



**Lincoln County Schools
Pre-K Registration
2018-2019**



Date: Friday, March 16th at 8:00 am

Location: The Old High School Gym
214 Lillian Sims Avenue

Eligible Children:

- Resident of Lincoln County
- Must be four years old on or before September 1, 2018

Required Documents to Register Students:

- Certified Birth certificate of child enrolling in Pre-K (copies not accepted)
- Current Georgia Immunization Form 3231
- Hearing, Vision and Dental Screening Form 3300 (if child is 4 years old at registration)
- Social Security Card
- Two proofs of residency – physical addresses only
 - One proof of residency must be a utility bill (gas, electricity, water).
 - Second proof of residency can be a current lease/rental agreement, paycheck stub, residential property tax bill, warranty/quit claim deed, home purchase agreement, third person affidavit of residency or homeowner's insurance policy.
- A third party affidavit used for residency must be notarized before it will be accepted.

Parent/Guardian:

- A parent/guardian must be present to enroll the child. A license/photo ID will be needed at the time of registration to verify names on the child's birth certificate. If your name is not listed on the birth certificate, then we will need guardianship papers before the child can be enrolled.

Availability:

- Enrollment in Pre-K is on a first come, first enrolled basis.

Additional Information:

- Contact the school at 706-359-3449

We will not register your child until we receive all required documents.

Camping out at the old gym will not be permitted. We will not allow parents to line up before 7:00 am.

*****Please do not bring children to Pre-K registration.**

LCES STUDENT IDENTIFICATION

Male _____ Female _____
 Black _____ White _____ Other _____

Homeroom Teacher: _____ Grade: _____ SS# _____

NAME: _____
Last First Middle

Date of Birth: _____ Age: _____ Place of Birth: _____

Student's Mailing Address: _____
PO Box / Street City State Zip

Student's Physical Address: _____
Street City State Zip

Parents (or Legal Guardians): Mother: _____ Father: _____

Other: _____

Student lives with: (Check one) Both Parents Mother Only Father Only Other _____

Telephone Numbers: Home: _____ Mother's Cell: _____

Father's Cell: _____ Email Address: _____

Mother's Employer and Work Number: _____ / _____

Father's Employer and Work Number: _____ / _____

If no telephone, number of nearest relative or neighbor with phone: (Name and Number) _____

Please list siblings that are currently enrolled in school: (Name and Grade) _____

In case of an emergency and parents/guardians cannot be reached, please list possible contacts;
 I authorize the following persons to be able to sign my child out of school:

<u>RELATIVE'S NAME</u>	<u>TELEPHONE NUMBER</u>	<u>FRIEND'S NAME</u>	<u>TELEPHONE NUMBER</u>
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<u>RELATIVE'S NAME</u>	<u>TELEPHONE NUMBER</u>	<u>FRIEND'S NAME</u>	<u>TELEPHONE NUMBER</u>
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In case your child is injured or becomes ill and you cannot be reached or an emergency exists, may the school/school's licensed nurse seek medical attention?

Circle: Yes or No Family Doctor: _____

Please list any allergies your child has: _____

Please list any physical defects or chronic illnesses known: _____

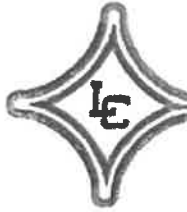
Check one: Car rider _____ Bus rider _____ (Bus No. _____)

Do you have health insurance? Yes or No

If yes, name of health insurance provider _____

Person enrolling student/completing this form: _____
Signature Date

PLEASE COMPLETE AND RETURN TO SCHOOL TOMORROW.



LINCOLN COUNTY SCHOOLS

HOME LANGUAGE SURVEY

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Student Name _____

Date _____

School (circle one): LCES LCMS LCHS

Grade _____

Please answer the following questions:

1. What language(s) does your child most frequently speak at home? _____
2. Which language do adults in your home most frequently use when speaking with your child?

3. Which language(s) does your child currently understand or speak? _____
4. If possible, would you prefer notice of school activities in language other than English? Yes No
If yes, which language? _____

Parent/Guardian Signature _____

Date _____

School Use:

- If the response to any of the above questions is a language other than English, send a copy of this form to the designated ESOL contact at the school for student screening.
- Original home language survey should be placed in student's permanent record.

Lincoln County Elementary School

175 Rowland-York Drive
Lincolnton, GA 30817
706-359-3449

Dear Parent:

In October 2007, U.S. Department of Education issued final guidance for the collection and reporting of racial and ethnic data. The U.S. Department of Education requires that the revised standards are implemented by the fall of FY2010. To ensure Georgia's compliance with federal requirements, all data collections will be modified to begin collecting the race/ethnicity data in the new format in FY2010. The race/ethnicity of an individual shall be collected in a two part format that specifies (1) whether or not the individual is of Hispanic/Latino ethnicity and (2) allows the individual to select one or more races from the five racial categories. The racial categories are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Please complete the following survey and return it to school by August 12, 2009. Thank you for your cooperation.



Student Name _____ Homeroom Teacher _____

Please check one or more races from the five racial categories.

- _____ Hispanic/Latino
- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Parent Signature _____ Date _____



Richard Woods, Georgia's School Superintendent
Educating Georgia's Future

School District: _____

Date: _____

Parent Occupational Survey
Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? Yes No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? Yes No

If you answer **yes**, check all that applies:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You!
Please return this form to the school

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, P.O. Box 780, 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

Regional Office use only:

1858 Twin Towers East 205 Jesse Hill Jr. Drive Atlanta, Georgia 30334 www.gadoe.org

An Equal Opportunity Employer

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>
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: _____

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.)*

Legal Last Name <i>(Apellido)</i>			
Legal First Name <i>(Primer Nombre)</i>			
Legal Middle Name <i>(Segundo Nombre)</i>		Name Suffix <i>(Sufijo) (Jr, II, III)</i>	
Child's Social Security #	DOB <i>(Fecha de Nacimiento) (M/D/Y)</i>	Gender <i>(Sexo)</i>	
		<input type="checkbox"/> M <input type="checkbox"/> F	
Date enrolled in Pre-K <i>(M/D/Y)</i>	If different from birth certificate, name student is called		

1. **EVERYONE** must answer the following question. *(TODOS deben contestar la pregunta.)*

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)

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

Is your child:

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

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 de África 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.)*

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 quintuplas)*

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 _____