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

Committed to Excellence and Success in All We Do
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

List Name(s) of School Age Siblings


Grade and School Attending


School

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

Rev.7/18/2014
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:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Student’s Name</td>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Student’s Social Security Number</th>
<th>Grade</th>
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B. Student lives with (Print name(s) and CHECK RELATIONSHIP TO STUDENT)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>Parent or Guardian’s Name</td>
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</table>

Relationship to the Student
☑ father ☐ stepfather ☐ guardian ☐ foster parent

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
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</thead>
<tbody>
<tr>
<td>Parent or Guardian’s Name</td>
<td></td>
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</tr>
</tbody>
</table>

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: ________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Phone Number

<table>
<thead>
<tr>
<th>Home</th>
<th>Father/Guardian Work</th>
<th>Mother/Guardian Work</th>
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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.

______________________________ Date

Signature of Parent/Guardian

Subscribed and sworn before me on this ______ day of ______, 20__.

______________________________
OFFICIAL SCHOOL
DISTRICT SIGNATURE

OR

NOTARY PUBLIC SIGNATURE
(Place Notary Seal or Stamp Below)

Page 1 of 2

2016
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) 633-2705

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 Cameron Drive
Pembroke, GA 31321
(912) 626-5060
Fax (912) 633-2858

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
- 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
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

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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) 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_______

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

Rev: 6/16/16
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): __________________________________________

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<tr>
<th>Name of Student(s)</th>
<th>Name of School</th>
<th>Grade</th>
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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 W. Lee Street Brooklet, GA 30415
Toll Free (800) 621-5217 Fax (912) 842-5440

GaDOE Region 2 MEP, 221 N. Robinson Street, Lotus, GA 31637
Toll Free (866) 505-3182 Fax (229) 546-3251

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