



The documents listed below must be complete in order to secure your scholar's spot at Scintilla Charter Academy for the 2025-2026 school year.

This packet is also available on our website at [www.scintillacharteracademy.com](http://www.scintillacharteracademy.com).

Please email any questions to Kay Hardesty at [khardesty@scintillacharteracademy.com](mailto:khardesty@scintillacharteracademy.com)

**DOCUMENTS PROVIDED BY THE SCHOOL:**

**Student Enrollment Form**

**Release of Student Records Authorization**

**Considerations & Exceptions for Enrollment**

**Notification of School Policies**

**Home Language Survey**

**DOCUMENTS PROVIDED BY THE PARENT/GUARDIAN:**

**Immunization Certificate – Georgia Department of Human Resources Form 3231** or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs. A sample form is provided in this packet.

**Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300.** A sample form is provided in this packet. **ALL FOUR SECTIONS MUST BE COMPLETED BY A MEDICAL PROFESSIONAL.**

**Copy of Birth Certificate**

**Copy of Driver's License of Enrolling Parent/Guardian**

**Copy of Scholar's Social Security Card**

**Proof of Residency.** Residency requirements are included in this packet.

**Proof of Custody/Guardianship/Foster/Adoption** if applicable.

**Special Education Records (IEP/SST/504/Gifted)** if applicable.

**Names of parents & scholars listed on enrollment must coincide with all supporting documentation or legal proof of name change must be provided.**

Date Entered: \_\_\_\_\_  
OFFICE USE ONLY

# Scintilla Charter Academy

## SCHOLAR ENROLLMENT 2025-2026

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Grade Entering: \_\_\_\_\_ Gender: M F Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YY WAIVER AVAILABLE UPON REQUEST \*

|                        |    |
|------------------------|----|
| Is the child Hispanic? |    |
| YES                    | NO |

|                                |                                 |
|--------------------------------|---------------------------------|
| Race: (Choose all that apply): |                                 |
| <input type="checkbox"/>       | American Indian/Alaskan Native  |
| <input type="checkbox"/>       | Asian                           |
| <input type="checkbox"/>       | Black/African American          |
| <input type="checkbox"/>       | Hawaiian/Other Pacific Islander |
| <input type="checkbox"/>       | White                           |

|  |                                |
|--|--------------------------------|
| Ethnicity: (Please select <b>ONLY ONE</b> ): |                                |
| <input type="checkbox"/>                     | American Indian/Alaskan Native |
| <input type="checkbox"/>                     | Asian/Pacific Islander         |
| <input type="checkbox"/>                     | Black not Hispanic             |
| <input type="checkbox"/>                     | White not Hispanic             |
| <input type="checkbox"/>                     | Multi-Racial                   |
| <input type="checkbox"/>                     | Hispanic                       |

|                 |  |
|-----------------|--|
| Birthplace:     |  |
| CITY            |  |
| COUNTY          |  |
| STATE           |  |
| FOREIGN COUNTRY |  |

### Parent/Guardian Information

|   |  |              |            |  |                   |              |          |
|---|--|--------------|------------|--|-------------------|--------------|----------|
| FULL LEGAL NAME OF PARENT/GUARDIAN #1                           |  |              |            | RELATIONSHIP TO SCHOLAR:                             |                   |              |          |
| Does the scholar live with this Parent/Guardian? YES NO         |  |              |            | Is this Parent Deceased? YES NO                      |                   |              |          |
| RESIDENCE ADDRESS   |  |              | CITY       |  | STATE             |              | ZIP CODE |
| MAILING ADDRESS   |  |              | CITY       |  | STATE             |              | ZIP CODE |
| CELL PHONE #  |  | HOME PHONE # |            |  | PREFERRED PHONE # |              |          |
| EMAIL ADDRESS   |  |              |            |  |                   |              |          |
| PLACE OF EMPLOYMENT   |  |              | OCCUPATION |  |                   | WORK PHONE # |          |
| Can this parent/guardian have contact with this scholar? YES NO |  |              |            | <b>If NO, we MUST have a copy of the Court Order</b> |                   |              |          |
| Is this parent/guardian responsible for the scholar? YES NO     |  |              |            |  |                   |              |          |

### Additional Parent/Guardian Information

|   |  |              |            |  |                   |              |          |
|---|--|--------------|------------|--|-------------------|--------------|----------|
| FULL LEGAL NAME OF PARENT/GUARDIAN #2                           |  |              |            | RELATIONSHIP TO SCHOLAR:                             |                   |              |          |
| Does the scholar live with this Parent/Guardian? YES NO         |  |              |            | Is this Parent Deceased? YES NO                      |                   |              |          |
| RESIDENCE ADDRESS   |  |              | CITY       |  | STATE             |              | ZIP CODE |
| MAILING ADDRESS   |  |              | CITY       |  | STATE             |              | ZIP CODE |
| CELL PHONE #  |  | HOME PHONE # |            |  | PREFERRED PHONE # |              |          |
| EMAIL ADDRESS   |  |              |            |  |                   |              |          |
| PLACE OF EMPLOYMENT   |  |              | OCCUPATION |  |                   | WORK PHONE # |          |
| Can this parent/guardian have contact with this scholar? YES NO |  |              |            | <b>If NO, we MUST have a copy of the Court Order</b> |                   |              |          |
| Is this parent/guardian responsible for the scholar? YES NO     |  |              |            |  |                   |              |          |

\* Pursuant to OCGA §20-2-150(d), SCA is requesting your child's social security number for the purpose of enrollment at SCA. Your child's social security number will be incorporated into your child's official school records and be kept confidential in accordance with state and federal law. Providing a social security number is voluntary and is not necessary for enrollment. Please notify SCA if you object to providing your child's social security number. In lieu of providing a social security number, you will be required to sign a statement indicating your objection. Students who do not provide a social security number will be assigned an alternate student number.

## Additional Contacts

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

|                      |                         |
|----------------------|-------------------------|
| Additional Contact 1 |                         |
| FULL NAME            | RELATIONSHIP TO SCHOLAR |
| TELEPHONE NUMBER(S)  |                         |

|                      |                         |
|----------------------|-------------------------|
| Additional Contact 2 |                         |
| FULL NAME            | RELATIONSHIP TO SCHOLAR |
| TELEPHONE NUMBER(S)  |                         |

|                      |                         |
|----------------------|-------------------------|
| Additional Contact 3 |                         |
| FULL NAME            | RELATIONSHIP TO SCHOLAR |
| TELEPHONE NUMBER(S)  |                         |

|                      |                         |
|----------------------|-------------------------|
| Additional Contact 4 |                         |
| FULL NAME            | RELATIONSHIP TO SCHOLAR |
| TELEPHONE NUMBER(S)  |                         |

### \*\*\* RESTRICTED PICKUP \*\*\*

You may list people who **MAY NOT** pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.

| Name | Relationship to Scholar |
|------|-------------------------|
|      |                         |
|      |                         |
|      |                         |

### Please list all school-age children who LIVE IN THE HOME

Include your children, stepchildren, or any school age child whom you have custody/guardianship over in this home full time.

| Child's Name | Birthdate | Grade | School | Relationship to Scholar |
|--------------|-----------|-------|--------|-------------------------|
|              |           |       |        |                         |
|              |           |       |        |                         |
|              |           |       |        |                         |
|              |           |       |        |                         |
|              |           |       |        |                         |

Please Continue to the Next Page

**Additional Parent/Guardian Information**

Please list the parents/guardians of the scholar below. Even in a divorce situation, we need both parents' information. If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact. The following information should only be regarding parents or other legal guardians. You may list other contacts on the following pages of the enrollment application.

**Are the parents currently:** Married      Never Married      Living Separately      Divorced

**Who has legal custody of the scholar?** (Copy of court order or other legal documents are required. Power of Attorney or Notarized Statements are not accepted): \_\_\_\_\_

**Who does the scholar live with?** (Check one)

Both Parents      Father      Mother      Grandparent(s)      Guardian(s)      Other: \_\_\_\_\_

**By signing below, you are certifying that the custody documentation you have provided is the latest documentation available in regard to the custody of this child (if applicable).**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The state of Georgia requires all schools to collect information on our military families & update this information annually.**

Is the parent/guardian Military Connected?      YES      NO

If yes, please complete below. If no, continue to Parent/Guardian Information.

Military Connected Parent/Guardian Name(s): \_\_\_\_\_

Military Start Date (when did enlistment status begin): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      End Date of Enlistment (if applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH      DAY      YEAR      MONTH      DAY      YEAR

|  |                                  |
|--|----------------------------------|
| <b>Status:</b> Indicates the enlistment status of the parent/guardian (Check one): |                                  |
| Active Duty, Deployed  | Injured                          |
| Active Duty, Not Deployed  | Retired                          |
| Discharged   | Killed in Action                 |
| Inactive   | Transitioning Out of Active Duty |

|                            |                      |
|----------------------------|----------------------|
| <b>Branch</b> (Check one): |                      |
| Air Force                  | Coast Guard          |
| Air Force Reserve          | Coast Guard Reserve  |
| Air National Guard         | Marine Corps         |
| Army                       | Marine Corp Reserves |
| Army National Guard        | Navy                 |

**Additional Scholar Information – PLEASE READ CAREFULLY AND FULLY COMPLETE**

Did scholar attend a Pre-K Program?      YES      NO      If Yes, Name of School: \_\_\_\_\_

Previous school attended (most recently): \_\_\_\_\_

Which school system is the scholar zoned for (select one)?      Valdosta      Lowndes      Brooks

Which school is the scholar zoned for? \_\_\_\_\_

Did the scholar receive special services at their last school?  
 YES      NO

Does the scholar have an Individualized Education Plan (IEP)?  
 YES      NO

If YES, check ALL programs participating in at school (this does not include private services outside the school setting):

If YES, check all services received:

|                        |
|------------------------|
| 504 Plan               |
| SST/RTI                |
| Remedial Reading (EIP) |
| Remedial Math (EIP)    |
| Gifted                 |
| ESOL/ELL               |
| Migrant                |

Please list any additional services received:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                      |
|----------------------|
| Speech Therapy       |
| Physical Therapy     |
| Occupational Therapy |

Please list any additional services received:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Transportation

My scholar will be:      Car Rider              Day Care Rider

Daycare with authority to transport scholar: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you lack a fixed, regular, or adequate nighttime residence?      YES              NO

Which language does your child most frequently speak at home? \_\_\_\_\_

Which language do adults in your home most frequently use when speaking with your child? \_\_\_\_\_

Which language(s) does your child currently understand or speak? \_\_\_\_\_

If possible, would you prefer notice of school activities in a language other than English?      YES              NO

| Last two schools attended  | City/State | Last Date Attended  |
|--|------------|---------------------|
|  |            |                     |
|  |            |                     |
| Was the scholar in good standing with the previous school(s) (no suspension or expulsion)?<br>If NO, please explain:   |            | YES              NO |
| Has the scholar ever been placed in an alternative school setting?<br>If YES, when and reason(s):  |            | YES              NO |
| Has your child demonstrated behavior that has resulted in placement or recommendation for placement at a GNETS facility (for example, Horizon's Academy)?<br>If YES, please explain: |            | YES              NO |

### Please read and initial each of the following IF it is a correct statement.

\_\_\_\_\_ I am authorized to enroll this scholar and understand that because I have enrolled the scholar, I am the only person who can withdraw the scholar unless a court order applies. This is in compliance with O.C.G.A. 20-2-780.

\_\_\_\_\_ The address listed on this form is the physical location where the scholar and the primary custodial parent/guardian actually resides. I understand that if the primary custodial parent/guardian moves outside the set attendance zone for SCA, the scholar is subject to withdrawal. All scholars must reside in Lowndes or Brooks County.

\_\_\_\_\_ I have provided proof of residency as required. I acknowledge that if the proof of residency furnished is not correct, the scholar will be subject to withdrawal.

\_\_\_\_\_ This scholar is NOT on suspension or expulsion from another school.

\_\_\_\_\_ In the event that I cannot be reached, I hereby give permission for a school representative to make whatever emergency arrangements are necessary. I will assume all financial responsibility for all charges to the above. I understand in the event of an extreme emergency; the closest doctor or medical facility will be utilized.

\_\_\_\_\_  
Signature of Person Registering the Scholar

\_\_\_\_\_  
Date

# Scintilla Charter Academy

## Request for Records/Transcripts

TO: \_\_\_\_\_  
ATTN: Registrar  
FAX: \_\_\_\_\_

FROM: Scintilla Charter Academy  
DATE: \_\_\_\_\_  
FAX: 229.333.0283

Parent, please complete this section, then sign and date at the bottom.

Scholar Name: \_\_\_\_\_

Scholar Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Previous School District: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_

Please fax or mail the following records for enrollment:

*NOTE: According to the Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within ten calendar days of receipt of request. Schools shall not withhold any student record due to fee nonpayment.*

- Withdrawal form
- Birth Certificate
- Immunization Certificate
- EED (Georgia Law)
- Social Security Card
- Attendance (Georgia Law)
- Academic Records
- Discipline Records
- ESOL Documents
- EIP/Title/Remedial Records
- Gifted Records
- Documentation related to commission of any felony offenses
- Special Education Records
- SST Information
- Eligibility
- Current Psychological
- Current & Previous IEP Info
- Any Additional Information

Please indicate whether the scholar is currently serving a suspension or expulsion from another school & the reason and term of that action.

|            |                     |
|------------|---------------------|
| Suspension | Reason & Term _____ |
| Expulsion  | _____               |

*\*If a student was enrolled in Kindergarten, in addition to sending requested records, please also have the teacher release the student on GKIDS  
\*If your office does not house this information, please forward this request to the appropriate personnel.*

Please fax or email records to:  
khardesty@scintillacharteracademy.com

Scintilla Charter Academy  
2171 East Park Avenue  
Valdosta, GA 31602  
Phone: 229-244-5750/Fax: 229-333-0283



### Parental Consent:

My consent is given for my child's records and/or other pertinent information to be released to Scintilla Charter Academy. All information obtained will be strictly confidential. I give permission for Scintilla Charter Academy to obtain verbal clarification on any information received.

\_\_\_\_\_  
GUARDIAN PRINTED NAME

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*According to the Department of Education personally identifiable data utilized in making and maintaining placement in special education programs may be transferred to another school system (in or out of state) which the child plans to attend.*



Scholar Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### **Considerations and Exceptions for Enrollment**

1. Complete enrollment documentation, which can be found on the enclosed checklist, must be received by Scintilla Charter Academy before enrollment is considered complete. Additional records including medical/health, disciplinary, academic records, and special education or gifted records (if applicable) from the previous school(s) must be received by SCA before the child may start school. Scholars are subject to the board policies regarding admission and enrollment at the time their admission is considered complete.
2. Parent engagement is an important part of the educational approach at Scintilla Charter Academy. Scintilla Charter Academy encourages all families to attend Family Engagement Activities and commit to a minimum of 20 hours per school year to support your child's education at SCA through various volunteer opportunities.
3. Enrollment at Scintilla Charter Academy is contingent on disciplinary status determined by the child's previous school. If the behavior infraction resulting in one of the consequences below would result in expulsion according to SCA's Code of Conduct, SCA reserves the right to deny enrollment. Check any/all of the below that apply to your child:

Child is currently suspended from another school or school system

Child has been expelled from another school or school system

Child has a discipline situation against him/her which restricts them from attending their zoned public school within the local school district

### **Parental Pledge**

As the parent(s)/guardian(s) of \_\_\_\_\_, I have read carefully and understand the above considerations and exceptions for enrollment at Scintilla Charter Academy.

Declaration of Trust and Good Faith: I hereby declare that all of the above information is complete and accurate. I understand that failure to disclose important information or falsifying information on this application could result in the withdrawal of my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Notification of School Policies for New Scholars

New Scholar's Name: \_\_\_\_\_

Enrolling and attending Scintilla Charter Academy is a choice for each child who is offered a spot for enrollment. Each family will receive a copy of our school handbook at the beginning of the school year with detailed descriptions of SCA's policies and procedures. As you submit an enrollment packet to secure your child's enrollment, we feel it is important to provide you with an overview of the policies and procedures used at SCA. Please review the policies/procedures listed below, initial next to each policy/procedure, and sign at the bottom of this document stating that you have reviewed and agree to comply with these policies and procedures upon your child's enrollment.

**Parent/Family/Guardian Responsibilities** \_\_\_\_\_ (Initial)

Parents, families, and guardians of scholars are expected to participate in their child's education in the following ways:

- Communicate often and routinely with their child's teacher
- Participate in their child's development by attending scheduled conferences
- Stay informed about school policies and requirements of their child's academic program, including homework and projects
- Ensure the child attends school regularly and is appropriately prepared
- Participate in school events for home reinforcement of study skills and specific instructional objectives
- Communicate concerns to school staff regarding specific problems or difficulties that may impede the child's learning or well-being
- Provide positive support to your scholar(s) as well as the school and its faculty and staff

**Uniform Policy** \_\_\_\_\_ (Initial)

SCA strives to encourage unity among our scholars, faculty, and staff. Implementing a uniform dress code at SCA allows us to work towards this effort. The atmosphere of a school must be conducive to learning, and a scholar's appearance can positively or negatively impact the climate of a school. SCA scholars must adhere to dress code requirements.

**Transportation Policy** \_\_\_\_\_ (Initial)

SCA does not provide transportation to and from school.

**Instructional Day** \_\_\_\_\_ (Initial)

The instructional day is from \_\_\_\_\_. SCA's attendance policy stipulates that any scholar who arrives at SCA after 7:45 am/8:05 am will be counted tardy and must be escorted into the building and signed in by an adult at the main desk. All scholars must arrive at school on time and be picked up promptly at the end of the school day. The regular school day ends at 3:05 pm/3:30 pm. Scholars are expected to be picked up on time, between 3:05 pm and 3:45 pm. We encourage parents



to enroll their child in Ignite, SCA's after-school program if they cannot make the 3:45 pm deadline. If your child has not been picked up by 3:45 pm you will be charged \$1 per minute to allow your child to participate in the after-school program until you arrive.

### **Attendance Policy**

\_\_\_\_\_ (Initial)

All scholars must be in school every day as mandated by state law. Parents/ guardians have one week to provide a written or emailed excuse for an absence, failure to do so will result in the absence being unexcused. Scholars must be in school unless the absence has been permitted or excused for one of the following reasons: illness of scholar, illness of immediate family member, death in the family, religious holidays of the scholar's own faith, required court appearance or subpoena by a law enforcement agency, scheduled medical or dental appointments, and/or utilizing the Georgia Military Family Act.

**1. After 3 unexcused absences:**

A letter will be sent home to the scholar's parent or guardian regarding the scholar's unexcused absences. This letter will require the parent or guardian to contact the school's designee regarding the scholar's unexcused absences. Possible home visit.

**2. After 5 unexcused absences:**

SCA's school resource officer will contact the parent/guardian regarding excessive absences, tardies, or early dismissals and schedule a conference with the administration. According to S.B.O.E. 160-5-1-.10, a child who is truant and subject to compulsory attendance during the school calendar year has more than five days of unexcused absences. Possible referral to the Truancy Intervention Program

**3. After 7 unexcused absences:**

A school social work referral will be generated by the Dean or Dean's designee listing specific school-based interventions (telephone calls, letters, conferences, etc.) that have occurred prior to making the referral.

**4. After 10 unexcused absences:**

Scholars and/or parents will be subject to a referral(s) to juvenile court, magistrate court, and/or Department of Family and Children's Services for truancy and/or educational neglect. Detailed information pertaining to the scholar, local school, and school social work interventions will be necessary when filing a complaint with DFCS, juvenile, and/or magistrate court.

**5. After 15 or more unexcused absences:**

Grade level retention will be considered \*See Promotion/Retention Policy.

**After 10 consecutive absences, scholars are subject to administrative withdrawal.**

### **Behavior Expectations**

\_\_\_\_\_ (Initial)

Our goal is to teach scholars the value and importance of following established rules and procedures in order to maintain a safe, orderly, and respectful environment both in our school and in the community. To that end, we will positively reinforce honorable conduct and good behavior as often as possible and will balance this with appropriate consequences for misconduct. We will continually provide encouragement and support to our scholars in self-management of behavior and control of actions.

- Be polite and attentive both inside and outside of class

- Attend school consistently, be punctual, and take responsibility for making up any work when absent
- Comply with the uniform and dress code
- Be prepared for class
- Follow directions
- Follow all requests made by adults on the premises with a positive attitude, and show respect for self, others, and property
- Cooperate with and demonstrate respect for the faculty and staff, including administrators, teachers, and all other staff members
- Communicate in an acceptable tone of voice using an acceptable choice of words
- Follow dining room, playground, hallway, and individual classroom rules
- Not use threats or intimidation against any other person
- Respect the health and safety of others, safety rules, and not bring tobacco, alcohol, or any illegal substances to school
- Not bring anything to school that could be used to harm another or that is illegal

**Offenses and Levels of Disciplinary Action** \_\_\_\_\_(Initial)

In an effort to keep scholars in their classroom so that learning is not disrupted, SCA does not typically use ISS ( in-school suspension) as a consequence and primarily utilizes a reverse suspension model. If the behavior occurs that requires an administrative consequence according to SCA’s Code of Conduct, SCA’s administration may assign reverse suspension rather than the consequence of a traditional suspension. Reverse suspension requires the scholar’s parent to attend school with the child for the assigned days.

**Parent and Family Behavior Expectations** \_\_\_\_\_(Initial)

Parents and families are expected to dress appropriately and use respect and courtesy. They will address all employees, other parents and families, and all scholars in a polite and professional manner. Situations arising in reference to SCA policy/ teacher decisions/ administrative decisions should be discussed in a civil conference format. Raised voices, threats, interference with instruction, or school activities will warrant removal from the property by civil authorities. Severe and/or problematic behavior incidents will result in restrictions from the property and possible expulsion of the entire family.

**Family Volunteer Expectations** \_\_\_\_\_(Initial)

Volunteers are a critical component to support SCA scholars and the mission of our school. We strongly encourage all families to volunteer in school-wide opportunities communicated throughout the year or you may reach out to your scholar’s teacher to offer to help in their classroom.

**As the parent/guardian of \_\_\_\_\_ (Scholar’s Name), I have reviewed and understand the following policies and information and agree to comply with the guidelines and requirements outlined.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

## Notice to Parents and Guardians:

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

| Purpose of Questions   | Questions & Parent/Guardians Responses   |
|--|--|
| <p><b>Communication Preferences</b></p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.</p>   | <p><b>Parent Communication Language (Required)</b></p> <ul style="list-style-type: none"><li>In which language would you prefer to receive school communication?</li></ul> <p>_____</p>  |
| <p><b>Identification of Potential English Learners</b></p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>  | <p><b>Home Language Survey (Required)</b></p> <ol style="list-style-type: none"><li>Which language does your child <u>best</u> understand and speak? _____</li><li>Which language does your child <u>most</u> frequently speak at home? _____</li><li>Which language do adults in your home <u>most</u> frequently use when speaking with your child?</li></ol> <p>_____</p>   |
| <p><b>Additional Information from Multilingual Families</b></p> <p>If you indicated that your child and other adults in the home <b>understand and use English and another language</b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p> | <p><b>Additional Information from Multilingual Families.</b><br/><b>Choose <u>only one sentence</u> that best describes your child's primary language.</b></p> <p>My child understands and uses only the home language and <b>no English.</b></p> <p>My child understands and uses mostly the home language and <b>a little English.</b></p> <p>My child understands and uses the home language and English <b>equally.</b></p> <p>My child understands and uses <b>mostly English</b> and only a little of the home language.</p> <p>My child understands and uses <b>only English.</b></p> |

<sup>1</sup> [U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.](#)

<sup>2</sup> The Home Language Survey should be given to first time enrollees to United States public schools.

# Encuesta de Georgia sobre el idioma en el hogar

Obligatorio: enero del 2024 | Opcional: enero del 2023 – diciembre del 2023

## Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a<sup>1</sup> recopilar sus respuestas a<sup>2</sup> las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendiz de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

| Objetivo de las preguntas   | Preguntas y respuestas de los padres y tutores   |
|---|--|
| <p><b>Preferencias de comunicación</b></p> <p>Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.</p> <p>Esta pregunta es solo con fines informativos. <b>No</b> se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.</p>   | <p><b>Idioma de comunicación de los padres y tutores</b><br/>(Favor de contestar.)</p> <ul style="list-style-type: none"><li>¿En qué idioma prefiere recibir la comunicación escolar?</li></ul> <p>_____</p>   |
| <p><b>Identificación de posibles aprendices de inglés</b></p> <p>Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma.</p> <p>Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.</p>   | <p><b>Encuesta sobre el idioma en el hogar</b><br/>(Favor de contestar.)</p> <ol style="list-style-type: none"><li>¿Qué idioma entiende y habla <u>mejor</u> su hijo/a?<br/>_____</li><li>¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____</li><li>¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a?<br/>_____</li></ol>  |
| <p><b>Información adicional para familias multilingües</b></p> <p>Si indicó que su hijo/a y otras personas adultas en su hogar <b>entienden y utilizan el inglés y otro(s) idioma(s)</b>, las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.</p> <p>Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.</p> | <p><b>Información adicional para familias multilingües.</b><br/>(Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.)</p> <p>Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, <b>no el inglés.</b></p> <p>Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y <b>un poco de inglés.</b></p> <p>Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés <b>por igual.</b></p> <p>Mi hijo/a entiende y utiliza <b>principalmente el inglés</b> y solo un poco del idioma que se habla en el hogar.</p> <p>Mi hijo/a entiende y utiliza <b>solo el inglés.</b></p> |

<sup>1</sup> Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas (*Dear Colleague Letter*): *Aprendices de inglés y padres con dominio limitado del inglés*, p. 10.

<sup>2</sup> La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

# Sample Health Forms Required for Enrollment at Scintilla Charter Academy

Rev. 07/2014 Georgia Department of Public Health Form 3231

## CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) \_\_\_\_\_ Birthdate \_\_\_\_\_

(Optional) Parent/Guardian Name (Last name first) \_\_\_\_\_

Date of Expiration \_\_\_\_\_ (Fill in X)  
Child must be ≥ 4 years and have met all requirements for school attendance.

Date of Expiration \_\_\_\_\_ (Fill in X)  
(Next required immunization or review of medical exemption due.)

Complete For K through 6th Grade  
Fulfills requirements K through 6th grade AHD must have Tdap and MCV4 documented

Complete For 7th Grade or higher  
Fulfills requirements K through 6th grade AHD must have Tdap and MCV4 documented

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

| VACCINE  | DATE |    | DATE |    | DATE |    | DATE |    | DATE |    | Total Doses | Diagnosed | Serology + | History | Med Exemption |
|--|------|----|------|----|------|----|------|----|------|----|-------------|-----------|------------|---------|---------------|
|  | MM   | DD | YY   | MM | DD   | YY | MM   | DD | YY   | MM |             |           |            |         |               |
| <b>Required Vaccines for School or Child Care Attendance</b> |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| DTP,DTaP, DT, Td   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Polio  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Hepatitis B  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Tdap   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| MCV4   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| HIB<br>(Under Age 5)   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| PCV<br>(Under Age 5)   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Measles  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Mumps  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Rubella<br>Hepatitis A<br>(Born on/after 1/1/00)             |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Varicella  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| <b>Recommended Vaccines (For Information Only)</b>           |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Rotavirus  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| HPV (3 doses)  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Influenza  |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |
| Td (booster)   |      |    |      |    |      |    |      |    |      |    |             |           |            |         |               |

Notes: A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate boxes. The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue. A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept. \_\_\_\_\_

Certified by (Signature/Signature Stamp) \_\_\_\_\_ Date of Issue \_\_\_\_\_

**SCHOLAR HEALTH RECORDS MUST BE ON GEORGIA FORMS. THE HEALTH DEPARTMENT, YOUR CHILD'S PEDIATRICIAN, AND THE BASE CLINIC (FOR MILITARY FAMILIES) CAN ASSIST YOU IN CONVERTING RECORDS TO THE GEORGIA FORMS.**

Georgia Department of Public Health Form 3300

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

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL. SCREENER CONTACT INFORMATION IS REQUIRED.

Parent/ Guardian Name: \_\_\_\_\_ first middle last

Child's Name: \_\_\_\_\_ first middle last

Parent/ Guardian Contact Information: Daytime phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Child's Home Address: \_\_\_\_\_ street city state zip code county

| VISION   | HEARING  | DENTAL   | NUTRITION  |
|--|--|--|--|
| <input type="checkbox"/> Unable to screen (explain why below)<br><input type="checkbox"/> Uses corrective lenses<br><input type="checkbox"/> Worn for testing<br><input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below) | <input type="checkbox"/> Unable to screen (explain why below)<br><input type="checkbox"/> Uses hearing aid / assistive device<br><input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below) | <input type="checkbox"/> Unable to screen (explain why below)<br><input type="checkbox"/> Normal appearance<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Emergency plan observed<br><input type="checkbox"/> Under professional care (explain below) | <input type="checkbox"/> Unable to screen (explain why below)<br>Height: _____ Weight: _____<br>BMI: _____ BMI%: _____<br><input type="checkbox"/> 5 <sup>th</sup> to 84 <sup>th</sup> percentile - Appropriate for age<br><input type="checkbox"/> < 5 <sup>th</sup> percentile - Needs further evaluation<br><input type="checkbox"/> ≥ 85 <sup>th</sup> percentile - Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below) |
| Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Optometrist<br><input type="checkbox"/> "Prevent Blindness Georgia" employee<br><input type="checkbox"/> School Registered Nurse   | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Audiologist<br><input type="checkbox"/> Speech-Language Pathologist<br><input type="checkbox"/> School Registered Nurse  | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Local Health Department Registered Nurse<br><input type="checkbox"/> Registered Dental Hygienist<br><input type="checkbox"/> School Registered Nurse       | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Registered Dietician<br><input type="checkbox"/> School Registered Nurse   |
| Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   |

| FOR SCHOOL SYSTEM ONLY           |                         |                         | Screeners' Comments: |
|----------------------------------|-------------------------|-------------------------|----------------------|
| Follow up for further evaluation |                         |                         |                      |
|                                  | 1 <sup>st</sup> attempt | 2 <sup>nd</sup> attempt |                      |
| Vision                           |                         |                         |                      |
| Hearing                          |                         |                         |                      |
| Dental                           |                         |                         |                      |
| Nutrition                        |                         |                         |                      |

Student support services initiated on: \_\_\_\_\_

DPH Form 3300 Rev. 2013

**PLEASE READ CAREFULLY:**

**ALL FOUR SECTIONS OF FORM 3300 MUST BE COMPLETED BY A MEDICAL PROFESSIONAL IN ORDER TO ENROLL YOUR SCHOLAR.**

**PLEASE NOTE THAT SOME DOCTORS WILL NOT COMPLETE THE DENTAL PORTION OF FORM 3300 AND THIS SECTION WILL NEED TO BE COMPLETED BY YOUR CHILD'S DENTIST.**

**WE CANNOT ACCEPT INCOMPLETE HEALTH FORMS.**



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:**

- Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- Processing/Packing agricultural products
- Dairy/Poultry/Livestock
- Packing/Processing meats (beef, poultry, or seafood)
- Commercial fishing or fish farms
- 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 email, always through the DOE's Portal, 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, Rose McKeehan  
 Phone: 470-763-1137  
[rmcKeehan@doe.k12.ga.us](mailto:rmcKeehan@doe.k12.ga.us)

GaDOE Region 2 MEP, Pearl Barker  
 Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto:PBarker@doe.k12.ga.us)

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)



Distrito Escolar: \_\_\_\_\_

Fecha: \_\_\_\_\_

**Encuesta Ocupacional para Padres**  
**Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C**

| Nombre del/los Estudiante(s) | Nombre de la Escuela | Grado |
|------------------------------|----------------------|-------|
| _____                        | _____                | _____ |
| _____                        | _____                | _____ |
| _____                        | _____                | _____ |
| _____                        | _____                | _____ |

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?    **Sí**    **No**
2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años?    **Sí**    **No**

**Si la respuesta es "sí", marque todo trabajo que aplique:**

- Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- Procesando/Empacando productos agrícolas
- Trabajo en lechería, polleras o ganadería
- Empacando/Procesando carnes (res, pollo, o mariscos)
- Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- Otra actividad. Por favor especifique en cuál: \_\_\_\_\_

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**¡Muchas Gracias! Por favor regrese éste formulario a la escuela**

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 email, always through the DOE's Portal, 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:

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GaDOE Region 2 MEP, Pearl Barker  
 Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto:PBarker@doe.k12.ga.us)

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

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