

McAllister Elementary School

224 Veterans Memorial Parkway
Richmond Hill, Georgia 31324
(912) 851-4040
(912) 727-2170 FAX

Bivins Miller
Principal

Heather Tucker
Assistant Principal

Lacey Craven
Assistant Principal

January 29, 2018

Dear Parents,

We would like to welcome you and your child to the Bryan County School System. This packet has been prepared to provide you with all the information you will need to register him/her for kindergarten at McAllister Elementary School.

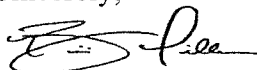
Please complete the forms that are attached, and return them to your child's teacher. In addition to these forms you must provide current proof of residency (**please refer to page 2 of the residency affidavit**). If your child does not live with both biological parents, please bring in your custody agreement.

When all the information has been supplied, your child will be ready to enter kindergarten. If your child needs immunizations, the time to do that is now so you can complete your child's kindergarten registration before the beginning of the 2018-2019 school year.

You are invited to attend the Kindergarten Orientation on April 12, 2018. We will begin in the cafeteria at 5:00. After a short welcome, you are invited to visit in a kindergarten classroom. Selected classrooms will be open from 5:00 to 5:30. You are welcome to bring your upcoming kindergartener with you.

We will also have an additional Open House before school begins for the 2018 – 2019 school year. At that time you will be able to meet your child's kindergarten teacher and visit the classroom. We look forward to meeting and working with you as your child enters McAllister Elementary School.

Sincerely,



Bivins Miller

The following documents are required by the Bryan County Board of Education to complete enrollment for a student:

Immunization record: An adequate and up-to-date immunization record (Form 3231) must be on file. Out-of-state immunization records must be transferred to Georgia Form 3231. Immunizations and forms may be obtained from the Bryan County Health Department, another Georgia Health Department, or from a private physician.

Parents enrolling military children in Bryan County Schools should contact medical personnel at the military base for Georgia health forms.

Eye-Ear-Dental Exam: Georgia Form 3300 must be on file stating that the student has received a screening examination for eye, ear, and dental. The exams and forms may be obtained at the Bryan County Health Department, another Georgia Health Department, or from a private physician. Parents enrolling military children in Bryan County Schools should contact medical personnel at the military base for Georgia health forms.

Proof of Residency: Written proof must be supplied that the parent or legal guardian and student reside fulltime in Bryan County. Acceptable items for documentation are: (You must provide two)

House purchase contract (proof residence is occupied), mortgage statement, signed lease, signed rental/lease agreement, signed closing statement, or signed rental receipts and a utility bill. Documentation must have a street address listed; post office box addresses are not acceptable proof of residence.

Proof of Custody: A copy of divorce paperwork or custody paperwork must be provided if the student doesn't live with both biological parents.

Social Security Card: The student's social security card must be provided at the time of enrollment.

Birth Certificate: A copy of the student's birth certificate must be on file at the time of enrollment.

Proof of Grade Level: A student transferring from another school system must furnish a withdrawal form and must also have a report card or other verification of grade placement. High school students must have a transcript. If such a form cannot be presented, the school must be furnished with the phone number and name of the previous school so grade level and withdrawal status can be verified.

Proof of Physical Address: When a cell phone is listed as the home phone number, a bill indicating the appropriate physical address must be provided in addition to other residency information.

BRYAN COUNTY PUBLIC SCHOOLS
ENROLLMENT/REGISTRATION FORM

School Year _____

School _____

Student Last Name _____ First Name _____ Middle Name _____

Entry Date _____ Date of Birth _____ Gender _____ Grade _____ SSN _____

Residence Address _____ City _____ County _____ State _____ Zip _____

Mailing Address (P.O. Box or street if different from above) _____

Ethnicity: Hispanic/Latino - Yes No

Race: **Must Check at least one. Please check all that apply.**

Am. Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Has the student attended school in Bryan County before? YES NO

If "Yes", please list the name of school last attended _____ when last enrolled _____

Last school address, if not Bryan County Schools _____

School Transportation: School Bus Rider Car Rider Walker Home Phone: _____

Student Resides with: _____ Relationship _____

1. Primary Parent/Legal Guardian _____ Relationship _____

Cell Phone: _____ E-mail _____

Employer _____ Wk Ph# & Ext. _____ Military _____

2. Parent/Legal Guardian 2 _____ Relationship _____

Cell Phone _____ E-mail _____

Employer _____ Wk Ph# & Ext. _____ Military _____

Was your child born in the US? Yes No If Yes, which US State? _____

If No, in what other country was your child born? _____

On what date did your child enter the first school in the United States? _____

IMPORTANT: Federal and state laws require the following information be collected about the primary and home language for every student upon enrollment in the school district. Please complete the survey below for each child you are enrolling the school district:

1. Which language does your child most frequently speak at home? _____

2. Which language do adults in your home most frequently use when speaking with your child?

3. Which language(s) does your child currently understand or speak? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English Language development program.

If possible, would you prefer notice of school activities in a language **other** than English? Yes No

If yes, which language? _____

Did your child receive any type of special services at a previous school? If yes, explain: _____

BRYAN COUNTY PUBLIC SCHOOLS
ENROLLMENT/REGISTRATION FORM

School _____

List Name(s) of School Age Siblings

Grade and School Attending

_____	_____
_____	_____
_____	_____

Emergency Information: Persons listed below will be contacted when the primary parent/guardian cannot be reached in case of an emergency. Persons listed below will be allowed to pick up your child from school.

Contact 1 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Contact 2 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Contact 3 _____ Relationship _____ Home Phone _____

Cell Phone _____ Work Phone _____

Address _____ City _____ St _____ Zip _____

Medical Condition(s)

Physician's Name _____ Telephone _____ Ext. _____

Hospital Preference _____

Initials _____ I am the custodial parent/legal guardian of the above-named student.

_____ The address listed above is the physical location where the student actually resides.

_____ I have presented the student's Certificate of Birth.

_____ I have provided the student's Certificate of Immunization for diphtheria, pertussis, and tetanus.

_____ I give permission to transport my child to the nearest medical facility in the event of an emergency.

_____ This student is currently not on suspension or expulsion status from another school.

_____ If your child is being enrolled without records from his/her previous school, upon receipt of records, adjustments may possibly be necessary. Please sign below that you understand and agree with the conditions under which your child has been enrolled.

Parent/Legal Guardian Signature Relationship Date

2018-2019

Bryan County Schools
RESIDENCY AFFIDAVIT

McAllister Elementary School

School: _____

I. Identifying Information – Please print.

This form is to be completed by the student's parent or legal guardian and signed/witnessed by a school district employee OR Notary Public. You must submit a separate Residency Affidavit for each child enrolled in the district. You may photocopy this form.

A. Student Information:

Student's Name _____
First Name Middle Initial Last Name

Date of Birth _____ Student's Social Security Number _____ Grade _____

B. Student lives with (Print name(s) and CHECK RELATIONSHIP TO STUDENT)

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Relationship to the Student father stepfather guardian foster parent

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Relationship to the Student mother stepmother guardian foster parent

C. Address (PLEASE DO NOT USE A POST OFFICE BOX AS IT IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS)

Address: _____
Street Address City State Zip

Phone Number _____
Home Father/Guardian Work Mother/Guardian Work

I declare under the penalty of perjury the above is the student's primary residency. I also agree to notify the school within two (2) weeks when residency has been changed. I understand a new affidavit and a new proof of residency must be submitted. If I move outside the district, I understand my child will not be allowed to attend Bryan County Schools. I understand that the Bryan County Board of Education reserves the right to check the above information for accuracy and may at any time ask for address verification. Any misstatement or misrepresentation of the truth by me on this affidavit constitutes a form of fraud and may result in the withdrawal of my child from the school he/she is attending.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment, b) being held liable to reimburse the district for expenses incurred to educate this student, and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Signature of Parent/Guardian Date

Subscribed and sworn before me on this _____ day of _____, 20____.

OFFICIAL SCHOOL DISTRICT SIGNATURE OR NOTARY PUBLIC SIGNATURE (Place Notary Seal or Stamp Below)

BRYAN COUNTY SCHOOL SYSTEM

Please return records to the school circled below.

Richmond Hill Primary School
471 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5080
Fax (912) 756-5153

Richmond Hill Elementary School
473 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5100
Fax (912) 756-3916

Carver Elementary School
476 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5111
Fax (912) 756-5872

Lanier Primary School
6024 Hwy 280 East
Pembroke, GA 31321
(912) 626-5020
Fax (912) 858-4350

Bryan County Middle School
600 Payne Drive
Pembroke, GA 31321
(912) 626-5050
Fax (912) 653-2705

McAllister Elementary School
224 Veterans Parkway.
Richmond Hill, GA 31324
(912) 851-4040
Fax (912) 727-2071

Richmond Hill Middle School
503 Warren Hill Drive
Richmond Hill, GA 31324
(912) 459-5130
Fax (912) 756-5369

Richmond Hill High School
1 Wildcat Drive
Richmond Hill, GA 31324
(912) 459-5151
Fax (912) 756-4958

Bryan County Elementary School
250 Payne Drive
Pembroke, GA 31321
(912) 626-5033
Fax (912) 653-4350

Bryan County High School
1234 Camellia Drive
Pembroke, GA 31321
(912) 626-5060
Fax (912) 653-2858

Authorization for Release of Student Records

Student's Name: _____ DOB: _____ Entering Grade: _____

I hereby authorize the school listed below to release a complete and official copy of the following documents regarding this student as pertains to his/her educational, physical and social adjustments in school:

- ___ Special Education records (Including Psychological & Evaluation)
- ___ Speech or Hearing Services/Gifted/RTI (Response to Intervention)
- ___ Withdrawal Form/Transcript (Must include grade level, withdrawal grades, and attendance.)
- ___ Disciplinary Records (Required by Georgia State Law)
- ___ Copy of Social Security Card
- ___ Immunization Records/Ear/Eye/Dental screening
- ___ Birth Certificate
- ___ Standardized Test History
- ___ W-APT Score / ACCESS Test Score/Original Home Language Survey

Previous School Attended: _____

Address: _____

Telephone: _____ Fax: _____

Special Note: According to Section 99.31 of the Family Educational Rights and Privacy Act (FERPA), Buckley Amendment, June 17, 1976, it is not required to obtain written consent to release records between schools.

- *Senate Bill 102, Article 5, Section 10947 Re: Privacy of Pupil Records-Parental release not required for transfer of Educational records between schools.*
- *Georgia DOE Board Rule 160-5-1-14, schools must mail or otherwise deliver requested records within 10 calendar days of request. Schools shall not withhold any student records because of payment of fees.*

Signature of Parent or Guardian _____

Relationship to Student _____ Date: _____

Date Sent _____ Request #1
Date Sent _____ Request #2
Date Sent _____ Request #3

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Please return records to the school circled below.

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Fax (912) 756-5153

Richmond Hill Elementary School
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Richmond Hill, GA 31324
(912) 459-5100
Fax (912) 756-3916

Carver Elementary School
476 Frances Meeks Way
Richmond Hill, GA 31324
(912) 459-5111
Fax (912) 756-5872

Lanier Primary School
6024 Hwy 280 East
Pembroke, GA 31321
(912) 626-5020
Fax (912) 858-4350

Bryan County Middle School
600 Payne Drive
Pembroke, GA 31321
(912) 626-5050
Fax (912) 653-2705

McAllister Elementary School
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(912) 459-5130
Fax (912) 756-5369

Richmond Hill High School
1 Wildcat Drive
Richmond Hill, GA 31324
(912) 459-5151
Fax (912) 756-4958

Bryan County Elementary School
250 Payne Drive
Pembroke, GA 31321
(912) 626-5033
Fax (912) 653-4350

Bryan County High School
1234 Camellia Drive
Pembroke, GA 31321
(912) 626-5060
Fax (912) 626-5076

Your child is being enrolled without records from his/her previous school. Upon receipt of records, adjustments may possibly be necessary.

Please sign below that you understand and agree with the conditions under which your child has been enrolled:

Yes, I understand and agree with this placement until records arrive.

Date _____ **Parent/Guardian Signature** _____

BRYAN COUNTY CUSTODY AFFIDAVIT
Statement Regarding Custody

Please complete this form for the child(ren) in your home. You will need a separate form for each child ONLY IF there are different parents. This one form will be used for natural siblings.

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

The above named minor child(ren) is/are residing with me at:

_____ (Address)

_____ (1) I am the natural parent of said child(ren) and reside full time within Bryan County, GA

_____ (2) I am the legal Guardian of said child(ren) pursuant to a Court Order

date _____, in the _____ Court

of _____, State of _____

_____ (3) I am the permanent custodian of said child(ren) for the following reasons:

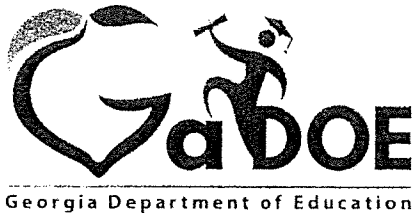
_____ Parents deceased

_____ Parents given up custody

_____ Other: _____

This _____ day of _____, _____

Parent/Legal Guardian/Legal Custodian



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

School District: _____

Date Completed: _____

Parent Occupational Survey

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

Has your family moved in order to work in another city, county, or state, in the last three (3) years? Yes No

If so, what is the date your family arrived in the city/town you reside? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

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

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

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

Current Address: _____

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

Thank You!

Please return this form to the school

The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415
 Toll Free (800) 621-5217 Fax (912) 842-5440
 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637
 Toll Free (866) 505-3182 Fax (229) 546-3251