

Union County Primary School Kindergarten Registration for 2021-2022

Union County Primary School has reserved January 25th through March 31st to pre-register new kindergarten students who will begin school in the 2021-2022 school year. All children who turn **five years of age on or before September 1st, 2021** are eligible to attend kindergarten in the upcoming school year. Please call the Union County Primary School registrar at **706-835-4321** to schedule your child for kindergarten enrollment. *Note – **There is no registration needed if the upcoming kindergarten student is currently enrolled in the Union County School's Pre-K Program. Eligible children who have been attending any other Pre-K or Day Care program will need to pre-register for kindergarten.** A copy of the Kindergarten enrollment packet is available on the school system's website at www.ucschools.org or at the Primary School front office.

In order to enroll a child, a parent or legal guardian is required to provide the school with the following items:

▶ **Completed Enrollment Packet**

▶ **Age Verification**

The school system requires evidence of the student's date of birth and accepts as evidence a birth certificate or an alternate document from the prioritized list in the state enrollment rule.

▶ **Social Security Number**

The school system complies with the provisions of O.C.G.A. §20-2-150, which requires a person enrolling a student to provide a copy of the student's social security number or to sign a form stating that the person does not wish to provide the social security number.

▶ **Immunization Certificate**

The school system requires proof of immunization as required by O.C.G.A. §20-2-771, which includes an exemption for religious grounds, and provisions for a temporary waiver.

-- A Georgia Department of Human Resources Form 3231 which is not expired shall be considered proof of immunization.

-- Out of State Immunization Records will need to be transferred to Form 3231 by the Union County Health Department **PRIOR to registration**. Georgia requires two doses of Hepatitis A vaccine.

--The Union County Health Department is located at 67 Chase Drive • Blairsville, GA • 706-745-6292.

▶ **Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)**

This form is included in the registration packet and can also be obtained from your child's doctor or from the Union County Health Department. Please have your doctor complete this form before your child comes to school. This form must be presented when attending a Georgia school for the first time.

▶ **Proof of Union County Residency (2 documents)**

-- Examples include Current (within two months old) lease agreement, vehicle registration form, mortgage documents, property tax notice, homeowner's or renter's insurance bill, utility bills, etc. A cellphone bill, driver's license, or bank statement are NOT acceptable.

There are three ways to get the enrollment packet and documents to the registrar:

1. Scan and email them to registrar@ucschools.org
2. Fax them to 706-745-8391
3. Bring them to the Primary School Monday through Thursday 9:00AM to 1:30PM or Friday by appointment.

Parents are welcome to contact the School's Registration Office at 706-835-4321 for answers to any questions you may have regarding the Kindergarten registration.

Documentation for Homeless Students

Homeless students, as defined by the McKinney-Vento Act, shall be enrolled immediately with full participation in school activities, regardless of whether all of the above can be provided at the time of enrollment. The designated employee responsible for the care of homeless students shall assist the person enrolling the homeless student or the unaccompanied youth in acquiring the necessary documents for enrollment by the requirements of the state enrollment rule and the McKinney-Vento Act.

Union County Schools—Student Registration Information



Please Print	Please Print	Please Print	
Student Legal Name: _____			
Last	First	Middle	Preferred
SSN: _____ - _____ - _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____
Grade: _____			
Phone: _____		Place of Birth: _____	
Best Contact Number	City	County	State
Country			
Phone Number For Text Messages: _____		Alternate Phone Number for Text Messages: _____	
If student was born in another country, has he/she attended 3 full years of school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Entered U.S. Schools (If born in another country)			
Ethnicity: Is student Hispanic or Latino? <input type="checkbox"/> No, not Hispanic or Latino		<input type="checkbox"/> Yes, Hispanic of Latino	
(Choose only one)		(A person from Cuba, Mexico, Puerto Rico, South or Central American Countries, or other Spanish Culture or Origin, regardless of Race)	
What is student's race? (Choose one or more)			
<input type="checkbox"/> American Indian or Alaskan Native <small>(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or community attachment)s.</small>	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <small>(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.)</small>	<input type="checkbox"/> Asian <small>(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</small>	
<input type="checkbox"/> Black or African American <small>(A person having origins in any of the black racial groups of Africa.)</small>	<input type="checkbox"/> White <small>(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</small>		
Home Address: _____			
Street	City	State	Zip Code
County			
Mailing Address: _____			
(If different from above) P.O. Box / Street City State Zip Code County			
Father's Name: _____		Employer: _____	
Home Phone: _____	Day/Work: _____	Cell: _____	E-mail: _____
Mother's Name: _____		Employer: _____	
Home Phone: _____	Day/Work: _____	Cell: _____	E-mail: _____
Single Parent Household <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Grandparents	<input type="checkbox"/> Mother <input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Father
Guardian's Name: _____		Employer: _____	
Home Phone: _____	Day/Work: _____	Cell: _____	E-mail: _____
Guardian's Relationship to Student: _____			
Language at Home: _____	SPOKEN	WRITTEN	
(example: English, Spanish, French)			

Union County Schools—Student Registration Information

Emergency Contacts: The following people may be contacted, if the school system is unable to contact parent/guardian.
 NOTE: If any of these may need to pick-up your child, they will need to be listed on the section below.
 "Persons Authorized to Pick-up / Sign-out Student"

Emergency Contact #1: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #2: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Emergency Contact #3: _____

Phone: _____ Alternate Phone: _____ Relationship: _____

Persons Authorized to Pick-up / Sign-out Student:
 (Don't Forget to Include Yourself)

The following adults may pick-up / sign-out student without the school contacting the parent/guardian for permission.

Name	Relationship to Student
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

From School Transportation: Bus Parent Rides w/Someone Other Than Parent Student Drives

If Known: Bus #: _____ Bus Driver: _____

Early/Emergency Dismissal Plan:
 (How will the student go home in the case of an early school closing?)

Check & Complete Only One Option.

Ride Regular Bus Bus # / Driver _____

To: _____ Address: _____

Ride Different Bus Bus # / Driver _____

To: _____ Address: _____

Parent Will Pick-up Will Be Picked-up By: _____

Other: _____

Union County Schools—Student Registration Information

Medical Information:

Allergies: _____

Other Medical Considerations: _____

Medical Alerts: _____

Current Medications: _____

Pre-K Program Student Attended:

- GA Pre-K Publicly Sponsored Head-Start Other Public School
 Private-Non-Profit Private For Private Did Not Attend a Pre-K

Pre-School Name: _____ City, State: _____

- Has student ever been Home-schooled? Yes No
Has student ever attended Union County Schools? Yes No If yes, which grades and years? _____
Has student ever repeated a grade? Yes No If yes, which grade(s) and why? _____
Is student enrolled in Special Ed. Program? Yes No If yes, which one? _____
Has student ever had a psychological evaluation? Yes No If yes, when was it completed? _____

Primary School Students Only:

Please explain any complications during the pregnancy / birth or any delays in the early development. _____

Has the student ever had any experience that might have upset him/her emotionally or is there any other milestones regarding the student that you would like to share with us that may help us know and serve him/her more effectively?

Please provide information for the school the student most recently attended, so we may request educational records.

School Name: _____

Address: _____ City: _____ State: _____ Zip: _____

***** WITHDRAWAL INFORMATION *****

The individual enrolling a student is the only person permitted to withdraw the student.

Enrolling Parent

The person who enrolls a student during the school year assumes parental status; this can be mother or father (or both), a legal guardian, or any other person who has assumed the role of parent. Pursuant of GA Law, the enrolling parent(s) is the only individual(s) allowed to add to, delete from, or alter a student's pick-up list.

I verify that all of the above information is correct and accurate. I understand that it shall be my responsibility to notify the school of any changes. Furthermore, I understand my signature below assigns me (and designated other listed below) as the school system's enrolling parent for the above named student.

Enrolling Parent Printed Name Enrolling Parent Signature Date

Optional Additional Enrolling Parent Printed Name Optional Additional Enrolling Parent Signature Date



Union County School System Consent for School Health Services

Please read, complete, sign, date & return to the school within 3 days. If you have any questions before signing, please contact the school. This consent form must be completed and signed by the parent or guardian in order for your child to receive services from the nurse. Without your consent, we will not be able to give your child minor or emergency treatments.

 Student's Last Name First Name Birthdate Grade Homeroom

Student's Doctor: _____ Phone # _____
 Parent/Guardian: _____ Home Phone # _____
 Address: _____
 Work phone: _____ Cell Phone # _____

PAST MEDICAL HISTORY	YES/NO	IF YES, EXPLAIN
Allergies	/	_____
Current Medications	/	_____
Diabetes	/	_____
Seizure Disorder	/	_____
Asthma	/	_____
Wears Contact Lens/Glasses	/	_____
Mental Illness	/	_____
Previous Surgery	/	_____
Previous Hospitalizations	/	_____
Other Illness	/	_____

Below is a list of medicines that the nurse might use on or give to your child. Please circle any medicines that you **DO NOT** want your child to receive. If you wish to provide any medicines while at school, you must complete the Authorization of Medication form for that medicine. An adult must sign in medication to the nurse. **Do not send any medication to school with your child.**

<u>Sore Throat:</u> <u>Eyes:</u> <u>Mouth:</u> <u>Mild Stomach</u> <u>Upset:</u>	Sore Throat Spray Warm Salt Gargle Visine Eye wash Vaseline Anbesol/Orajel Antacid/ Tums	<u>Rash/Insect Bites:</u> <u>Cuts/Scrapes:</u> Head/Body Aches	Hydrocortisone cream Benadryl cream/Spray Caladryl Bactine/Hibiclens Dermoplast/Solarcaine Antibiotic Ointment Tylenol/Ibuprofen
--	--	--	--

* No cough drops will be given due to choking hazards.

Should my child suffer an accident while at school, the Union County School System has permission to transport my child to the nearest health care facility in case of my absence?

I give permission for the above-named student to receive services from the School Health Clinic. I understand that all services are free and confidential. I have given accurate and complete information to the best of my knowledge.

This consent is in effect for the current school year or until the parent otherwise notifies the school.

 Signature of Parent/Guardian Relationship Date

OR

No, I do not want the above student to receive services or have access to the School Clinic.

 Signature of Parent/Guardian Relationship Date

Required Home Language Survey

Union County Schools

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

Student Name:

Language Background:

1. Which language does your child best understand and speak?

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

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

Language for School Communication:

4. In which language would you prefer to receive school information when available?

Signature of Parent/Guardian/Other

Date

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:

- 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- 3) Processing/Packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Packing/Processing meats (beef, poultry, or seafood)
- 6) Commercial fishing or fish farms
- 7) 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 fax 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, 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

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1854 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



**Union County School System
Immunization Waiver
Hearing/Vision/Dental/Nutrition Waiver**

Please Print

Student: _____ Grade: _____
 Address: _____ Birth Date: _____
 _____ Phone: _____

This waiver is being granted by the principal/principal's designee of: _____
 for the justifiable reason indicated below: Name of School

- New student attending Georgia Schools for the first time.
(Waiver expires 30 days after 1st day of school enrollment.)
- Current Georgia student with a current DHR Immunization Certificate (Form 3231) with an expiration date of _____ (Waiver expires 30 days after the expiration date.)
- Student without a current DHR Hearing/Vision/Dental/Nutrition (Form 3300).
(Private School and Out of State students are required to have a current and valid document less than one year old at the time of enrollment.)

.....
 Attention Parent/Guardian:

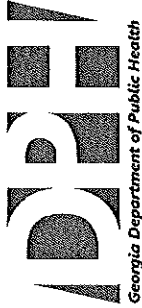
Please read and initial the appropriate waiver conditions the school principal/designee has granted on this day.
 In compliance with Georgia law O.C.G.A. 20-2-771, O.C.G.A. 20-2-770 and the Department of Human Resources guidelines, the above student will be prohibited from attending Union County Schools after the waiver expiration date stated below, unless the required valid certificate(s) or an approved exemption has been submitted on or before said expiration date.

- 30 Day Waiver - This waiver is granted to extend the expiration date indicated on student's Immunization Certificate -Form 3231 or for a new student enrolling from another state.
 Waiver Expiration Date: _____ Parent/Guardian Initials: _____
- 120 Day Waiver - this waiver is granted to extend the date on which the certificate of Hearing/Vision/Dental/Nutrition -Form 3300 is required. This information will be shared with the School Nursing Staff.
 Waiver Expiration Date: _____ Parent/Guardian Initials: _____

I have read and understand the conditions of this waiver granted by the Union County School System.

 Parent/Guardian Printed Name Parent/Guardian Signature Date

 School Official Printed Name School Official Signature Date



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

FOR SCHOOL SYSTEM ONLY		Follow up for further evaluation
1 st attempt	2 nd attempt	Actions reported (if any)
Vision		
Hearing		
Dental		
Nutrition		

Student support services initiated on: _____

Screeners' Comments: _____

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietician or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietician for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.



Union County Primary School
592 School Circle Blairsville, GA 30512
Phone: (706) 745-5450 Fax (706) 745-8391

Millie Owenby – Principal **Tammy Hughes** – Asst. Principal **Amanda Chambers** – Asst. SPED Director,
Pre-K Site Coordinator

Dear Parents,

Union County Primary School uses the Car Rider Pro system for our afternoon car rider pick up time. We will be using the system for afternoon pick up **ONLY**. Car Rider Pro uses an electronic reading system to read a chip inside the car rider tag. There are several things you need to know about how our car rider line works.

- Do not get in the car rider line without a car rider tag.
- Enter the car rider line from School Circle (up the hill beside old red gym).
- **NO** left turns from UCPS parking lot.
- You can only have **one** tag in your vehicle.
- The tag reader is located at the corner of the building along the car rider line.
- Hang tag from rear view mirror or lay on your dash. If you have very tinted windows, roll down your window as you drive by the reader.
- Drive slowly around to the other side of the building.
- Stay in the line. Do not pull off to the side.
- Keep moving. Do not stop at the reader.
- Pull all the way up to the car in front of you in the loading zone.
- Place your car in park.
- If you pick up more than one child at UCPS please indicate that on your car rider tag form so these names can be on the same tag account.
- **Changes to names linked to your car rider tag must be requested at least 24 hours before the next pick up time and can only be made by the Parent of Record.**
- Only one tag is issued free of charge. Additional tags can be purchased for \$5.
- New tags will not be issued each year. These tags will be used through all grades at UCPS
- If you damage your tag, you must purchase another one.
- Tags may be purchased throughout the school year. Forms are available in the front office.
- **Please be patient with our car rider staff.** We have 300-400 students (ages 4-8) who use the car rider line every afternoon. Some days will be slower/faster than others.

Board Members

Tony Hunter – Chair **Patrick White** – Vice Chair **Janna Akins** **Julia Barnett** **Keith Potts**

An Equal Opportunity Educational Provider and Employer

(Jan. 2020)

UCPS PreK & Kindergarten Registration 2021-2022
Regular Car Rider Tag Request

Please complete this form if your child will be an afternoon "car rider" daily or on a regular schedule. ****Please Print**

Child's name _____ Grade _____

Name child goes by if different from above _____

Will this child be picked up with other UCPS student(s) **DAILY**? If yes, we can put them all on one tag together so they will be called together, every day . Please list all UCPS children who will be picked up **DAILY** in the same vehicle.

Your child's first UCPS car rider tag is free, additional tags are \$5.00 each.
How many additional tags requested? _____ Money for additional tags must be included with this form .

Car Rider tags for students who complete this form during registration, will be distributed at Meet Your Teacher.

Only the Parent of Record may request car rider tags.

Parent of Record Signature: _____ Date _____