

COMMUNITY ANNOUNCEMENT

**APPLING COUNTY SCHOOL SYSTEM PRE-K REGISTRATION**

DUE TO COVID-19, PLEASE MAIL THE COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO THE ADDRESS LISTED BELOW.

**APPLING COUNTY BOARD OF EDUCATION  
ATTENTION: PRE-K REGISTRATION  
249 BLACKSHEAR HWY  
BAXLEY, GA 31513**

**Beginning on April 12, 2021, Pre-K applications for Appling County Primary School, Altamaha Elementary School, or Fourth District Elementary School will be accepted for review on a first-come, first-serve basis with completed application and required documents. Applications must be postmarked on the day of April 12, 2021 and after. The postmarked date on the envelope will determine the order in which applications are processed. Incomplete applications and/or missing required documents will be placed on a waiting list.**

Children must be 4 years old on or before September 1, 2021 to attend Pre-K for the 2021 – 2022 school year. When seats are filled for designated sites, applications will be placed on a waiting list until more seats are available. Please include your email and phone number on the application where you may be contacted. Your application status will be confirmed by email within ten days of submission. Parents/guardians circle the school of preference at the top, right corner of page 1 on the Pre-K application. **If you wish to transport your child to a school out of your home address school zone, please complete the separate document entitled "Intradistrict Transfer Request Form" to include with the Pre-K application.**

**Parents/guardians must mail copies of the documents listed below with the completed Pre-K application. If parents/guardians do not have access to a copier, please email document pictures or attachments to [tori.white@appling.k12.ga.us](mailto:tori.white@appling.k12.ga.us).**

- 1. Birth Certificate**
- 2. Social Security Card**
- 3. Appling County Residency** (We require a copy of your **water, gas, or electric bill**. Please ensure the bill is in the name of the parents/guardians of the child. If not, we require a notarized letter from the billed individual stating the parent/guardian and child live at the address listed on the bill in addition to a copy of the bill.)

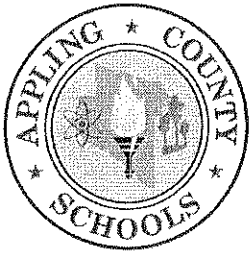
**ONLY IF APPLICABLE**

- 4. Medicaid, Amerigroup, or Wellcare** (This is required ONLY if your child receives any form of Medicaid.)
- 5. Intradistrict Transfer Request Form** (This is required ONLY if parents/guardians are wanting to transport child to a school of preference outside of the home address school zone at parents'/guardians' expense.)

**On April 12, 2021, Pre-K applications will be posted on the Appling County Board of Education website at <http://appling.k12.ga.us/>. Additionally, paper copies will be available at the Appling County Board of Education during the school day.**

**All children PLACED in the Appling County Pre-K Program will receive an enrollment confirmation EMAIL by JULY 12, 2021.**

Please email Cheryl Barlow at [cheryl.barlow@appling.k12.ga.us](mailto:cheryl.barlow@appling.k12.ga.us) for additional information.



**OFFICE USE ONLY**  
 Address School Zone:  
 ACP AES FDES

**Parent's Zone of Preference:**  
 Zona de preferencia de los Padres:  
 ACP AES FDES

**APPLING COUNTY PREKINDERGARTEN PROGRAM**

**PREKINDERGARTEN REGISTRATION APPLICATION # \_\_\_\_\_**

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Called Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Waiver \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

(If different from above address.)

\*\*Email Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Cell# \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Day/Work Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Cell# \_\_\_\_\_ Phone \_\_\_\_\_

(If different from father)

Employer \_\_\_\_\_ Day/Work Phone \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Child Lives With:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other \_\_\_\_\_

\*\*The mother and/or father listed on the child's birth certificate are/is the child's legal guardian. TRUE FALSE

**Child's Legal Guardian** (if other than parent) \_\_\_\_\_

Are there any custody provisions which would prohibit any person from picking up your child from school?

(Please provide a copy of legal documentation.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Specify \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**DOCUMENTS REQUIRED\*\*\*\*\* (Office Use Only)\*\*\*\*\* (Office Use Only)\*\*\*\*\***

Documentation:	Date Received:	Pending:	Documentation:	Date Received:	Pending:
Appling County Registration Form	_____	_____	Immunization & EEDN	_____	_____
BFTS Registration Form	_____	_____	Acknowledgement Form	_____	_____
Waiting List Information Form	_____	_____	Home Language Survey	_____	_____
Birth Certificate Copy	_____	_____	<b>IF APPLICABLE FORMS</b>		
Social Security Card Copy	_____	_____	Five-Year-Old Waiver	_____	_____
Medicaid/Amerigroup/Wellcare Card Copy	_____	_____	Social Security Waiver	_____	_____
Proof of Appling Residency	_____	_____	Intradistrict Form	_____	_____
(Copy of gas bill, water bill, or electricity bill)			(if out of address zone)		

**PREKINDERGARTEN APPLICATION PAGE 2 – FOR PARENT OR GUARDIAN TO COMPLETE**

**Emergency Contacts (SHOULD NOT BE THE SAME AS PEOPLE LISTED ON PAGE 1)**

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

**All Household Members:**

<b>Name</b>	<b>Birth Date</b>	<b>Relationship to Child</b>	<b>Present School Attending</b> <small>(if applicable)</small>
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**Language spoken in the home** \_\_\_\_\_

**Program Information**

Does/Has your child attend(ed) a childcare/preschool education program?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what program? \_\_\_\_\_

Name of child's physician \_\_\_\_\_ Phone \_\_\_\_\_

**Does your child have any of the following conditions:**

\_\_\_\_ Speech/Language \_\_\_\_ Hearing \_\_\_\_ Vision \_\_\_\_ Physical Impairment (specify) \_\_\_\_\_  
\_\_\_\_ Other Health Issues (specify) \_\_\_\_\_

Does/has your child or received any services for these conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, by whom are/were these services provided? \_\_\_\_\_

Is your child on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

**Does your child have any allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_ List \_\_\_\_\_

**Please check all that the child or family receives or is income eligible for:**

\_\_\_\_ Medicaid \_\_\_\_ TANF \_\_\_\_ SSI \_\_\_\_ Food Stamps \_\_\_\_ Amerigroup/Wellcare

**How will your child get to/from school?**

**MORNING:** \_\_\_\_\_ Parent **OR** Bus# \_\_\_\_\_ **AFTERNOON:** \_\_\_\_\_ Parent **OR** Bus# \_\_\_\_\_



**CHILD MAINTENANCE**CHILD'S LIVING ARRANGEMENTS:     BOTH PARENTS     MOTHER     FATHER     OTHERCHILD'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 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.

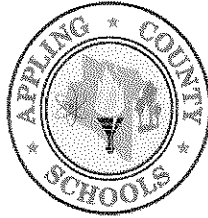
PRE-K PROVIDER NAME/ADDRESS: \_\_\_\_\_

SIGNATURE (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_



# Appling County Board of Education



Scarlett M. Copeland  
Superintendent  
Scarlett.Copeland@appling.k12.ga.us

249 Blackshear Highway  
Baxley, Georgia 31513  
Phone (912) 367-8600  
Fax (912) 367-1011

## APPLING COUNTY PREKINDERGARTEN PROGRAM

### IMMUNIZATIONS AND EAR, EYE, DENTAL, & NUTRITION (EEDN) SCREENINGS ACKNOWLEDGEMENT FORM

At the beginning of each school year, the Appling County Prekindergarten Program is required to have the **DHR Certificate of Immunization Form 3231** and **Certificate of Eye, Ear, Dental, and Nutrition Screenings (EEDN) Form 3300** for each Pre-K student's permanent record. These ensure that all Pre-K students have no physical limitations for their success in school. If the documentation is not provided for the student's permanent record by the parent or guardian, the student may be removed from the program. **A parent or guardian may have immunizations and screenings completed by their child's doctor OR our local health department. Immunizations may be completed at any time during the summer as long as the Form 3231 is marked as "complete for school" by the first weeks of school.**

If you choose to have the Appling County Health Department to complete the screenings on your child, the cost will be \$7.50 per screening or \$25.00 for all four screenings unless covered by insurance. **Please schedule an appointment beginning next week.** If you choose to have your child's local doctor's office to complete the forms, the cost will be at the doctor's discretion.

**Additionally, please complete below and sign.** If you have any questions or concerns with this information, please call 367 – 8821. We thank you in advance for your cooperation in this matter.

#### CHOICE #1

\_\_\_\_\_ I choose to have the Appling County Health Department to complete the immunizations and screenings on my child, the cost will be \$7.50 per screening, \$25.00 for all four screenings, and immunizations' costs may vary pending insurance. **I am responsible for setting up my child's appointments. Form 3231 and Form 3300 will need to be completed and turned in by the first weeks of school.**

#### CHOICE #2

\_\_\_\_\_ I choose to have my child's local doctor's office to complete the immunizations and EEDN screenings on my child. **I understand that the cost will be at the doctor's discretion, and I am responsible for setting up my child's appointments. Form 3231 and Form 3300 will need to be completed and turned in by the first weeks of school.**

Application # \_\_\_\_\_

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



Georgia Department of Education  
ESOL & Title III Unit



## Required Home Language Survey

Dear Parent or Guardian:

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.

Thank You

**Student Name (required information):**

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**Language Background (required information):**

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?  
\_\_\_\_\_

**Language for School Communication:**

4. In which language would you prefer to receive school information?  
\_\_\_\_\_

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**Signature of Parent/Guardian/Other**

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**Date**