SCINTILLA CHARTER ACADEMY
inspire | IGNITE | innovate

The documents listed below must be complete in order to secure your scholar's spot at Scintilla Charter Academy for the 2026-2027 school year.
This packet is also available on our website at www.scintillacharteracademy.com.

Please email any questions to Bailey Harrell at bharrell@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 2026-2027

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):	
☐	American Indian/Alaskan Native
☐	Asian
☐	Black/African American
☐	Hawaiian/Other Pacific Islander
☐	White

Ethnicity: (Please select **ONLY ONE**):	
☐	American Indian/Alaskan Native
☐	Asian/Pacific Islander
☐	Black not Hispanic
☐	White not Hispanic
☐	Multi-Racial
☐	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 **If NO, we MUST have a copy of the Court Order**			
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 **If NO, we MUST have a copy of the Court Order**			
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): ___/___/___ (MONTH / DAY / YEAR) End Date of Enlistment (if applicable): ___/___/___ (MONTH / DAY / YEAR)

Status: 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

Branch (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

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

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

Please list any additional services received:

_____
_____
_____
_____
_____

Does the scholar have an Individualized Education Plan (IEP)?

☐ YES ☐ NO

If YES, check all 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)? If NO, please explain:	☐ YES ☐ NO
Has the scholar ever been placed in an alternative school setting? 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)? 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

☐ Expulsion

Reason & Term _____

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:
bharrell@scintillacharteracademy.com

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

SCINTILLA CHARTER ACADEMY
inspire | IGNITE | innovate

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.

SCINTILLA CHARTER ACADEMY
inspire | IGNITE | innovate

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:** _____

SCINTILLA CHARTER ACADEMY
inspire | IGNITE | innovate

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[1] to collect your responses[2] 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
Communication Preferences This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them. This question is for informational purposes only. It is **not** used to identify your child for English language proficiency screening.	**Parent Communication Language (Required)** • In which language would you prefer to receive school communication? _____
Identification of Potential English Learners These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program. 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.	**Home Language Survey (Required)** 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? _____
Additional Information from Multilingual Families If you indicated that your child and other adults in the home ***understand and use English and another language*** or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency. 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.	**Additional Information from Multilingual Families.** ***Choose only one sentence that best describes your child's primary language.*** ☐ My child understands and uses only the home language and **no English**. ☐ My child understands and uses mostly the home language and **a little English**. ☐ My child understands and uses the home language and English **equally.** ☐ My child understands and uses **mostly English** and only a little of the home language. ☐ My child understands and uses **only English**.

[1] 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.*

[2] 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:

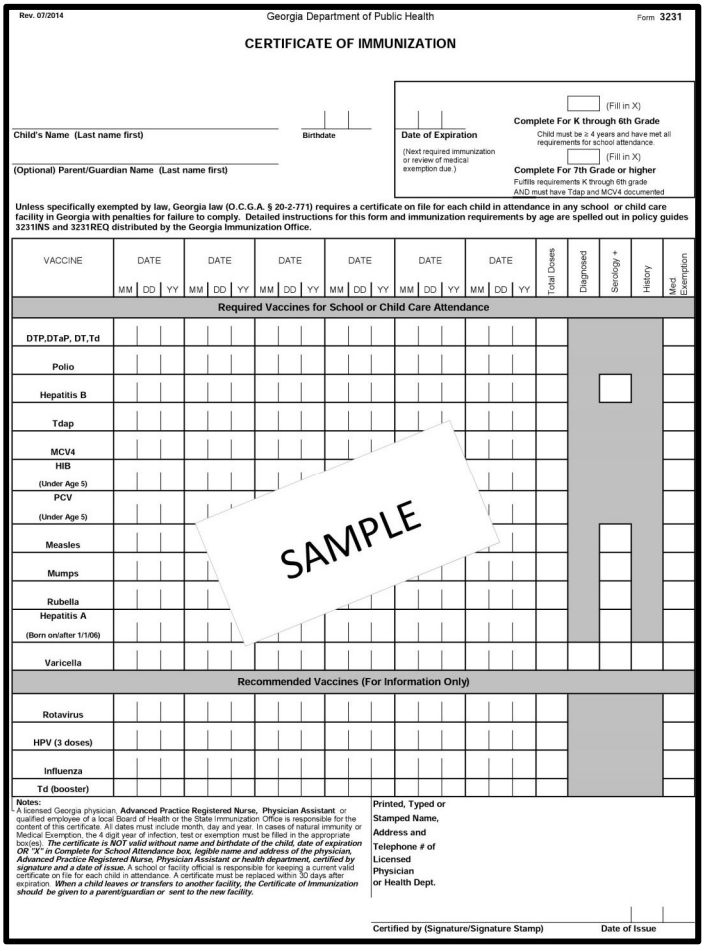
Los sistemas escolares de Georgia están obligados a[1] recopilar sus respuestas a[2] las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar 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
Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea. Esta pregunta es solo con fines informativos. **No** se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	**Idioma de comunicación de los padres y tutores** (Favor de contestar.) • ¿En qué idioma prefiere recibir la comunicación escolar? _____
Identificación de posibles aprendices de inglés 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. 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.	**Encuesta sobre el idioma en el hogar** (Favor de contestar.) 1. ¿Qué idioma entiende y habla mejor su hijo/a? _____ 2. ¿Qué idioma utiliza su hijo/a con mayor frecuencia en el hogar? _____ 3. ¿Qué idioma utilizan con mayor frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
Información adicional para familias multilingües Si indicó que su hijo/a y otras personas adultas en su hogar ***entienden y utilizan el inglés y otro(s) idioma(s)***, las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a. 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.	**Información adicional para familias multilingües.** *(Elija solo una frase que mejor describa el idioma principal de su hijo/a.)* ☐ Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, **no el inglés**. ☐ Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y **un poco de inglés.** ☐ Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés **por igual**. ☐ Mi hijo/a entiende y utiliza **principalmente el inglés** y solo un poco del idioma que se habla en el hogar. ☐ Mi hijo/a entiende y utiliza **solo el inglés**.

[1] 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.*

[2] 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 ____ (Next required immunization or review of medical exemption due.)

☐ (Fill in X) **Complete For K through 6th Grade** — Child must be ≥ 4 years and have met all requirements for school attendance.

☐ (Fill in X) **Complete For 7th Grade or higher** — Fulfills requirements K through 6th grade AND 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 (MM DD YY)	DATE	DATE	DATE	DATE	DATE	Total Doses	Diagnosed	Serology +	History	Med Exemption
Required Vaccines for School or Child Care Attendance											
DTP,DTaP, DT,Td											
Polio											
Hepatitis B											
Tdap											
MCV4											
HIB (Under Age 5)											
PCV (Under Age 5)											
Measles											
Mumps											
Rubella											
Hepatitis A (Born on/after 1/1/06)											
Varicella											
Recommended Vaccines (For Information Only)											
Rotavirus											
HPV (3 doses)											
Influenza											
Td (booster)											

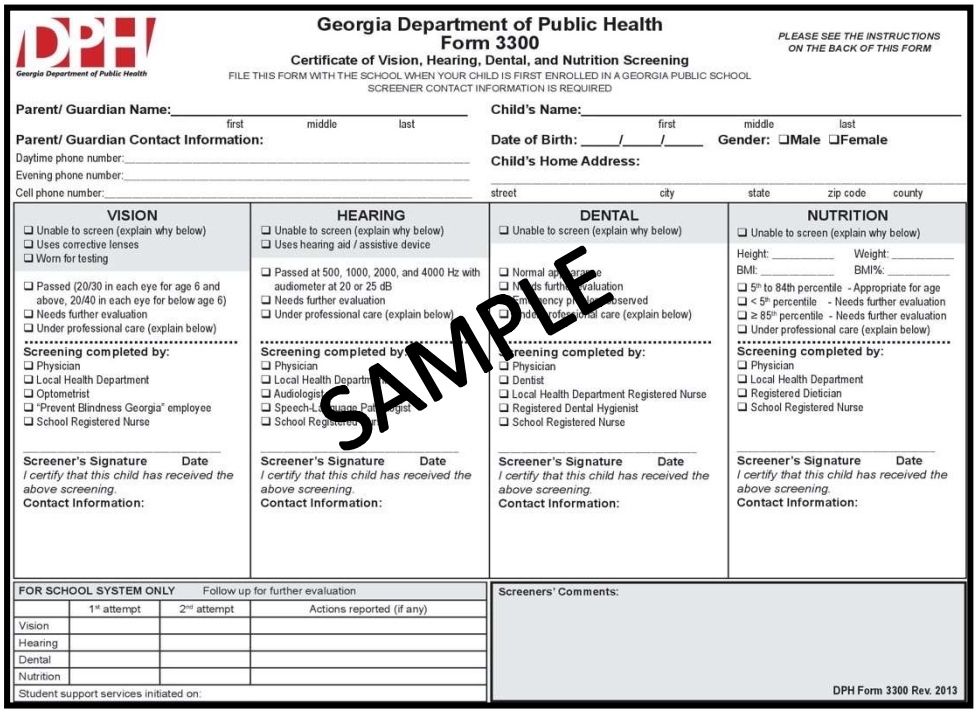
SAMPLE

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

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

Parent/ Guardian Name: _____ (first middle last)
Parent/ Guardian Contact Information:
Daytime phone number: _____
Evening phone number: _____
Cell phone number: _____

Child's Name: _____ (first middle last)
Date of Birth: ____/____/____ Gender: ☐Male ☐Female
Child's Home Address: _____ (street city state zip code county)

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 Date
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 Date
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 Date
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 Date
I certify that this child has received the above screening.
Contact Information:

SAMPLE

FOR SCHOOL SYSTEM ONLY Follow up for further evaluation

	1st attempt	2nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on: _____

Screeners' Comments:

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.

SCINTILLA CHARTER ACADEMY
inspire | IGNITE | innovate

Proof of Residency Information

Proof of Residency in Lowndes or Brooks County is required for enrollment at Scintilla Charter Academy. The person with whom the child lives must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. If you move out of SCA's attendance zone, your scholar will be subject to withdrawal. Please carefully read the scenarios listed below and provide the documentation that applies to your child's living situation:

Possible Living Situation #1
If you own and live in the resident property, you will need to provide **ALL** of the following:
1. Photo Identification (Valid State Issued Identification)
2. A deed or Mortgage Statement in your name showing residence property address
3. A current power or utility bill in your name for the current month showing the residence property address
4. One additional supporting document in your name showing the residence property address

Possible Living Situation #2
If you rent and live in the rental property, you will need to provide **ALL** of the following:
1. Photo Identification (Valid State Issued Identification)
2. Copy of the lease/rental agreement (or current HUD Certificate of Compliance/Annual Renew Notice)
3. A current power or utility bill in your name for the current month showing the residence property address
4. One additional supporting document in your name showing the residence property address

Possible Living Situation #3
Families who are unable to provide a rental agreement or utility bill in a parent/guardian's name and/or are living with another Lowndes or Brooks County resident must complete the Affidavit of Residence information below. Signatures of both the parent/guardian and the homeowner/tenant must be included and this document must be notarized.
1. Photo Identification (Valid State Issued Identification)
2. A current power or utility bill in name of homeowner/tenant for the current month showing the residence property address.
3. One additional supporting document in the name of homeowner/tenant showing the residence property address.

AFFIDAVIT OF RESIDENCE (only complete if your living situation is #3)

Under penalty prescribed by federal and state laws, which state it is unlawful to give false information to a government entity, I certify that _____(Scholar's Name) resides at Address: _____ with _____ who is the custodial parent or legal guardian. I will notify Scintilla Charter Academy of any change in primary residence. Penalties for falsification of this Residency Affidavit include withdrawal of the student and referral to law enforcement.

Homeowner/Tenant Printed Name	Homeowner/Tenant Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date
Witness	Date	

List of Acceptable Supporting Documents
- Current Georgia driver's license or Georgia identification card if the address on the identification is the same as the residential address
- Bank Statement, loan documents, credit card statement, monthly activity statement, voided check
- Home mortgage payment statement
- Health insurance, previously issued W-2 Form 1099, pay stub
- Lowndes, Brooks, or Valdosta property tax statement with evidence thereupon of payment
- Voter registration documentation from Lowndes or Brooks County
- A current motor vehicle registration (tag receipt)
- Cable bill, Telephone or Cell Phone bill, Gas bill
- Receipt to have utilities connected

Note: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.

Georgia Department of Education

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

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ **Yes** ☐ **No**

2. 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

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

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Georgia Department of Education

Educating Georgia's Future

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 "si", 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:

GaDOE Region 1 MEP, Rose McKeehan
Phone: 470-763-1137
rmcKeehan@doe.k12.ga.us

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

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____