DODGE COUNTY PRIMARY SCHOOL

(Office Use Only)		*Grade*	*Teacher's Name*

Student's Last Name _____ *First* _____ *Middle* _____ *SSN* _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ County: _____

Ethnicity: ___ No, Not Hispanic/Latino ____ Yes, Hispanic/Latino

Race: (Check All That Apply) _____ American Indian or Alaska Native _____ Asian _____ Black or African American ____ Native Hawaiian or Pacific Islander____ White

Birth Date: _____ Age: _____ Sex: _____ Bus #1: _____ Bus #2 _____

Name of Pre-K Program Attended: _____

Mother: _____ Work Phone No: _____ Cell Phone: _____

Father: _____ Work Phone No: _____ Cell Phone: _____

Emergency Contact Person: _____ Phone No: _____

Are you and your family experiencing any transitional/temporary housing? _____ Yes ____ No

Directions to Student's Home _____

_____

Level _____ Conduct_____

Student's Name: _____

Promoted To:_____ Retained: _____List Grade(s) Retained in: _____

Reading Tier _____ Math Tier _____ Behavior Tier_____ AR Level_____

Star Reading Level _____ Star Math Level _____

GKID SCORE:_____ END OF THE YEAR TEST SCORE: _____

Special Ed: Yes No 504: Yes No EIP: Yes No Gifted Yes No

Speech: Yes No Medication: Yes No

Students that need to be separated (**Write in RED**) _____

_____

Teacher Comments: _____

_____

_____

_____

_____

_____

_____

Student: _____

New Student Checklist

Records from old school:

_____ Grades

_____ Attendance

_____ Records Request

_____ Discipline

_____ EIP

_____ 504

_____ Special Education Services

_____ Speech

_____ RTI

Records from Parent or School:

_____ SSN

_____ Birth Certificate

_____ Immunization- Form #3231

_____ Dental-Vision Form #3300

Records from Parent:

_____ White Card *Physical address and up to all phone numbers

_____ Student Information sheet

_____ Compact

_____ FERPA

_____ Emergency Release

_____ Media/Survey Release

_____ Special Permission

_____ Emergency Plan

_____ Attendance Agreement

_____ Language Survey- Yellow

_____ Occupational Survey- Green

_____ Nurse Card

Dodge County Primary School
1118 McRae Hwy.
Eastman, GA 31023
478-374-6691

Family Information

Father

Name:_____

Email:_____

Address:_____

City/State/Zip:_____

Cell Phone:_____

Work Phone:_____

Guardian

Name:_____

Email:_____

Address:_____

City/State/Zip:_____

Cell Phone:_____

Work Phone:_____

Mother

Name:_____

Email:_____

Address:_____

City/State/Zip:_____

Cell Phone:_____

Work Phone:_____

_

Siblings

Name:_____Age____

Name:_____Age____

Name:_____Age____

Name:_____Age____

Name:_____Age____

Name:_____Age____

Russell Bazemore
Principal

Dodge County Primary
Student Registration

Dana Brown
Assistant Principal

Required for Registration: Social Security Card, Birth Certificate, GA Immunization Form 3231, Ears, Eyes, and Dental Form 3300, and Proof of Residency

Date	
Legal Name	
Primary Language	
Age	
Grade	
SSN	
Date of Birth	
Place of Birth	City County State
Gender	
Race	
Ethnicity	Is the student Hispanic or Latino? Yes or No
Home Phone	
Physical Address	
Mailing Address	
1) Emergency Contact Name	Relationship:
Emergency Number	
2)Emergency Contact Name	Relationship:
Emergency Number	
3) Emergency Contact Name	Relationship:
Emergency Number	
School Last Attended	
Transportation	Car Rider Bus Number
Pre-K Program Attended	None Public Pre-K Private Pre-K Headstart
Previously Attended Dodge County Schools	Yes No
Other Services	ESOL/ELL Special Education/IEP Speech

Dodge County Primary School

Date:_____

Special Permission

Students Name:_____

Legal Guardian:_____

CAN be picked up by

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

CANNOT be picked up by

_____-relationship

_____-relationship

_____-relationship

_____-relationship

_____-relationship

IF YOU HAVE LEGAL DOCUMENTATION, WE WILL NEED A COPY FOR OUR FILES.

Dodge County Primary School

1118 McRae Highway, Eastman, Ga 31023

Dcps.dodge.k12.ga.us

Ph (478)374-6691 Fax (478)374-6750

dcps.dodge.k12.ga.us

Russell Bazemore
Principal
rbazemore@dodge.k12.ga.us

Dana T. Brown
Assistant Principal
dAbrown@dodge.k12.ga.us

EARLY DISMISSAL EMERGENCY PLAN

Dear Parents:

If the school is dismissed because of snow, excessive rain or for other reasons, children may be put on buses earlier in the day. Therefore, we need an alternate plan for your child in case of an early dismissal, because your child's safety is very important to us. Please discuss in detail with your child what he/she should do if the need arises.

Please check one of the following plans to be followed and return to school as soon as possible. Parents will not be notified personally -an announcement will be made by your local radio and television stations if early dismissal occurs.

Sincerely,

Russell Bazemore, Principal

Dodge County Primary Early Dismissal Emergency Plan

Student's name and homeroom _____

_____Follow daily school bus schedule

_____Follow daily car rider schedule

_____My child should ride a different bus and the bus number is _____

_____ My child should go to the home of _____Which is a (babysitter/neighbor/relative)

_____ Other_____

_____

_____

Parent's signature _____

Parent's work number_____

Dodge County Primary School Attendance Agreement

In order to receive maximum benefits from instructional activities, students are expected to be in school each day unless excused for legitimate reasons. The Dodge County School system's official policy is that if a student is absent for more than 14 days (excused and/or unexcused) within the school year, the student will not receive credit for those courses for which the absences exceeded the 14 day limit (will be retained). Excessive absences may also be referred to the Attendance Support Team Coordinator.

We do realize there are times when a student will have to miss school. When this does happen it is vital that we receive a written excuse within three days after the child's absence. All excuses should be dated and signed by a parent or guardian, and should specifically state the reason for the absence.

Complete information regarding attendance policies and procedures is found in your Dodge County Elementary Schools Student Handbook.

Please sign this notice and return it to your child's teacher.

I verify that I have received and reviewed a copy of the Dodge County Primary Schools Student Handbook, which includes the Dodge County Board of Education attendance policy, and that I will abide by these policies.

Student's Signature _____

Parent's Signature _____

Homeroom Teacher _____

Date: _____

Dodge County Primary School

1118 McRae Highway, Eastman, Ga 31023

Dcps.dodge.k12.ga.us

Ph (478)374-6691 Fax (478)374-6750

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Russell Bazemore
Principal
rbazemore@dodge.k12.ga.us

Dana T. Brown
Assistant Principal
dAbrown@dodge.k12.ga.us

Emergency Release Form

In case my child, _____ gets hurt at school and I cannot be reached, I hereby grant permission for the school officials to seek medical attention for my child. In granting this permission, I realize that I will be responsible for any and all expenses incurred by this emergency.

_____
Parent Signature

Please list any allergies or special medical information

_____

_____

_____

_____

_____

Dodge County Primary School

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students.

Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent to the following parties or under the following conditions (34 CFR 99.31):

School officials with legitimate educational interest;
Other schools to which a student is transferring;
Specified officials for audit or evaluation purposes;
Appropriate parties in connection with financial aid to a student;
Organizations conducting certain studies for or on behalf of the school;
Accrediting organizations;
To comply with a judicial order or lawfully issued subpoena;
State and local authorities, within a juvenile justice system, pursuant to specific state law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

List any directory information you request not to be disclosed.

_____

_____

Parent Signature _____ **Date**_____

Georgia Department of Education

Educating Georgia's Future

Distrito Escolar: _____ **Fecha:** _____

Encuesta Ocupacional para Padres

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

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

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ **Sí** ☐ **No**

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ **Sí** ☐ **No**

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

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

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

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

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

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 201 West Lee Street, Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Georgia Department of Education

Educating Georgia's Future

Distrito Escolar: _____ **Fecha:** _____

Encuesta Ocupacional para Padres

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

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

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? ☐ **Sí** ☐ **No**

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años? ☐ **Sí** ☐ **No**

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

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

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

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

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

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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Toll Free (866) 505-3182 Fax (229) 546-3251

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Georgia Home Language Survey

Notice to Parents and Guardians:

Georgia school systems are required[1] to collect your responses[2] to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
Communication Preferences This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is **not** used to identify your child for English language proficiency screening.	**Parent Communication Language (Required)** • In which language would you prefer to receive school communication? _____

Identification of Potential English Learners These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program. When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	**Home Language Survey (Required)** 1. Which language does your child best understand and speak? _____ 2. Which language does your child most frequently speak at home? _____ 3. Which language do adults in your home most frequently use when speaking with your child? _____

Additional Information from Multilingual Families If you indicated that your child and other adults in the home ***understand and use English and another language*** or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency. If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	**Additional Information from Multilingual Families.** ***Choose only one sentence that best describes your child's primary language.*** • My child understands and uses only the home language and **no English**. • My child understands and uses mostly the home language and **a little English**. • My child understands and uses the home language and English **equally.** • My child understands and uses **mostly English** and only a little of the home language. • My child understands and uses **only English**.

Student's Name: _____

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

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

Encuesta de Georgia sobre el idioma en el hogar

Aviso para padres/tutores:
Los sistemas escolares de Georgia están obligados a[1] recopilar sus respuestas a[2] las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar *(En inglés: Home Language Survey)* y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendiz de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea. Esta pregunta es solo con fines informativos. **No** se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	**Idioma de comunicación de los padres y tutores** (Favor de contestar.) • ¿En qué idioma prefiere recibir la comunicación escolar? _____

Identificación de posibles aprendices de inglés Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma. Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.	**Encuesta sobre el idioma en el hogar** (Favor de contestar.) 1. ¿Qué idioma entiende y habla mejor su hijo/a? _____ 2. ¿Qué idioma utiliza su hijo/a con mayor frecuencia en el hogar? _____ 3. ¿Qué idioma utilizan con mayor frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
Información adicional para familias multilingües Si indicó que su hijo/a y otras personas adultas en su hogar ***entienden y utilizan el inglés y otro(s) idioma(s)***, las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a. Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.	**Información adicional para familias multilingües.** *(Elija solo una frase que mejor describa el idioma principal de su hijo/a.)* • Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, **no el inglés**. • Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y **un poco de inglés.** • Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés **por igual**. • Mi hijo/a entiende y utiliza **principalmente el inglés** y solo un poco del idioma que se habla en el hogar. • Mi hijo/a entiende y utiliza **solo el inglés**.

Student's Name:

[1] Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas *(Dear Colleague Letter): Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

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

Dodge County Schools

CLINIC/NURSE FORM

Student Information:

Name: _____ Grade _____ Homeroom _____

Called Name _____ Birth date _____ Sex _____

Bus (morning) _____ Bus (afternoon) _____

Parent/Guardian Information (Please circle person with whom the student lives)

Female Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____

Work Employer _____ Work Phone _____

Male Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Address _____

Work Employer _____ Work Phone _____

Siblings (Name and school attended)

_____

_____

In the event a parent/guardian cannot be reached, the following people may be contacted with permission to pick up my child from school:

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____
4. _____ Relationship _____ Phone _____

Medical History

Allergies: _____

Current Medications: _____

Does this child have any medical/physical problems the school nurse should know? (nosebleeds, headaches, etc.)

_____

_____

Childhood Diseases: (answer YES or NO)

Chicken Pox _____ Measles _____ Mumps _____ Scarlet Fever _____ Ear Infections _____

Student History: (answer YES or NO)

Asthma _____	Anemia _____	Anxiety _____	ADD/ADHD _____
Diabetes _____	Heart Condition _____	Hypertension _____	Headaches _____
Nosebleeds _____	Kidney Issues _____	Stomach Issues _____	Seizures _____
Sickle Cell _____	Other _____		

Primary Physician _____ Phone _____

Date of Last Tetanus or DPT _____

TURN OVER AND COMPLETE THE BACK ⟶

Dodge County Schools

Over the counter medications are given on an as needed basis. If your student needs an over the counter medication daily, the school nurse needs a doctor's note and the parent to fill out the Authorization to Give Medication form. The school nurse may give the following medication to my child. Circle Y or N

Tylenol	Y N	Antibiotic Ointment	Y N	Children's Cold and Cough	Y N
Ibuprofen	Y N	Cough Drops	Y N	Sore Throat Spray	Y N
Benadryl	Y N	Bactine	Y N	Caladryl Lotion	Y N
Orajel	Y N	Eye Drops	Y N	Anti-Itch Cream	Y N
Pepto Bismol	Y N	Tums	Y N	Claritin	Y N

ALL MEDICATIONS sent from home should be taken, in the original container, directly to the school nurse. NO MEDS sent from home will be administered without a signed Authorization To Give Medication form.

BLOOD SUGAR CHECKS: In the event that my child's blood sugar needs to be checked due to signs and symptoms of low blood sugar (and he/she has no history of diabetes), I give permission for the school nurse to prick his/her finger. If there are any abnormal results, I understand that the school nurse will notify me. Circle Yes or No.

Yes No

I do hereby grant the school nurse permission to give treatment and/or nonprescription medication to my child based under school health protocols. I also authorize the school nurse permission to share appropriate and necessary information with other health agencies and the local school system in the purpose of follow up, if needed. In case of serious illness/injury, the school will render first aid as prescribed in School Board Regulations while contacting the parent. If neither the parent nor designee can be reached and the situation is very serious, the school shall notify 911 for immediate transportation to the Dodge County Hospital. Fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

If you DO NOT wish for your child to be treated by the school nurse, please sign below.

Parent Signature: _____