Gordon County Schools
Pre-K Registration 2020-2021

Gordon County Schools Pre-K application process for the 2020-2021 school year begins February 24, 2020. Children must be four years old on or before September 1, 2020. Children who are five years old by September 1, 2019 may attend Pre-K if they have not previously attended a Georgia Pre-K.

**To register your child, you need the following items:**
- Proof of Residency (ex. utility bill, lease agreement, or Notarized Statement of Residency letter)
- Certified Copy of Your Child’s Birth Certificate
- Social Security Card for Your Child
- Immunization Certificate (Georgia Form 3231)
- Certificate of Eye, Ear, Dental, Nutrition Examination (Georgia Form 3300)
- Proof of participation in any of the following programs:
  - Medicaid, Food Stamps, SSI, TANF, or CAPS (if applicable)

You must include copies of these documents with the application because we cannot keep originals, and we will not make copies during the registration process. Your application will not be accepted without the necessary documentation. If your child does not turn four before March 31, please include a copy of your child’s appointment date card in lieu of Forms 3231 & 3300. You must complete an application for each child you want to enroll in Pre-K. Return the completed application packet to one of the Gordon County Elementary Schools no later than 3:00 pm on March 23, 2020 to be eligible for the Pre-K lottery drawing. The Gordon County Board of Education Administrative offices will not accept Pre-K application packets.

**Lottery Selection Process for Pre-K school placement:**
On April 2, 2020, the Pre-K Site Directors and the Central Office personnel will conduct a lottery for the placement of students in a Pre-K program. The lottery process is open to the parents and guardians of prospective Pre-K children. All applications, except children whose parents are employed by Gordon County Schools, will be entered into the lottery drawing. Letters will be mailed to families accepted to Gordon County Schools Pre-K by the first week of May. The envelope enclosed in your packet should be addressed to yourself. Your acceptance letter will be mailed to the location you put on the envelope.

**Pre-K Site Directors:** (If you have questions, please contact one of the directors listed below.)
- Belwood – Debbie Clance – 706-629-9547
- Fairmount – Lee Ann Amico – 706-879-5380
- Red Bud – Debra Brock – 706-625-2111
- Sonoraville – Kelly Rampa – 706-879-5302
- Swain – Shelley Allen – 706-629-0141
- Tolbert – Holly Sisson – 706-629-4404

Si usted necesita ayuda para llenar esta aplicación en español puede comunicarse con:
- Luzvinda Luna
  - Coordinadora de Recursos Bilingüe
  - Escuelas del Condado de Gordon
  - 706-629-9547 extension 2725 oficina
  - 770-548-7325 numero de celular
Gordon County Schools
Pre-K Program Application Packet

1. Complete All Forms- Be sure to sign and date where applicable.
2. Attach all required documentation- Applications will not be accepted if they are not complete.
3. Return completed application packet to a Gordon County Elementary School no later than 3:00 pm on March 23, 2020.

CHILD’s NAME ____________________________________________

Are you an employee of the Gordon County Board of Education?  Yes _____  No _____

Which Gordon County School zone do you reside in? (check one)

Belwood _____  Fairmount _____  Red Bud _____
Sonoraville _____  Swain _____  Tolbert _____

Out of Gordon County School zone (including Calhoun City Schools) ______

Gordon County Schools Pre-K Locations
Use the below list of schools to make three school choices for the Pre-K lottery by numbering your first choice 1, second choice 2, and third choice 3. If your application does not receive the first choice school, you can choose to be placed on the wait list at that school OR we will move your child to the second choice school, or if the second choice school is full, we will move your child to the third choice school.

**If your first choice is NOT your home zone, your application will automatically be placed in the 2nd drawing.**

Belwood – Choice _____
590 Belwood Road
Calhoun, GA 30701

Fairmount – Choice _____
130 Peachtree Street
Fairmount, GA 30139

Sonoraville – Choice _____
7320 Fairmount Highway SE
Calhoun, GA 30701

Swain – Choice _____
2505 Rome Road
Plainville, GA 30733

Red Bud – Choice _____
4153 Red Bud Road NE
Calhoun, GA 30701

Tolbert – Choice _____
1435 Hall Memorial Rd NE
Resaca, GA 30735

_____ - If a slot is not available at my first choice school, please add me to the wait list for that school.
1. The Gordon County Pre-K program is a six and one half hour per day program, Monday through Friday. The Pre-K program follows the Gordon County School System’s calendar.

2. Selection for Pre-K programs is based on a lottery process. Families will have four weeks of open enrollment in their school zone (where the family lives). They will be required to provide copies of all their paperwork at the time they return their application. **Applications will not go in the lottery drawing if they are not complete.** When the open enrollment period ends, a lottery will be held to draw applications. The lottery will take place at the Central Office. Lottery Guidelines are included in the Pre-K application packet.

3. First priority for registration goes to employee’s children and they may attend the school of their choice. **This does not apply to grandchildren of employees.** Employees will be granted slots for their children without going through the lottery process. They will be allowed to pre-register at their school of choice prior to the open enrollment period. **Homeless families will also be granted priority in the lottery process and this priority will be upheld in regards to wait lists and placement throughout the school year.**

4. Second priority goes to all applicants residing within the Gordon County School district.

5. Third priority goes to applicants residing outside Gordon County School System (including Calhoun City Schools). Applicants will be able to be placed in final drawing if there are any slots available. All students who are out of district students will follow all out of district policies.

6. Enrollment at a Pre-K program in a school that is out-of-zone (where the family does not live) **does not guarantee attendance at that school for kindergarten.** Parents will need to follow the application process for out-of-zone enrollment for kindergarten if they wish to stay at the school where they attend Pre-K.

7. Children who are five years of age on September 1 of the school year and have late birthdays (birthdays in June, July, and August) or have delayed language and/or social skills or small physical size which would impact the readiness for school may enroll in the Pre-K Program at the request of their parents IF they did not attend the Pre-K Program as four year olds. Parents and teachers are encouraged to consider the child’s date of birth, physical/emotional maturity, and prior experiences when making the decision about whether to enroll the child in the Pre-K Program at age four or five. Children are eligible to attend Pre-K for **one year only.** Parents must choose to enroll the child at age four or five. Children who attend Pre-K will transition to public school kindergarten the following year.

8. Families will have four weeks to complete applications and return to one of the six designated locations. Copies of the application and all required documents must be returned by **March 23, 2020.** Applications **will not go in the lottery drawing if they are not complete.**

9. Acceptance letters will be mailed notifying families of their acceptance into the Gordon County Pre-K program with the selected school location. Families of the children not drawn will receive a letter notifying them of their placement on a waiting list.

Revised January 15, 2019
Gordon County Schools
PRE-K LOTTERY GUIDELINES

1. Selection for Pre-K programs is based on a lottery process. Families will have four weeks of open enrollment in their home zone (where the family lives). They will be required to provide copies of all their paperwork at the time they return their application in order for the packet to be considered complete. Applications will not go in the lottery drawing if they are not complete. The lottery will take place at the Central Office on April 2, 2020 at 9:00 am. Site directors and Central Office personnel will draw the applications.

2. The 1\textsuperscript{st} drawing: Home Zone (the school where the family lives).

The first lottery drawing will consist solely of all applicants choosing to attend Pre-K in his/her home zone.

In the order applicants are drawn, children will be placed on a roster for that school.

Once all slots are filled at your home zone and your application has not been drawn, your application will either be placed on the waiting list or entered into a 2\textsuperscript{nd} drawing, this time for your 2\textsuperscript{nd} or 3\textsuperscript{rd} choice school (This will depend on what you indicated on your application.)

3. The 2\textsuperscript{nd} drawing:
If slots are available at a school, children who wish to attend an out of zone school will be drawn during this round.
In the order applicants are drawn, children will be placed on a roster for that school.

If slots are unavailable, students will be placed on a waiting list in the order applicants are drawn. As openings become available during the school year, families will be contacted and offered the slot.

4. The 3\textsuperscript{rd} drawing:
Out of Gordon County School District (including Calhoun City Schools)
If slots are available at a school, applications will be drawn.
In the order applicants are drawn, children will be placed on a roster for that school.

If slots are unavailable, students will be placed on a waiting list in the order applicants are drawn. As openings become available during the school year, families will be contacted and offered the slot.

5. Letters will be mailed notifying families of their acceptance into the school and program the first week of May.

6. If your child attends an out of home zone school, you must provide transportation.

Special Circumstances
*Homeless families are given priority during the lottery process.*
*Multiple Births: Applications will be drawn together. Parents will be contacted if the required number slots are unavailable. Parents will be given the choice to put all children on a waiting list or to accept the available slots and put the remaining student(s) on the waiting list.

*Siblings: Will be drawn individually

Revised January 15, 2019
Georgia Department of Public Health Form 3300
Certificate of Vision, Hearing, Dental, and Nutrition Screening

**Who is required to file this Form 3300?** The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

**What is the purpose of Form 3300?** Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

**What screenings are required?** Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

**Who can conduct the screenings?** Your child’s doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietician or a school registered nurse. It is not necessary that the same person conduct all four screenings.

**What does “BMI” and “BMI%” mean?** “BMI” means “body mass index.” BMI is a way to describe how much a child weighs in relation to height. “BMI percentile” is a way to compare the child’s body mass index to the body mass index of a healthy child. If the child’s BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at: [http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

**What should a parent do if the “needs further evaluation” box is checked?** “Needs further evaluation” means that the child may have a problem. If the “needs further evaluation” box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

**What if a Form 3300 was previously filed for the child at another school?** It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child’s first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.
# Georgia Department of Public Health

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

**Form 3300**

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL

SCREENER CONTACT INFORMATION IS REQUIRED

## Parent/Guardian Information

- **Parent/Guardian Name:**
- **Parent/Guardian Contact Information:**
  - Daytime phone number:
  - Evening phone number:
  - Call phone number:

## Child Information

- **Child's Name:**
- **Date of Birth:**
- **Gender:**
  - Male
  - Female
- **Child's Home Address:**
  - Street:
  - City:
  - State:
  - Zip Code:
  - County:

## Screening Information

### VISION
- Unable to screen (explain why below)
- Uses corrective lenses
- Worn for testing
- Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
- Needs further evaluation
- Under professional care (explain below)

**Screening completed by:**
- Physician
- Local Health Department
- Optometrist
- "Prevent Blindness Georgia" employee
- School Registered Nurse

**Screener's Signature**
I certify that this child has received the above screening.

**Contact Information:**

### HEARING
- Unable to screen (explain why below)
- Uses hearing aid / assistive device
- Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
- Needs further evaluation
- Under professional care (explain below)

**Screening completed by:**
- Physician
- Local Health Department
- Audiologist
- Speech-Language Pathologist
- School Registered Nurse

**Screener's Signature**
I certify that this child has received the above screening.

**Contact Information:**

### DENTAL
- Unable to screen (explain why below)
- Normal appearance
- Needs further evaluation
- Emergency problem observed
- Under professional care (explain below)

**Screening completed by:**
- Physician
- Dentist
- Local Health Department Registered Nurse
- Registered Dental Hygienist
- School Registered Nurse

**Screener's Signature**
I certify that this child has received the above screening.

**Contact Information:**

### NUTRITION
- Unable to screen (explain why below)
- Height:
- Weight:
- BMI:
- BMI%:
- 5th to 84th percentile - Appropriate for age
- < 5th percentile - Needs further evaluation
- ≥ 85th percentile - Needs further evaluation
- Under professional care (explain below)

**Screening completed by:**
- Physician
- Local Health Department
- Registered Dietician
- School Registered Nurse

**Screener's Signature**
I certify that this child has received the above screening.

**Contact Information:**

## Follow-up Information

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<th>FOR SCHOOL SYSTEM ONLY</th>
<th>Follow-up for further evaluation</th>
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<tbody>
<tr>
<td>1st attempt</td>
<td>2nd attempt</td>
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<tr>
<td>Vision</td>
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<td>Hearing</td>
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<td>Dental</td>
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<td>Nutrition</td>
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Student support services initiated on:
RELEASE OF INFORMATION

I do hereby authorize the following agencies to release information to the Gordon County School Pre-K Program.

(Please place a check beside the agencies from which you authorize a release of information.)

_____ Calhoun City Schools

_____ Family Connection

_____ Gordon County Department of Family and Children Services

_____ Gordon County Health Department

_____ Physician (for release of Immunization Record or Eye, Ear, Dental Screening)

_____ Other (If child’s records are in another county, please give names of county or agency where records may be obtained.)

I understand that the purpose of this release is to allow the Gordon County Schools Pre-K Program to obtain information that will provide assistance, intervention and continuity of services to the child listed below. Furthermore, I understand that all information released to the Gordon County Schools Pre-K Program will be held in confidence.

Information form be released on:

_________________________________________  ______________________________
Name of Student                              Date of Birth

_________________________________________  ______________________________
Parent of Guardian (Please Print)             Date Signed

_________________________________________
Parent or Guardian Signature

Registration 2019
Please write the school year in the box →

Pre-K Registration Form
School Year

PROVIDER LEGAL NAME: (This section to be completed by the provider)

SCHOOL/SITE NAME:

<table>
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<tr>
<th>CHILD INFORMATION</th>
<th>(Please print name exactly as it appears on the birth certificate.)</th>
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<tr>
<td>CHILD'S LAST NAME:</td>
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<td>CHILD'S FIRST NAME:</td>
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<td>CHILD'S MIDDLE NAME:</td>
<td>NAME SUFFIX: (i.e. Jr, Sr, II, III)</td>
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<td>CHILD'S SOCIAL SECURITY #:</td>
<td>D.O.B. (MM/DD/BDY):</td>
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<tr>
<td>HOME ADDRESS (Do not enter PO Box Info):</td>
<td>COUNTY:</td>
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<td>CITY:</td>
<td>STATE: GA</td>
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<tr>
<td>ZIP:</td>
<td>HOME PHONE: ( )</td>
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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)

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<th>NAME</th>
<th>RELATIONSHIP</th>
<th>CELL PHONE</th>
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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:

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<th>NAME</th>
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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):

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THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

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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:

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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: __________________________________________________________________