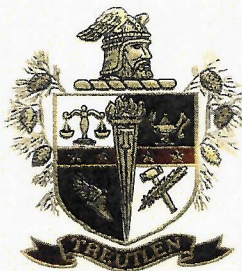


BOARD MEMBERS

Alvin Heath, Chair
Demetria Noble, Vice Chair
Jeremy Lanford
Judith Toni Banes

**SUPERINTENDENT**

Dr. Susan H. Stone

ASSIST. SUPERINTENDENT

Donald Reeves
Forrest Edge
Telephone: 912-529-7101
Facsimile: 912-529-4226

TREUTLEN COUNTY BOARD OF EDUCATION

4313 West Main Street • Soperton, Georgia 30457

TREUTLEN COUNTY SCHOOL ENROLLMENT CHECKLIST

- ☐ **Certified Copy of Student's Birth Certificate**
- ☐ **Copy of Student's Social Security Card**
- ☐ **Immunization (Form #3231)**
- ☐ **Hearing, Vision, & Dental Screening (Form #3300)**
- ☐ **Driver's License**
- ☐ ****Proof of Residency**
- ☐ **Home Language Survey (K-12)**
- ☐ **PRE-K ONLY Medicaid, Peachcare, and/or Food Stamps Card**
- ☐ **PREK- ONLY - Bright From the Start Packet**

**** Acceptable Proofs of Residency**

Examples of proof of residency include the following: current lease, property tax notice, homeowner's insurance bill, mortgage statement, current vehicle registration form, a letter from a shelter, a letter from employer if the employer provides housing, any utility bill (land-line phone, electric, or water) listing the residence as the service address, and current PeachCare eligibility documents (Pre-K student).

A cell phone bill or a driver's license is not acceptable proof of residency. If a student's family is living with someone else, parents should provide a notarized form from the property owner stating where the child's family is residing, plus a copy of the property owner's proof of residency (any items listed above).

Active duty military families can support Georgia residency with a copy of official military orders verifying Georgia residency during the school year.



Please write
the school
year in the
box →

Pre-K Registration Form School Year

2025-2026

PROVIDER LEGAL NAME:

(This section to be completed by the provider)

SCHOOL/SITE NAME:

CHILD INFORMATION

(Please print name exactly as it appears on the birth certificate.)

CHILD'S LAST NAME: | | | | | | | | | | | | | | | | | | | | | |
CHILD'S FIRST NAME: | | | | | | | | | | | | | | | | | | | | | |
CHILD'S MIDDLE NAME: | | | | | | | | | | | | | | | | | | | | | | NAME SUFFIX: | | | | (i.e. Jr, Sr, II, III)
CHILD'S SOCIAL SECURITY #: _____ D.O.B. (MM/DD/BY): _____ SEX: [] M [] F
HOME ADDRESS (Do not enter PO Box Info): _____ COUNTY: _____
CITY: _____ STATE: GA ZIP: _____ HOME PHONE: () _____

If the Student is transferring from another Pre-K, please provide the following:

Previous School Name: _____ Last Date in Attendance: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 - LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____
Home Address (If different from child): _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Email Address: _____
Place of Employment: _____ Work Phone: () _____
Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian #2 - LAST NAME: _____ FIRST: _____ MIDDLE INITIAL: _____
Home Address (If different from child): _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Email Address: _____
Place of Employment: _____ Work Phone: () _____
Address: _____
City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)

NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Signature Parent/Guardian: _____ DATE: _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____.			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

TREUTLEN COUNTY SCHOOLS



Student Registration Form

Office Use Only:

School: _____

Date

Enrolled: ____/____/____

Homeroom: _____

Grade: _____

Student Information I: Student Information

(Please Print)

Date: ____/____/____

Student's Legal Name: _____ (_____)
(Last) (First) (Middle) Preferred)

Birthdate: ____/____/____ Place of Birth: _____
(Country) (City) (State)

Grade: _____ Social Security # _____ - _____ - _____ Gender : _____ Male _____ Female

Is the Student Hispanic/Latino _____ YES _____ NO

Race: (Check all that Apply)

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Pacific Islander

_____ White

County You Live In: _____ Home Phone: ____/____/____
Cell Phone #: ____/____/____

Physical Address: _____

(City) (State) (Zip Code)

Mailing Address: _____

(City) (State) (Zip Code)

Is a parent or guardian of this student currently on active military duty? _____ Yes _____ No

SECTION 2: Family Information

Please Circle:

Who has legal custody: Both Parents Mother Father Guardian

Student lives with: Both Parents Mother Father Guardian

1. Mother's Name: _____ Cell Phone: _____

Home Phone: _____ E-Mail: _____

Work Place: _____ Phone: _____

2. Father's Name: _____ Cell Phone: _____

Home Phone: _____ E-Mail: _____

Work Place: _____ Phone: _____

3. Guardian's Name: _____ Cell Phone: _____

Home Phone: _____ E-Mail: _____

Work Place: _____ Phone: _____

Brothers and/or sisters living at home:

Full Name	Relationship	Grade	Age

SECTION 3: Transportation Information

Please Circle:

1) MORNING: Car Rider Bus # _____ Student Driver _____ (High School Only)

2) AFTERNOON: Car Rider Bus # _____ Student Driver _____ (High School Only)

Directions where child will be getting off the bus in the afternoon:

Please list DETAILED directions for reaching your home from the school:

List the name and phone number of anyone (other than parent/guardian) who is allowed to pick your child up from school:

Name	Relationship	Phone Number

List the name of anyone, who is NOT allowed to pick your child up from school:

Name	Relationship

SECTION 4: Emergency Contact/Pickup List

List the names and numbers of emergency contacts if parent/guardian can't be reached:

1) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

2) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

3) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

4) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

5) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

6) Name: _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

SECTION 5: Medical Information

Child's Physician: _____ Phone: _____

List all your child's regular medications:

Medication prescribed and/or over the counter (OTC)	Prescribed for:	How Often:

List all allergies or medical conditions that the school needs to be aware of:

List any hearing aids, glasses or other adaptive devices that your child requires:

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach any parent/guardian, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements deemed necessary.

Parent/Guardian Signature _____ Date ____/____/____

SECTION 6: Prior School Information (Complete ONLY if prior school was Not Treutlen County School)

Last School Attended: _____ Grade _____

School City/State: _____

Has your child ever been retained? ____ Yes ____ No If yes, what grade(s) ? _____

Is your child currently suspended or expelled from any school? ____ Yes ____ No

If your child is in high school, what date did he/she start ninth grade: _____

List other schools student attended

School Name	City/State	Dates Attended
1.		
2.		
3.		

Has your child ever received any of the following services? Check all that apply:

<input type="checkbox"/> Special Education	<input type="checkbox"/> Gifted	<input type="checkbox"/> Speech	<input type="checkbox"/> ESOL
<input type="checkbox"/> EIP Reading/Math	<input type="checkbox"/> Remedial	<input type="checkbox"/> OT/PT	<input type="checkbox"/> 504

Parent/Guardian Signature:

I have completed this document to the best of my ability, based on my knowledge of the information requested. I understand that it is my responsibility to update the school in writing of any changes to the information included on this document. I also understand that it is very important that any changes or updates should be done in a timely manner.

Parent/Guardian Signature _____ Date ____/____/____

SECTION 7: Parent/Legal Guardian Certifications

Please read and initial the following:

☐ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.

☐ The address listed on this form is the physical location where the student actually resides. I also acknowledge that if the proof of residency furnished to the Board is not correct, the student will be subject to dismissal and I will be responsible for reimbursing the Board for all local education expenses for the student up to the time of dismissal.

☐ I have provided the student's Georgia Certificate of Immunization (Form 3231) OR agree to provide Form 3231 within the time specified on the Notification of Waiver form.

☐ This student is NOT currently on suspension or expulsion status from another school.

☐ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.

☐ I understand that if this student is being provisionally enrolled in ____ grade without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.

☐ In the event of an emergency I acknowledge that a school representative will take necessary actions to secure medical treatment for my child at the closest available medical provider or medical facility. I acknowledge that such actions may incur charges for which I am responsible.

SECTION 8: Parent/Legal Guardian Signature

My relationship to the student is:

- ☐ **Biological Parent** (Step-parents are not allowed to complete the registration process without additional documents)
- ☐ **Legal Guardian** (documentation needed)
- ☐ **Person having lawful court order** (copy required)
- ☐ **Other** (Kinship Caregiver Affidavit required)
- ☐ **Self/Student** (must be 18 years or older)

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____ **Date:** ____/____/____

Signature: _____