



2020-2021 Pre-K Registration

Starting January 20th, you may pick up a registration packet to complete before coming to register or you may also download the packet from our school website at scps.sumterschools.org

To attend our GA Pre-K Program your child MUST be 4 by September 1, 2020

Registration will be held the following weeks: Red Hall Room 611

- **January 27th-January 31st from 8:30-1:30**
- **February 24th-February 28th from 8:30-1:30**
- **March 25th 5:30-6:30**
- **April 6th-April 10th from 8:30-1:30**

**Don't Delay,
Register Today!!**

Documents required to register:

- Birth Certificate
- Social Security Card
- Certificate of Immunization (Form 3231)
- Current Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)
- Please provide one of the following for proof of residency:
 - Current lease
 - Property tax notice
 - Homeowner insurance bill
 - Mortgage statement
 - Current vehicle registration form
 - Utility bill
 - If you reside with someone else, please ask for a residency affidavit form
- Please provide a copy of each of the following if you receive it:
 - Supplemental Nutrition Assistance (SNAP)
 - Supplemental Security Income (SSI)
 - Medicaid
 - Temporary Assistance to Needy Families (TANF)
 - Child and Parent Services (CAPS)

For more information, please visit our school website (scps.sumterschools.org)

or call 229-924-1012



SUMTER COUNTY PRIMARY SCHOOL

Dr. April Smith, Principal
Mr. Mohan L. Gugulothu, Assistant Principal
Mrs. Brandi Roland, Counselor

Documents required to register:

- Birth Certificate
- Social Security Card
- Certificate of Immunization (Form 3231)
- Current Certificate of Vision, Hearing, Dental, and Nutrition Screening (Form 3300)
- Please provide one of the following for proof of residency: (This document must have one of the parent's names from the birth certificate.)
 - Current lease
 - Property tax notice
 - Homeowner insurance bill
 - Mortgage statement
 - Current vehicle registration form
 - Utility bill
 - If you reside with someone else and do not have one of the documents above in your name, please ask for a residency affidavit form
- Please provide a copy of each of the following if you receive it:
 - Supplemental Nutrition Assistance (SNAP)
 - Supplemental Security Income (SSI)
 - Medicaid
 - Temporary Assistance to Needy Families (TANF)
 - Child and Parent Services (CAPS)
- Complete Pre-K Registration Packet & Parent Contract

Home of the Super Panthers
Pre-K, Kindergarten & First Grade
123 Learning Lane, Americus, Georgia 31719
Phone 229-924-1012 – Fax 229-931-0662 – Website scps.sumterschools.org



Sumter County Schools Attendance Protocol Chart

By September 1 of each school year or 30 days after enrollment of the student (Students under 16 years of age), the parent(s) will receive a copy of the Georgia Compulsory Attendance Law.

**Issuance of parent notification letter explaining attendance expectation and possible penalties/consequences of unexcused absences. A form requires the signature of parent/guardian and student (ages 10 and up) by September 1 of each school year.
(Student Handbook)**

2 Absences	A phone call to parents.
3 Absences	Notification letter sent to the parent(s)/guardian(s) reminding of possible penalties/consequences of absences as well as explaining attendance expectations.
5 Unexcused Absences	<ul style="list-style-type: none"> ➤ AST meeting held. The purpose of the meeting is to identify and implement strategies to deter continued absenteeism. ➤ Referral to School Social Worker. The SSW will contact or make a home visit reminding parents of possible penalties/consequences of misdemeanor violation. The school social worker will assess attendance problem, increase the intensity of strategies, and refer to community agencies including, but the SSW is not limited to the options listed above.
6 Unexcused Absences	Truancy complaint is completed by the Counselor or designee and delivered to the truancy officer by the attendance officer.
7 Absences	Notification letter sent to parent(s)/guardian(s) reminding of possible penalties/consequences of absences as well as explaining attendance exceptions.
10 Unexcused Absences	<p>Criminal Warrant is filed with the Magistrate Court for violation of Georgia's Compulsory Attendance Law.</p> <p>Parent Signature: _____ Date: _____</p>



SUMTER COUNTY PRIMARY SCHOOL

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SCPS Pre-K Parent Contract

As a parent of a child enrolled in the Sumter County Primary School's Pre-K Program I agree to the following:

- to attend one of the two offered Pre-K parent orientation meetings.
- to continue to update my child's records as needed throughout the school year.
- to send my child to school on time unless there are extenuating circumstances or illness.
- to maintain communication with administrators and teachers.
- to be ready to pick up my child on time when the school day is over or to have someone at home ready to receive my child when the bus arrives each afternoon.

I understand that:

- The school will begin procedures for dismissal from the program if my child is absent 10 days or tardy 10 days if there is an active waiting list.
- If my child is returned to the school by the transportation department because no one is home to receive him/her, he/she will lose bus riding privileges after the 1st time being returned. DFCS will be notified.
- I will be held responsible for my child's attendance including absences and tardies.
- I will be held responsible for my child's behavior, including behavior in the classroom and on the bus.

Student Name _____

Signature _____ Date _____

Home of the Super Panther
Pre-K, Kindergarten & First Grade
123 Learning Lane, Americus, Georgia 31719
Phone 229-924-1012 – Fax 229-931-0662 – Website scps.sumterschools.org



Georgia's Pre-K Program 2019-2020 Roster Information Form

This form is to be completed after school starts, not at the time of registration. **Please clearly print the name as it appears on the birth certificate.** *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Legal Last Name (Apellido)		
Legal First Name (Primer Nombre)		
Legal Middle Name (Segundo Nombre)		Name Suffix (Sufijo) (Jr, II, III)
Child's Social Security #	DOB (Fecha de Nacimiento) (M/D/Y)	Gender (Sexo)
____ - ____ - ____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K (M/D/Y)		If different from birth certificate, name student is called
____ / ____ / ____		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

- Yes (Si)** **No (No)** **Decline to Answer (negarse a contestar)**

Please select **ONE OR MORE** of the following races regardless of how you answered question one. **(TODOS deben seleccionar UNA O MAS de las siguientes razas sin importar cómo haya contestado la primera pregunta.)**

2. Is your child:

a. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(Blanco – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o África del Norte.)*

b. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

c. Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *(Nativo de Hawaii u Otra Isla del Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)*

d. Black or African American – A person having origins in any of the Black racial groups of Africa. *(Negro o Afro Americano – Una persona con orígenes en los pueblos provenientes de África o en grupo racial Negro.)*

e. American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(Indio Americano o Nativo de Alaska – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

f. Decline to Answer (negarse a contestar)

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

- English (Inglés)**
 A language other than English (Un idioma diferente al Inglés)

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

- Single Birth (1) (Un sólo niño)**
 Twin (2) (De mellizos)
 Triplet (3) (De trillizos)
 Quadruplet (4) (De cuatrillizos)
 Quintuplet (5) (De quintuples)

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)*

- Yes (Si)** **No (No)**

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

- Childcare and Parent Services (CAPS) (child care subsidy program)**
 Food Stamps (Cupones de Alimentos)
 SSI
 Medicaid
 Temporary Assistance for Needy Families (TANF)

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

- Yes (Si)** **No (No)**

Parent/Guardian Signature

Date



Georgia's Pre-K Program 2019-2020 Student Social Security Number Information Form

Bright from the Start requests families provide Social Security Numbers for children attending Pre-K. Bright from the Start uses Social Security Numbers to insure accurate enrollment information, to help prevent fraudulent student attendance reporting, and to obtain a unique 10-digit identifier (GTID) for your child from the Georgia Department of Education. This GTID number will be associated with your child for the remainder of their schooling years instead of their Social Security Number. Social Security Numbers are not used by Bright from the Start for any other purpose. The Social Security Numbers are not shared with any other vendors or third parties and, for security reasons, they are encrypted in our database.

While a Social Security Number is not required to attend Georgia's Pre-K Program, it is beneficial to both you and your child to provide this information. If a Social Security Number is not given for a child, Bright from the Start requires that you specify a reason below to explain why the information is not being provided.

I, _____, as parent/legal guardian of _____, am not able/willing at this time to provide Bright from the Start with a Social Security Number because:

- I need help obtaining an SSN.
- I need help replacing a lost SSN.
- I am awaiting a replacement SSN and will provide it when it arrives.
- I forgot to bring the SSN and will provide within 30 days.
- I choose not to provide the SSN because _____

Parent/Guardian Signature

Date

Pre-K Programs: Please keep this form in student file in lieu of SS Card Copy.



Please write the school year in the box →

Pre-K Registration Form School Year

PROVIDER LEGAL NAME:	(This section to be completed by the provider)
SCHOOL/SITE NAME:	

CHILD INFORMATION		(Please print name exactly as it appears on the birth certificate.)	
CHILD'S LAST NAME:			
CHILD'S FIRST NAME:			
CHILD'S MIDDLE NAME:		NAME SUFFIX:	(I.e. Jr, Sr, II,III)
CHILD'S SOCIAL SECURITY#:		D.O.B. (MM/DD/BY):	SEX: []M []F
HOME ADDRESS (Do not enter PO Box Info):		COUNTY:	
CITY:	STATE: GA	ZIP:	HOME PHONE: ()

If the Student is transferring from another Pre-K, please provide the following:
Previous School Name: _____ Last Date in Attendance: _____

PARENT/GUARDIAN INFORMATION		
Parent/Guardian #1 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:	Work Phone: ()	
Address:		
City:	State:	Zip:
Parent/Guardian #2 - LAST NAME:	FIRST:	MIDDLE INITIAL:
Home Address (If different from child):		
City:	State:	Zip:
Home Phone: ()	Cell Phone: ()	
Email Address:		
Place of Employment:	Work Phone: ()	
Address:		
City:	State:	Zip:

EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

Signature Parent/Guardian: _____ DATE: _____

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
NAME	ADDRESS	RELATIONSHIP	CELL PHONE
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

STUDENT REGISTRATION FORM

Sumter County Schools Americus, Georgia

This information you are about to provide is very important and must be as accurate as possible. If you do not understand any section of this form or are not sure what information should be entered, please ask a school official before moving to the next question.

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Called Name-Nick Name
Student Date of Birth / /		Age	Student SSN
		Gender (Circle One) Male / Female	

Is Student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
 NO, not Hispanic/Latino YES, Hispanic/Latino

What is the student's race? (Check all that apply)

<input type="checkbox"/>	American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
<input type="checkbox"/>	Asian (A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
<input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Will this student ride a school bus? Yes No AM Bus # _____ PM Bus # _____
 Car rider? Yes No Walker? Yes No

Primary Household Resident Information

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #
City	State	Zip
Home Phone Number (with Area Code)		

Mailing Address Information (If different than Resident Address)

House #	Street Name (include Ave, St, Rd, Cir, Dr, etc.)	Apartment # or Lot #	P.O. Box
City		State	Zip

Head of Household

(These Guardians are the ones with whom this student lives primarily)

Male Guardian Last Name	Male Guardian First Name	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Portal program to view grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your email address?		

Female Guardian Last Name	Female Guardian First Name	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Portal program to view grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your email address?		

Marital Status of Parent: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other (explain)
Legal Custody of Student: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (explain)
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (explain)

Primary Household Messenger Preferences (check box for each device for each message you want to receive)

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish				
	High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Home Phone				
Work Phone				
Cell Phone				
Email				

Secondary Household

(Shared parenting Responsibility – Second Mailing Information and Other Guardian Information)

Male Guardian Last Name	Male Guardian First Name	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Portal program to view grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your email address?		

Female Guardian Last Name	Female Guardian First Name	Relationship to Student
Home Phone (Include Area Code)	Cell Phone (Include Area Code)	Work Phone (Include Area Code)
Employer	Occupation	
Should this Person Receive School Mailings, Emails and Phone Calls about this Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Should this Person have access to the Portal program to view grades, attendance, etc. for this student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your email address?		

Secondary Household Messenger Preferences (check box for each device for each message you want to receive)

Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Spanish				
	High Priority Messages	Attendance Messages	Behavior Messages	General Messages
Home Phone				
Work Phone				
Cell Phone				
Email				

List all names that we should know about, that should have NO contact with this student? Supporting Legal Documentation must be provided to the school.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Other

Place of Birth Information:			
Country of Birth	City of Birth	State of Birth	County of Birth
Date First Entered USA School if not born in USA		Date Entered Ninth Grade First Time (High Schools Only)	
First Language Learned	Language Spoken Most Often	Language Spoken at Home	

Last School Attended:	In what state?	Year(s) attended:	Dates attended:
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Has student received 504 Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?	If "yes", what area?
---	-----------------	----------------------

Has student attended a Special Education program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", when?	If "yes", what area of Special Education?
Has student attended Limited English Proficiency Program? <input type="checkbox"/> Yes <input type="checkbox"/> NO	If "yes", when?	

Students who live in this household and attend Sumter County Schools:

Last Name	First Name	Birth Date	Gender	School	Relationship to Student

Emergency Contact (other than Parent)	Emergency Contact Phone (include Area Code)	Relationship to Student

List below the person/persons you give permission to pick up this student from school in case a Parent/Guardian can't pick up this student.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Sumter County School System
Nurse Form

SS# _____ DATE OF ENTRY _____

Grade _____ Teacher _____

Child's Name _____

Birthdate _____ Sex _____ Race _____

Child Lives with ___ Mother ___ Father ___ Both ___ Guardian/Other ___

Child's Home Address _____

Mother's Name _____ Home Phone _____

Mother's Address _____

Mother's Employer _____ Work Phone _____

Father's Name _____ Home Phone _____

Father's Address _____

Father's Employer _____ Work Phone _____

Emergency Contacts: Please list names, relationships, and phone numbers of persons to contact in case we cannot reach the parents. These persons will be asked to pick up your child from school if we cannot reach you.

NAME	RELATIONSHIP	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event that no one can be reached, the school will contact other emergency services such as 911, DFACS, or law enforcement. Fees for services to transport a student to the hospital and hospital emergency fees are the responsibility of the parent/guardian.

****Please fill out both sides****

Consent for Medical Treatment

YES, I give permission for my child to be seen by the school nurse (if there is a school nurse on site) for any health problem or complaint they may have while at school.

No, I do not wish for my child to be seen by the school nurse (if there is a school nurse on site) for any health problem or complaint they may have while at school.

If needed, I am authorizing the school nurse to give: (Please check all that apply)

Children's Tylenol (headache, Fever, Pain)

Anbesol/Orajel (Toothache and Mouth Sores)

Children's Mylanta Tums (Stomachache)

Benadryl spray/cream or Calamine Lotion (Itching, bug bites, skin irritation)

Neosporin (Cuts and Scrapes)

Robitussin Cough/Congestion

Cough Drops/Lozenges (Sore Throat, Cough)

Nutritional, dental, vision and hearing screening

Eye Drops, Saline (Irrigation)

General Health (Please check all that apply)

Heart problems

Kidney problems

Diabetes

Asthma

Menstrual cramps

Epilepsy

Fainting spells

Sickle Cell

Allergies If "Yes", what? _____

Physical handicaps If "Yes", please explain: _____

Behavioral medicine/ADHD

Does student take medication regularly? Yes No If "Yes", what? _____

*All school nurse supplies and medications listed above are donated and therefore limited in nature. If this student takes a regular prescription medication that must be given during school hours, please contact the school office. No medication will be given without a note from Parents and the medication must be in original container with proper label.

List any other health condition of which the school should be aware: _____

Health Care Release: In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat this student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Sumter County School System

Parent Portal Access and Acceptable Use Agreement

The Sumter County School System has implemented Parent Portal as a means to further promote educational excellence and to enhance communication with parents. The Parent Portal allows parents to view their own child's school records anywhere, any time. The Parent Portal is available to every parent or legal guardian of their student enrolled in the Sumter County School System. You only need one account to access multiple students. **Every parent is expected to act in a responsible, ethical and legal manner when accessing the Sumter County School System Parent Portal.** The following guidelines are in place to ensure the safety and privacy of each student. **Please review the guidelines and complete the form below if you do not already have a Parent Portal account and would like one. You must provide your email address in order to receive your username and password information as well as other important information from Sumter County Schools.**

1. Parents are not to share their password with anyone, including their children.
2. Parents are not to attempt to harm or destroy data of their own children, of another user, school or district network, or the Internet.
3. Parents are not to use the Parent Portal for any illegal activity, including violation of privacy laws. Anyone found to be violating laws may be subject to Civil and/or Criminal Prosecution.
4. Parents are not to access data or any account owned by another parent.
5. Parents who identify a security problem with the Parent Portal must notify the system's Administrator immediately, without demonstrating the problem to anyone else.
6. Parents who are deemed as a security risk to the Parent Portal or any other Sumter County School System computers or network will be denied access to the Parent Portal.

Please provide the following information for all of your children enrolled if you would like access to Parent Portal and do not already have an account.

First Name <small>PLEASE PRINT</small>	Last Name	School Name	Date of Birth

I have read and I agree to abide by and support these rules.

Parent/Guardian #1 Signature	Date	Parent/Guardian #2 Signature	Date
Parent/Guardian #1 Printed	Date	Parent/Guardian #2 Printed	Date



Richard Woods, Georgia's School Superintendent
"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:

- 1) Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
- 2) Planting, growing, cutting, processing trees (pulpwood), or 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): _____

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:

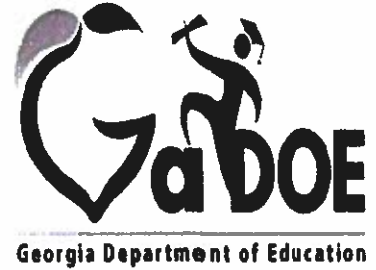
GaDOE Region 1 MEP, P.O. Box 780, 201 West Lcc Street, Brooklet, GA 30415
 Toll Free (800) 621-5217 Fax (912) 842-5440

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

Regional Office use only:

Georgia Department of Education
ESOL & Title III Unit

Required Home Language Survey



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 (required information):

Language Background (required information):

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 (not required):

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

Signature of Parent/Guardian/Other

Date