pre-Kindergarten program. We are proud to offer 87 lottery funded Georgia's Pre-Kindergarten classrooms in 47 elementary schools throughout the district.

Fulton County's Pre-Kindergarten program helps children become independent, self-confident, enthusiastic learners. Participation in the program encourages children to develop good habits and daily routines. Research shows that children benefit when instruction is child centered. Child centered instruction allows teachers to facilitate learning in an environment that fosters children's initiative, exploration, and collaborative interaction with other children and adults.

We provide children with developmentally appropriate learning activities and experiences that prepare young children to be school ready for Kindergarten. For a child to be school ready, they are socially, emotionally, physically, and cognitively prepared for success in Kindergarten.

To ensure a smooth transition to Kindergarten, families are provided information and assistance in preparing for their child's enrollment in Kindergarten.

ELIGIBILITY

Only students who are four (4) years of age at 11:59 p.m. on September 1 of the enrollment year **AND** live within the Fulton County Schools attendance zone are eligible to enroll in the FCS Pre-Kindergarten program. Families must provide proof of birth (age) **and** proof of residency to register for the program.

HEALTH REQUIREMENTS

CERTIFICATE OF IMMUNIZATION

All children must have a Certificate of Immunization on file, except for those in exempted categories, within the first 30 calendar days of entering the program. Department of Public Health (DPH) Form 3231 must be used for this purpose. Form 3231 must have either the 'date of expiration' or 'school attendance' block checked.

Georgia law allows for two types of exemptions from the immunization requirements: medical and religious.

- Medical exemptions are used when it is deemed medically necessary for the health of the child. A medical exemption **must** be marked on DPH Form 3231. A letter from a physician, Advanced Practice Registered Nurse, or physician assistant attached to DPH Form 3231 will not be accepted as a medical exemption. Medical exemptions are valid for a one-year period.
- Religious exemptions are used when families object to vaccinations on religious grounds. The only acceptable affidavit used to register a religious objection to required vaccinations is the Georgia DPH Form 2208. Religious affidavits must be notarized and kept on file. Religious affidavits do not expire.

CERTIFICATE OF VISION, HEARING, DENTAL, AND NUTRITION SCREENING

All children attending Georgia's Pre-Kindergarten program must have a Certificate of Vision, Hearing, Dental, and Nutrition screening Department of Public Health (DPH) Form 3300. DPH Form 3300 is intended to ensure that every child in Georgia is screened for potential problems with their vision, hearing, teeth, and nutrition. The vision, hearing, dental, and nutrition screenings reported on DPH Form 3300 must have been conducted within 12 months prior to the start of the Pre-Kindergarten program.

- Children may register and begin attending Pre-Kindergarten prior to the completion of these screenings and the issuance of DPH Form 3300. However, a complete DPH Form 3300 must be on file within 90 calendar days of the beginning of the Pre-Kindergarten program.
- If DPH Form 3300 is marked 'Needs Further Professional Evaluation', families are encouraged to take the child to a professional for a more detailed evaluation. Parents should provide documentation indicating their follow-up efforts. Schools should maintain follow-up documentation in Infinite Campus (i.e., updated certificate, doctor's notes, scheduled appointments, information from parents, etc.).

PROPOSED 2024 – 2025 PRE-KINDERGARTEN LOCATIONS

Abbotts Hill ES	Findley Oaks ES *	Oakley ES
Alpharetta ES	C. H. Gullatt ES	Palmetto ES
Asa Hilliard ES	Hamilton Holmes ES	Parklane ES*
Barnwell ES	Hapeville ES *	A. Phillip Randolph ES
Mary McLeod Bethune ES	Heards Ferry ES *	Renaissance ES*
Brookview ES	Hembree Springs ES *	River Eves ES
Campbell ES	Heritage ES	Roswell North *
Cliftondale ES	High Point ES	Seaborn Lee ES
Cogburn Woods ES	Hillside ES *	Shakerag ES
College Park ES *	Ison Springs ES	S. L. Lewis
Conley Hills ES	Lake Forest ES	Spalding Drive ES *
Crabapple Crossing ES	Liberty Point ES	State Bridge Crossing ES
Dolvin ES	Love T. Nolan ES	Stonewall Tell ES
Dunwoody Springs ES *	Manning Oaks ES	Summit Hill ES *
E. C. West ES	Medlock Bridge ES *	Sweet Apple ES *
Esther Jackson ES *	Mimosa ES	Vickery Mill ES
Feldwood ES	New Prospect ES *	Wolf Creek ES *
		Woodland ES

*Tentative Inclusion Class locations for 2024 – 2025

PRE-KINDERGARTEN CLASS SIZES

- General Education Pre-Kindergarten classes: 20 students
- Inclusion Pre-Kindergarten classes: 18 students
  - 12 general education students and 6 students with IEPs
  - Special Education seats in the inclusion class and school location assignments are filled through the Preschool Special Education Department.

PRE-KINDERGARTEN LOTTERY APPLICATION AND REGISTRATION TIMELINES

NOTE: The only way to secure a seat in an FCS GA Pre-K classroom prior to June 1, 2024 is through this Lottery Application process. The FCS Pre-K program is funded through DECAL Bright from the Start. Lottery funding is never guaranteed, and classes are pending until state funding is awarded.

Date/Time Frame	Task	Location
Feb. 1 – March 8	▪ Post and distribute Pre-Kindergarten Lottery Application flyer ▪ Advertise the lottery application dates throughout the community on school websites, newsletters, digital and lettered marquees, social media sites, school messenger, Class Dojo, local businesses, faith-based organizations, apartment complexes, homeowner's associations, laundromats, pediatrician offices, etc.	Local Schools
Feb 1 – March 8	▪ Parents use the Qualtrics link to complete the Lottery Application for the FCS Pre-Kindergarten program	Online
March 11 – March 13	▪ The Early Childhood Department will organize and send applicants' information to schools	FCS Early Childhood Dept.
March 13 – March 21	▪ Schools verify eligibility of applicants for 'in school zone' and 'out of school zone' status. ▪ NOTE: For schools involved in redistricting, please verify the correct 'in zone school' for families.	Local Schools; data clerk
March 22	▪ Contact families to provide them with their lottery application information ['in school zone' or 'out of school zone'] and lottery drawing number	Local Schools; data clerk
March 25 – March 27	▪ Schools conduct virtual school-based lottery drawings	Local Schools
March 28 – March 29	▪ Notify parents regarding their status (either offer a seat into the class or placement on the waiting list) ▪ Provide parents with a deadline, April 30, for completing online registration or for completing and submitting the DECAL Bright from the Start Waiting List Form	Local Schools; data clerk
March 30 – April 30	▪ Families complete online registration and upload all documents into Infinite Campus OR submit the DECAL Bright from the Start Waiting List Form to the school data clerk	Local Schools; data clerk
May 1 – 19	▪ Review online registration applications: **Data clerks must verify birth certificates and residency documents and contact families that need to provide additional documents. DECAL Bright from the Start will only permit children with the completed proof of age and proof of residency documents to enroll in the class.**	Local Schools; data clerk
May 20 – June 14	▪ Contact parents that have been offered seats in the Pre-Kindergarten program that are missing documents to confirm plans for attendance and to collect documents. Contact the Early Childhood Department to discuss situations where parents are unable to provide the required proof of birth and proof of residency documents. ▪ Contact parents on the 'in school zone' and 'out of school zone' waiting lists, based on the guidance in the registration policy	Local Schools; data clerk
June 14	▪ Completed Checklist for Student Files submitted to the Early Childhood Department prekregistration@fultonschools.org	Local Schools; data clerk
July 10 – August 2	▪ Contact parents that have been offered seats in the Pre-Kindergarten program that are missing documents to confirm plans for attendance and to collect documents ▪ Contact parents on the 'in school zone' and 'out of school zone' waiting lists, based on the guidance in the registration policy	Local Schools; data clerk
August 5	▪ Contact the parents of students that do not show up on the first day of school and confirm the reason the student was a 'no show' ▪ Inform the parent that the child will forfeit their seat if not present on the 2nd day of school	Local Schools; Pre-K teacher

August 6	▪ For students who were not in attendance at school on the 1st day and are not in attendance on the 2nd day, remove them from the class list, and begin the process of offering the seat to children based on the registration policy.	Local Schools; data clerk
August 8	▪ Any remaining GENERAL EDUCATION seats should be released and are filled following the registration policy.	Local Schools; data clerk

EARLY Childhood
Fulton County Schools

Fulton County Schools 2024 - 2025 Pre-Kindergarten Lottery Application

To be eligible for the 24-25 FCS Pre-K, students

- must be 4 years old at 11:59 PM on 9/1/24 **AND**
- must live in the FCS Schools' attendance zone.

The lottery opens on 2/1/2024 and closes on 3/8/2024

Click here to join the lottery:

bit.ly/preklottery2024

For more information, contact:
prekregistration@fultonschools.org

NOTE: The FCS Pre-Kindergarten program is funded through DECAL Bright from the Start. Lottery funding is never guaranteed, and classes are pending until state funding is awarded.

Fulton County Schools
Where Students Come First

FULTON COUNTY SCHOOLS LOTTERY GUIDELINES

I. Lottery Application Publicity: Post and Advertise

1. Lottery Application dates: February 1, 2024 – March 8, 2024
2. Date/Time/Location of lottery drawing (to be held at the school March 25 – 27, 2024)
3. Location lottery drawing results will be posted
4. Lottery Priorities:
   i. Students living within the school's attendance zone.
   ii. Students that live outside of the school's attendance zone and within the FCS School District.
   iii. FCS employees who plan to return to FCS for the 2024 – 2025 school year are considered 'in school zone' for all FCS schools. New hires for the 2024 – 2025 school year are considered 'in school zone' with proof of employment. All FCS employees are required to provide proof of Georgia residency before a seat is confirmed.
   iv. Principals may designate up to 2 seats per General Education class and 1 seat per Inclusion class for FCS staff members. If there are more staff members interested in the seats than there are principal seats, a school lottery process should be used to determine the seats. At the end of the third day of school any of these unused seats are released and will be filled through the waiting list process.

II. Lottery Drawing Preparation Procedures

1. Parents must complete the Lottery Application for the 2024 – 2025 Pre-Kindergarten program using the online Qualtrics link. These are the only students that will be considered for lottery drawings and initial seats in the classrooms.
2. The Early Childhood Department will send the lists of eligible applicants to each school data clerk by close of business on March 13, 2024.
3. School data clerks are responsible for verifying that all addresses provided by the families are accurately identified as 'in school zone' or 'out of school zone'. NOTE: There are redistricting changes that impact several schools – it is the data clerk's responsibility to verify these addresses.
4. School data clerks will add children to 'in school zone' or 'out of school zone' lists based on verification of information. NOTE: Twins and other multiples each receive a lottery ticket, however all names are recorded on all tickets. This ensures that the correct number of seats are accounted for.
5. School data clerks will notify families by the close of business on March 22, 2024 to provide them with their lottery information ('in school zone' or 'out of school zone' status and lottery number).
6. Data clerks should use the excel spreadsheet provided by the Early Childhood Department to keep track of all applicants and enter the lottery numbers in the appropriate 'in school zone' or 'out of school zone' lottery drawing.
7. Schools conduct lottery drawings March 25 – 27, 2024. All lottery drawings are to be held virtually through a Teams meeting and recorded.
8. Families should be notified, and lottery results posted by the end of the day on Friday, March 29, 2024.
9. If a lottery is not necessary, because there are fewer applicants than there are seats, families should be notified of their status and will complete the Online Registration through Infinite Campus.

10. After the online registration process is complete, data clerks will proceed with verifying documents and completing the registration process.
11. Enrollment information and all required proof of birth and proof of residency documents must be complete and uploaded to confirm a seat in the Pre-Kindergarten classroom.

III. Lottery Procedures

1. Explain the lottery drawing process to parents. Be sure to tell them when and how the results will be posted. All results must be posted by the end of the day on Friday, March 29, 2024.
2. Use the 'Lottery Application Numbers' to draw numbers for the lottery. Select a neutral staff member to draw the tickets.
3. After a ticket is selected, call out the number.
4. The number will be recorded by the appropriate personnel on the 'Lottery Drawing' form provided.
5. Twins and other multiples will receive the same lottery drawing number. However, each child will receive a lottery ticket to place in the drawing. Make sure that each ticket has each child's name on it.
   - For example, twin A and twin B: twin A has number 30 AND twin B has number 30.
   - The names of twin A and twin B are on both tickets.
   - Twin A's lottery ticket has the number 30 and the names of both twin A and twin B.
   - Twin B's lottery ticket has the number 30 and has the names of twin A and twin B.
   - This is the same process for any type of multiple.
   - If one child's lottery ticket is drawn, each child is given a seat if seats are available.
   - If twins or multiples are drawn at the end of the lottery and space is not available to accommodate all siblings, the parent must decide which child will receive the seat. The other child will be placed at the top of the waiting list.
6. Once all seats on the 'in school zone' list are full, continue drawing 'in school zone' names and place on the 'in school zone' waiting list.
7. Once the 'in school zone' students are complete, use the same procedure to draw 'out of school zone' students and place them on the 'out of school zone' waiting list.
8. If a **general education classroom** has less than 16 students (including the principal spots) and no 'in school zone' wait list, slots should be filled with students on the 'out of school zone' wait list until the total number of enrolled students in the class is 16. The remaining 4 slots will be saved for 'in school zone' students until the end of the 3rd day of school.

IV. Class Placements

1. Schools reserve the right to change classes after the ten-day count.
2. Parents may request that twins/multiples be placed in the same classroom.
3. The FCS Pre-Kindergarten program is funded through DECAL Bright from the Start. Lottery funding is never guaranteed, and classes are pending until state funding is awarded.

V. Filling Remaining Seats

1. As long as there are available general education seats in the classroom, continue to fill with students (first with 'in school zone' and then with 'out of school zone' students). For example, if all 'in school zone' students have received seats and there are 13 students in a general education class, and the

principal has 2 seats to fill, that means that 15 seats are accounted for. You may fill 1 seat with 'out of school zone' students. You now have 16 students in the classroom. The remaining 4 general education seats are to be filled with any 'in school zone' students that enroll from this point through the 3rd day of school.

2. At the end of the 3rd day of school, any remaining general education seats, including the principal seats, will be filled with students from the 'in school zone' and 'out of school zone' waiting lists.
3. If there are general education openings at any time during the school year, students that live in the school's attendance zone will have first priority over students living outside of the attendance zone.
4. The Early Childhood Department reserves the right to use available seats for children who are experiencing homelessness, in foster care, from military families, and/or experiencing other hardships that may require placement (Bright from the Start Enrollment Guidelines).

VI. Wait list information

1. To be placed, and to remain on the wait list, families must complete the DECAL Bright from the Start Georgia's Pre-K Waiting List Information Form. This must be kept with the data clerk.
2. Upon receipt of the completed DECAL Bright from the Start Georgia's Pre-K Waiting List Information Form, the data clerk must record the date and the time received at the top of the document and enter the information required into the Bright from the Start Waiting List Template to be provided by the Early Childhood Department.

Lottery Application Numbers: ‘In-School Zone’

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35

Lottery Application Numbers: ‘Out-of-School Zone’

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35

Lottery Drawing: 'In-School Zone' Students

Lottery Number Drawn	Student Name	Student Date of Birth [**9/2/19 – 9/1/20**]

Lottery Drawing: 'Out-of-School Zone' Students

Lottery Number Drawn	Student Name	Student Date of Birth [**9/2/19 – 9/1/20**]

Lottery Drawing: Waiting List 'In-School Zone' Students

Lottery Number Drawn	Student Name	Student Date of Birth [**9/2/19 – 9/1/20**]

Lottery Drawing: 'Out-of-School Zone' Students

Lottery Number Drawn	Student Name	Student Date of Birth [**9/2/19 – 9/1/20**]

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Please write the school year in the box →

Georgia's Pre-K Program Waiting List Information Form

School Year

Clearly print the name as it appears on the Birth Certificate

Today's Date (M/D/Y)		
Last Name		
First Name		
Name Suffix (Jr, Sr, II, III)		
Date of Birth (M/D/Y)	Gender	Last 4 Digits of SSN
____/____/_____	☐ M ☐ F	___ ___ ___ ___
Home Address	City	State Zip
		GA
County of Residence		
Parent/Guardian Name		
Preferred Phone Number		Additional Phone Number
Email Address		
Preferred Method of Communication		
Phone call: ☐ Email: ☐ Text message: ☐ Cell phone number: _____		

Information provided on this form is shared with Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information .

_____

Parent/Guardian Signature Date

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Programa Pre-K de Georgia
Formulario de Información de Lista de Espera

Escriba claramente en letra de imprenta **el nombre como aparece en el Acta de Nacimiento**

Fecha de hoy (M/D/A)			
Apellido			
Nombre			
Sufijo (Jr, Sr, II, III)			
Fecha de nacimiento (M/D/A)	Género		Últimos 4 dígitos del Seguro Social
____/____/_____	☐ M ☐ F		___ ___ ___ ___
Dirección domiciliar	Ciudad	Estado	Código postal
		GA	
Condado de residencia			
Nombre del Padre/Madre/Tutor			
Número telefónico principal			Número telefónico adicional
Dirección de correo electrónico			
Método preferible de comunicación			
Llamada telefónica: ☐ Correo electrónico: ☐ Mensaje de texto: ☐ Número de teléfono celular: _____			

La información que se proporciona en este formulario es compartida con Department of Early Learning con el fin de mantener una lista de espera a nivel estatal para el Programa Pre-K de Georgia. Al llenar este formulario y al firmar a continuación usted da el consentimiento para compartir esta información.

_____

Firma del padre/madre/tutor Fecha

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Georgia's Pre-K Program Roster Information Form

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

TODAY'S DATE (M/D/Y): ____/____/____		
CHILD INFORMATION:		
Legal Last Name *(Apellido):*		Name Suffix (Sufijo) (Jr,II,III):
Legal First Name *(Primer Nombre):*		Name Child is Called:
Legal Middle Name *(Segundo Nombre):*		
Child's Social Security# _____-_____-_____	DOB *(Fecha de Nacimiento)* *(M/D/Y):* _____/_____/_____	Gender *(Sexo):* M ☐ F ☐
Date enrolled in Pre-K (M/D/Y): _____/_____/_____		
PARENT/GUARDIAN INFORMATION:		
Last Name:	First Name:	
Relationship: Mother ☐ Father ☐ Grandparent ☐ Guardian ☐		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin,** regardless of race? *(¿Es Ud.* ***Hispano/Latino o de Origen Hispano,*** *sin importar la raza?)*

☐ **Yes** *(Si)* ☐ **No** *(No)* ☐ **Decline to Answer** *(negarse a contester)*

Please select **ONE OR MORE** of the following races regardless of how you answered question one. *(**TODOS** deben seleccionar **UNA O MAS** de las sigulentes razas sin importar cómo haya contestado la primera pregunta.)*

2. Is your child:

☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. ***(Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte).*

☐ b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. ***(Asiática** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

☐ c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. ***(Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacifico.)*

☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. ***(Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.)*

☐ e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. ***(Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

☐ f. **Decline to Answer** *(negarse a contester)*

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

☐ **English** *(Inglés)*

☐ **A language other than English** *(Un idioma diferente al Inglés)*

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

☐ **Single Birth (1)** *(Un sólo niño)*

☐ **Twin (2)** *(De mellizos)*

☐ **Triplet (3)** *(De trillizos)*

☐ **Quadruplet (4)** *(De cuatrillizos)*

☐ **Quintuplet (5)** *(De quintuples)*

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP?))*

☐ **Yes** *(Si)* ☐ **No** *(No)*

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

☐ **Childcare and Parent Services (CAPS) (child care subsidy program)**

☐ **Food Stamps** *(Cupones de Alimentos)*

☐ **SSI**

☐ **Medicaid**

☐ **Temporary Assistance for Needy Families (TANF)**

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

☐ **Yes** *(Si)* ☐ **No** *(No)*

Parent/Guardian Signature **Date**

Georgia Dept of Early Care and Learning
BRIGHT FROM THE START

Programa de Pre-K de Georgia
Formulario de información de la lista

Este formulario debe completarse después de que comiencen las clases, no en el momento de la inscripción. **Escriba claramente** el nombre tal como aparece en el certificado de nacimiento

Fecha de hoy (M/D/A):		
INFORMACIÓN DEL NIÑO:		
Apellido legal:		Sufijo de nombre (Jr, II, III):
Primer nombre legal:		
Segundo nombre legal:		
Número de seguro social del niño:	Fecha de nacimiento (M/D/A):	Género [ ] M [ ] F
Fecha de inscripción en Pre-K (M/D/A):		
Si es diferente al acta de nacimiento, el nombre como se llama al estudiante:		
INFORMACIÓN DE GUARDIÁN:		
APELLIDO LEGAL:	PRIMER NOMBRE Legal:	INICIAL DEL SEGUNDO NOMBRE:
RELACIÓN: Madre ☐	Padre ☐	Abuelo(a) ☐ Guardian ☐

1. *¿Es Ud.* ***Hispano/Latino o de Origen Hispano,*** *sin importar la raza?*

☐ **Si** ☐ **No**

Prefiero no contester ☐

Por favor seleccione **UNA O MÁS** de las siguientes razas independientemente de cómo haya respondido a la pregunta uno. (TODOS deben seleccionar UNA O MAS de las siguientes razas sin importar cómo hayan contestado la primera pregunta.)

2. Su hijo es:

☐ **a. Blanco:** una persona que tiene sus orígenes en cualquiera de los pueblos originarios de Europa, Oriente Medio o África del Norte.

☐ **b.** . **Asiático:** una persona que tiene orígenes en cualquiera de los pueblos originales del Lejano Oriente, el sudeste de Asia o el subcontinente indio, incluidos Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.

☐ **c**. **Nativo de Hawái o de otras islas del Pacífico:** persona que tiene sus orígenes en cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otras islas del Pacífico.

☐ **d. Negro o afroamericano:** una persona que tiene orígenes en cualquiera de los grupos raciales negros de África

☐ **e. Indio americano o nativo de Alaska:** una persona que tiene orígenes en cualquiera de los pueblos originales de América del Norte y del Sur, incluida América Central, que mantiene una afiliación tribal o un vínculo comunitario.

☐ **f.** Prefiero no contester

3. ¿Cuál es el idioma primario de su hijo(a)?

☐ Inglés

☐ Un idioma diferente al Inglés)

4.: ¿Nació tu hijo(a) como:

☐ Un sólo niño (1)

☐ De mellizos (2)

☐ De trillizos (3)

☐ De cuatrillizos (4)

☐ De quintuples (5)

5. ¿Tiene su hijo un Plan de educación individualizado (IEP)?

☐ **Si** ☐ **No**

6. ¿Su hijo recibe alguno de los siguientes servicios?

☐ **Programa de subsidio de cuidado infantil (CAPS)**

☐ ***Cupones de Alimentos*** **(Food Stamps)**

☐ **SSI**

☐ **Asistencia temporal para familias necesitadas (TANF)**

☐ **Medicaid**

7. ¿El centro de prekínder proporcionará transporte para su hijo?

☐ Si ☐ No

FIRMA (PADRE/GUARDIÁN) Fecha

ATTENDANCE CONTRACT

Date: _____

I _____, parent of _____,
Parent name Child's name
have received the attendance guidelines as it pertains to the Pre-K program.

Attendance Guidelines

- I understand that my child will attend class for the entire 6.5 hour school day, five days a week.
- I am also aware of my child's school hours. I understand that is very important for my child to arrive timely to school and remain for the entire day of 6.5 hours.
- Repeated and excessive absences, tardies, early dismissals, and late pick-ups can result in my child being disenrolled from the Pre-K program.
- Absences due to bereavement, military, and or family emergency will be considered for excuse with written verification.
- A tardy is only excused if it is due to a medical appointment with proof of verification from the medical provider.
- If my child becomes ill or has a medical appointment, I will provide the school (or teacher) with a written excuse from the medical personnel in which my child was seen.
- If my child's condition is treated at home, I will provide a written note to explain his/her condition.
- All documents and notes for absences or tardies must be submitted within 48 hours of my child's return to school. If I do not provide documentation, I understand that the absence or tardy will be considered unexcused.
- If my child is absent for 5 consecutive days and I fail to contact the school, my child will be removed from the program. I will maintain updated contact information that includes telephone numbers, emergency contact numbers, email addresses and residential addresses. **NOTE: Fulton County Schools will make every effort to contact you if your child is absent 5 consecutive days. If we are unable to reach you, your child will be removed on the 6th day of school.**
- **There is a 10 day consecutive absence/tardy policy.** Failure to notify the school of an emergency situation that will result in 10 days of absences or tardies will result in automatic withdrawal from the program.

Pre-K enrollment is voluntary and spaces are limited and only available to students within the Fulton County School attendance zone. If you relocate or withdraw from the program, please provide the school with updated information as soon as possible. Pre-K students cannot be enrolled in two programs at the same time. If you plan to move out of the school zone, please check with that school to inquire about openings. Pre-K has a maximum capacity of 20 students per classroom**. If you move out of the Fulton County School attendance zone, your child will be withdrawn from the program.**

Date _____
Parent Name (print) _____
Parent Signature _____
Child's Name (print) _____

CONTRATO DE ASISTENCIA A CLASE:
SPANISH

Fecha: _____

Yo _____, padre/madre de _____,
Nombre del padre o madre Nombre del alumno
he recibido las normas para la asistencia a clase correspondientes al programa de Pre-K.

Requisitos para la asistencia a clase y las inasistencias

- Comprendo que mi hijo/hija asistirá a clase 6.5 horas completas cada día, cinco días a la semana.
- También sé cuál es el horario de clases de mi niño/niña. Comprendo que es muy importante que mi hijo llegue con puntualidad y que permanezca todo el día, las 6.5 horas completas.
- Las llegadas tardes, salidas temprano y retirarlo tarde en forma reiterada pueden traer como consecuencia que se retire a mi niño del programa.
- Una llegada tarde sólo se puede justificar si se debió a una cita médica, acompañada de un comprobante del profesional médico que lo verifique.
- Si mi hijo/hija se enferma o tiene una cita médica, le entregaré a la escuela (o al maestro) un justificativo por escrito del profesional médico que lo haya atendido.
- Si atendimos al niño en casa, enviaré una nota escrita para explicar su enfermedad.
- Todos los documentos y notas por inasistencias o llegadas tarde deben presentarse dentro de las 48 horas del regreso del niño a la escuela. Si no proveo documentación, comprendo que la inasistencia o llegada tarde se considerará injustificada.
- Si mi hijo está ausente por 5 días consecutivos y que no logran comunicarse con la escuela, mi hijo será retirado del programa. Voy a mantener la información de contacto actualizada que incluye números de teléfono, números de contacto de emergencia, direcciones de correo electrónico y direcciones residenciales. **NOTA: Las Escuelas del Condado de Fulton hará todo lo posible para ponerse en contacto con usted si su hijo está ausente 5 días consecutivos. Si no somos capaces de llegar a usted, su hijo será eliminado en el sexto día de clases.**
- **Existe una política de asistencia a clase/llegadas tarde de 10 días consecutivos.** Si no se notifica a la escuela sobre una situación de emergencia que obligará al niño a faltar a la escuela o llegar tarde 10 días consecutivos, se lo retirará automáticamente del programa.

La inscripción en el Pre-K es voluntaria y las vacantes son limitadas y están disponibles únicamente para los alumnos que viven dentro de los límites del condado de Fulton. Si se muda o se retira del programa, por favor infórmelo a la escuela lo más pronto posible. Los alumnos no pueden estar inscriptos en dos programas de Pre-K al mismo tiempo. Si planea mudarse fuera de la zona escolar que le corresponde, por favor verifique si la escuela tiene vacantes. El Pre-K tiene una capacidad máxima de 20 alumnos por aula**. Si se muda fuera de la zona de la escuela que le corresponde en el condado de Fulton, el niño será retirado del programa.**

Fecha _____
Nombre del padre/madre (Imprenta) _____
Firma del padre/madre _____
Nombre del niño/niña (imprenta) _____

CONTRATO DE PRESENÇA EM SALA DE AULA
PORTUGUESE

Data: _____

Eu _____, pai/mãe de _____,
Nome do pai ou mãe Nome do aluno
recebi as normas de presença em sala de aula correspondentes ao programa de Pré-K.

Requisitos para a presença em sala de aula e as faltas

- Compreendo que meu filho/minha filha frequentará as aulas durante 6,5 horas completas por dia, cinco dias por semana.
- Também conheço o horário de aula de meu filho/minha filha. Compreendo que é muito importante que meu filho/minha filha chegue pontualmente e que permaneça o dia inteiro, durante as 6,5 horas completas.
- Chegar tarde, sair cedo e ser retirado tarde em forma reiterada pode trazer como consequência a retirada de meu filho/minha filha do programa.
- Uma chegada tarde só pode ser justificada por uma consulta médica, acompanhada de um atestado do profissional que a confirme.
- Caso meu filho/minha filha fique doente ou tenha uma consulta médica, entregarei à escola (ou ao professor) uma justificação escrita do profissional que o/a assistiu.
- Se a criança recebeu cuidados em casa, enviarei um bilhete, explicando sua doença.
- Todos os documentos e bilhetes que justifiquem as faltas ou as chegadas tarde devem ser apresentados até 48 horas após a volta da criança à escola. Se eu não fornecer a documentação, entendo que a falta ou a chegada tarde serão consideradas injustificadas.
- As faltas excessivas, justificadas e injustificadas, podem trazer como consequência a retirada da criança do programa de Pré-K. As faltas devidas ao falecimento de um parente, por motivos militares e/ou emergência familiar serão justificadas por meio de um comprovante escrito.
- **Existe uma política de presença em sala de aula/chegadas tarde de 10 dias consecutivos.** Caso a escola não for notificada de uma situação de emergência que obrigue a criança a faltar à escola ou a chegar tarde por 10 dias consecutivos, ela será retirada automaticamente do programa.

A inscrição no Pré-K é voluntária e as vagas são limitadas e disponíveis somente para os alunos que moram dentro dos limites do condado de Fulton. Caso se mude ou se retire do programa, por favor, informe a escola o quanto antes. Os alunos não podem estar inscritos em dois programas de Pré-K ao mesmo tempo. Se planejar uma mudança para fora da zona da escola que lhe corresponder, por favor, confira que a escola tenha vagas. O Pré-K possui uma capacidade máxima de 20 alunos por sala. **Se se mudar para fora da zona da escola que lhe corresponder no condado de Fulton, a criança será retirada do programa.**

Data _____
Nome do pai/mãe (letra de forma) _____
Assinatura do pai/mãe _____
Nome da criança (letra de forma)