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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**
- Health History Form**
- Immunization (Form #3231)**
- Hearing, Vision, & Dental Screening (Form #3300)**
- Driver's License**
- **Proof of Residency**
- Home Language Survey (K-12)**
- PRE-K ONLY- Roster Information Form**
 - If Category One - PRE-K ONLY Medicaid, Peachcare, and/or Food Stamps Card**
- PRE-K 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.

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

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>	<u>ALTERNATE PHONE</u>	<u>EMAIL</u>
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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: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] 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>
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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 website.

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: _____

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.

TODAY'S DATE (M/D/Y): ____/____/____	
CHILD INFORMATION:	
Legal First Name:	Name Suffix (Jr,II,III):
Legal Middle Name:	Name Child is Called:
Legal Last Name:	
Child's Social Security #	DOB (M/D/Y):
	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Choose Not to Provide SSN <input type="checkbox"/>	Date enrolled in Pre-K (M/D/Y):
PARENT/GUARDIAN INFORMATION:	
Last Name:	First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
Email Address:	Zip Code:

1. Identify your child's ethnicity, regardless of race, by selecting one of the below options.

Hispanic/Latino Not Hispanic/Latino

Decline to Answer

Select **ONE OR MORE** of the following races regardless of how you answered question one.

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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.

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.

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa.

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.

f. **Decline to Answer**

3. What is your child's primary language?

English

A language other than English

3.a. Which language is spoken in the child's home (other than English)? _____

4. Was your child born as a:

Single Birth (1)

Twin (2)

Triplet (3)

Quadruplet (4)

Quintuplet (5)

5. Does your child receive Special Education Services?

Yes No

5.a. If Yes, indicate which of the following Special Education Services your child receives.

Individual Education Program (IEP) (Part B, Section 619, IDEA)

504 Plan/Individual Accommodation Plan (IAP) (Section 504 of the Rehabilitation Act of 1973)

6. Does your child receive any of the following services?

Childcare and Parent Services (CAPS)

Child and Adult Care Food Program (CACFP)

Supplemental Security Income (SSI)

Supplemental Nutrition Assistance Program (SNAP)

Medicaid

Temporary Assistance for Needy Families (TANF)

Foster Care

7. Will the Pre-K center be providing transportation for your child?

Yes No

Parent/Guardian Signature

Date

Treutlen Elementary School
Dondrea Geter, Principal
Karen Walker, Assistant Principal



Treutlen Middle/High School
Josh White, Principal
Andrew Johnson, Assistant Principal
Joshua Anderson, Assistant Principal

TREUTLEN COUNTY Schools

7892 GA Highway 29, Soperton, Georgia 30457

Hayli Castro, RN

School Clinic and Health Information and Permission Form

2025-2026 School Year

Student: _____ **Homeroom Teacher** _____

Address: _____ **Doctor:** _____ **Dentist:** _____
D.O.B: _____ Age: _____ Grade: _____ Male / Female (circle one)

Health History

***Allergies (Specify):** _____ **Requires EpiPen?** _____

***Diabetes:** _____

***Asthma:** _____

If yes, will your child require an inhaler at school? ___ Yes ___ No

Will your child need to keep inhaler with them during school hours? ___ Yes ___ No

What is the name of your child's asthma medication? _____

List what may trigger an asthma attack in your child: _____

Fainting Spells: _____ **Restrictions?** _____

Heart Problems: _____ **Restrictions?** _____

Kidney Problems: _____ **Restrictions?** _____

***Seizure Disorder:** _____

Sickle Cell Disease: _____ **Restrictions?** _____

Cancer: _____ **Restrictions?** _____

Other Physical or Mental Health Issues Which May Be a Concern at School:

Does your child take a prescribed medication routinely? If so, please list:

Is your child allergic to bee stings? ___ Yes ___ No

If so, what type of reaction usually occurs? _____

Will your child require an Epi-Pen at school for severe allergic reactions? ___ Yes ___ No

If your child has any condition that would limit PE activities, a doctor's note must be provided.

***These conditions require an Action Plan from the physician to be kept on file in the clinic. Please provide a copy of the plan to the school nurse ASAP!**

Emergency Contact Information

Parent or Guardian's name (who the student lives with): _____

Father/Guardian: _____ **Home:** _____ **Work:** _____
Name Cell: _____ Email: _____

Mother/Guardian: _____ **Home:** _____ **Work:** _____
Name Cell: _____ Email: _____



If parents cannot be reached, list two nearby people who will assume care of your child.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will render first aid as prescribed by the Local Board Policy and Procedure while contacting the parent. If neither the parent nor the designee can be reached and the situation is very serious, Emergency Medical Services (911) will be called for immediate transportation to one of the nearby hospitals. If you have a preference on one of the nearby hospitals, please specify. Fees for transportation and medical services will be the responsibility of the parent/guardian. **Please provide the school with written notice of any changes in your child's health condition, medical services to be provided, and emergency contact information.** I, the parent/legal guardian, authorize the transport and treatment by the hospital emergency staff for my child,

Parent Signature _____

Date _____

Basic first aid is provided by the school nurse or designated staff. Due to safety issues of the student, the only over the counter medications that will be kept routinely in the school are listed below with reasons to be administered. These medications will be administered on an as needed basis but if it becomes frequent, the parent will be responsible for supplying the medication for their child to use in the clinic. Medications will be administered according to the manufacturer's recommendations based upon age and/or weight. Parent/guardian will be contacted to pick up students with potentially contagious or serious conditions, such as, fever, vomiting, diarrhea, constant pain, serious injury or major complaints. **PLEASE CHECK "YES" NEXT TO THE MEDICATIONS / TREATMENTS THAT YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE AT SCHOOL:**

Yes	No	Name of Medication	Complaint / Problem
		Aloe Vera	Sunburn
		Bactine/ First Aid Spray	Minor Cuts and Scrapes
		Benadryl/ generic diphenhydramine	Allergic Reactions (EMERGENCIES ONLY)
		Calamine Lotion/ equivalent	Skin rash/ insect bites
		Hydrocortisone or Benadryl cream	Insect Bites/ Skin Irritants
		Hydrogen Peroxide	Cuts / Skin Irritants
		Neosporin antibiotic ointment	Minor Cuts and Scrapes
		Saline eye wash	Dry / Irritated Eyes
		Tylenol	Headache, toothache
		Motrin	Headache, abdominal cramps, toothache
		Tums	Nausea, Stomachache
		Zyrtec/Claritin	Seasonal allergies

(In cases of bleeding, basic first aid treatment will be rendered including cleaning of the area and application of a Band-Aid(s) in order to prevent contamination. If there is ANY reason your child cannot receive this treatment, please list: _____)

For parental consent please sign: As parent/ guardian of the above noted student, I give permission for the school staff to administer the above medications that I have checked "YES". I also authorize the above named physicians to discuss with the principal, school nurse, or designated staff member medical information relevant to the student's health. This will include medications to be administered or treatments to be performed.

Parent/Guardian Signature _____

Date _____

FORM TO BE RENEWED ANNUALLY

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:

Special Education Gifted Speech ESOL
 EIP Reading/Math Remedial OT/PT 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: _____