

# APPLING COUNTY SCHOOL SYSTEM PRE-K REGISTRATION

PLEASE **MAIL** THE COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO THE ADDRESS LISTED BELOW.

**APPLING COUNTY BOARD OF EDUCATION  
ATTENTION: PRE-K REGISTRATION  
249 BLACKSHEAR HWY  
BAXLEY, GA 31513  
(912) 367-8821**

On **April 17, 2023**, Pre-K applications will be posted on the Appling County Board of Education website at <http://appling.k12.ga.us/>. Additionally, paper copies will be available outside the Appling County Board of Education from 7:30 AM to 4:30 PM on school days from April 17<sup>th</sup> through April 28<sup>th</sup>. After April 28<sup>th</sup>, paper copies will be available at all school offices and outside the Pre-K Office on Auburn Street from 8:30 AM to 2:00 PM on school days.

Pre-K applications for Appling County Elementary Complex, Altamaha Elementary School, or Fourth District Elementary School will be accepted for review on a first-come, first-serve basis with completed application and required documents. **Applications must be postmarked on the day of April 17, 2023 or after.** We highly recommend using a 9 x 12 envelope when mailing your Pre-K application. The **postmarked date** on the envelope will determine the order in which applications are processed. Incomplete applications and/or missing required documents will be placed on a waiting list.

Children must be 4 years old on or before September 1, 2023 to attend Pre-K for the 2023 – 2024 school year. When seats are filled for designated sites, applications will be placed on a waiting list until more seats are available. **Please include your email and phone number on the application where you may be contacted.** Your application status will be confirmed by email within fourteen days of submission.

Parents/guardians circle the school of preference at the top, right corner of page 1 on the Pre-K application. **If you wish to transport your child to a school out of your home address school zone, please complete the document entitled "Intradistrict Transfer Request Form" included in the Pre-K application paperwork.**

**Parents/guardians must mail copies of the documents listed below with the completed Pre-K application. If parents/guardians do not have access to a copier, please email document pictures or attachments to [tori.white@appling.k12.ga.us](mailto:tori.white@appling.k12.ga.us).**

- 1. Certified Birth Certificate**
- 2. Social Security Card**
- 3. Appling County Residency** (We require a recent copy of your **water, gas, or electric bill**. Please ensure the bill is in the name of the parents/guardians of the child. If not, we require a notarized letter from the billed individual stating the parent/guardian and child live at the address listed on the bill in addition to a copy of the bill.)

**ONLY IF APPLICABLE**

- 4. Medicaid, Amerigroup, or Wellcare** (This is required ONLY if your child receives any form of Medicaid.)

**All children PLACED in the Appling County Pre-K Program will receive an enrollment confirmation EMAIL by JULY 10, 2023.**

Please email Cheryl Barlow at [cheryl.barlow@appling.k12.ga.us](mailto:cheryl.barlow@appling.k12.ga.us) for additional information.

**\*\*\*REQUIRED DOCUMENT\*\*\***



**OFFICE USE ONLY**  
Address School Zone:  
ACEC AES FDES

**OFFICE USE ONLY**  
Received: \_\_\_\_\_  
Completed: \_\_\_\_\_

Parent's Zone of Preference:  
Zona de preferencia de los Padres:  
ACEC AES FDES

**APPLING COUNTY PRE-K PROGRAM**

**PRE-K Registration Application # \_\_\_\_\_**

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Called Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Waiver \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Mailing Address \_\_\_\_\_

(If different from above address.)

\*\* Email Address \_\_\_\_\_

**All Household Members:**

Name	Birth Date	Relationship to Child	Present School Attending (if applicable)
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**Program Information**

Does/Has your child attend(ed) a childcare/preschool education program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what program? \_\_\_\_\_

**Please check all that the child or family receives or is income eligible for:**

\_\_\_\_\_ Medicaid \_\_\_\_\_ TANF \_\_\_\_\_ SSI \_\_\_\_\_ Food Stamps \_\_\_\_\_ Amerigroup/Wellcare

**How will your child get to/from school?**

**MORNING:** \_\_\_\_\_ Parent **OR** Bus# \_\_\_\_\_ **AFTERNOON:** \_\_\_\_\_ Parent **OR** Bus# \_\_\_\_\_

**DOCUMENTS REQUIRED\*\*\*\*\* (Office Use Only) \*\*\*\*\* (Office Use Only) \*\*\*\*\***

Documentation:	Date Received:	Pending:	Documentation:	Date Received:	Pending:
Appling County Registration Form	_____	_____	Immunization & EEDN	_____	_____
BFTS Registration Form	_____	_____	Acknowledgement Form	_____	_____
Waiting List Information Form	_____	_____	Home Language Survey	_____	_____
Birth Certificate Copy	_____	_____	<b>IF APPLICABLE FORMS</b>		
Social Security Card Copy	_____	_____	Five-Year-Old Waiver	_____	_____
Medicaid/Amerigroup/Wellcare Card Copy	_____	_____	Social Security Waiver	_____	_____
Proof of Appling Residency	_____	_____	Intradistrict Form	_____	_____
(Copy of gas bill, water bill, or electricity bill)			(if out of address zone)		

**\*\*\*REQUIRED DOCUMENT\*\*\***



Please write the school year in the box →

**Pre-K Registration Form**  
**2023-2024** **School Year**

**PROVIDER LEGAL NAME:** Appling County Pre-K Program (This section to be completed by the provider)

**SCHOOL/SITE NAME:** Appling County Elementary Complex/Altamaha Elementary School/Fourth District Elementary School

**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:																	
CHILD'S SOCIAL SECURITY#:									D.O.B. (MM/DD/BY):					SEX: [ ]M [ ]F			
HOME ADDRESS ( <i>Do not enter PO Box Info</i> ):											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:** \_\_\_\_\_

**\*\*\*REQUIRED DOCUMENT\*\*\***

**CHILD MAINTENANCE**

CHILD'S LIVING ARRANGEMENTS:     BOTH PARENTS     MOTHER     FATHER     OTHER

CHILD'S LEGAL GUARDIAN:             BOTH PARENTS     MOTHER     FATHER     OTHER

**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

NAME	ADDRESS	RELATIONSHIP	CELL PHONE
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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:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*REQUIRED DOCUMENT\*\*\***

**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.

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: Appling County Pre-K Program

SIGNATURE (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_



Georgia Department of Early Care and Learning

# Georgia's Pre-K Program

## Waiting List Information Form

Please clearly print the name as it appears on the Birth Certificate

Today's Date (M/D/Y)		
Last Name		
First Name		
Name Suffix (Jr, Sr, II, III)		
Date of Birth (M/D/Y)	Gender	Last 4 Digits of SSN
___ / ___ / ___	<input type="checkbox"/> M <input type="checkbox"/> F	____
Home Address	City	State Zip
		GA
County of Residence		
Parent/Guardian Name		
Preferred Phone Number	Additional Phone Number	
Email Address		
Preferred Method of Communication		
Phone call: <input type="checkbox"/>		
Email: <input type="checkbox"/>		
Text message: <input type="checkbox"/> Cell phone number: _____		

Information provided on this form is shared with Bright from the Start: Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information .

\_\_\_\_\_  
Parent/Guardian Signature



# Appling County Board of Education

Scarlett M. Copeland  
Superintendent  
Scarlett.Copeland@appling.k12.ga.us



249 Blackshear Highway  
Baxley, Georgia 31513  
Phone (912) 367-8600  
Fax (912) 367-1011

## APPLING COUNTY PREKINDERGARTEN PROGRAM

### IMMUNIZATIONS AND EAR, EYE, DENTAL, & NUTRITION (EEDN) SCREENINGS ACKNOWLEDGEMENT FORM

At the beginning of each school year, the Appling County Prekindergarten Program is **required** to have the **DHR Certificate of Immunization Form 3231** and **Certificate of Eye, Ear, Dental, and Nutrition Screenings (EEDN) Form 3300** for **each** Pre-K student's permanent record. These ensure that all Pre-K students have no physical limitations for their success in school. If the documentation is not provided for the student's permanent record by the parent or guardian, the student may be removed from the program. **A parent or guardian may have immunizations and screenings completed by their child's doctor OR our local health department. Immunizations may be completed at any time during the summer as long as the Form 3231 is marked as "complete for school" by the first weeks of school.**

If you choose to have the Appling County Health Department to complete the screenings on your child, the cost will be \$7.50 per screening or \$25.00 for all four screenings unless covered by insurance. **Please schedule an appointment beginning next week.** If you choose to have your child's local doctor's office to complete the forms, the cost will be at the doctor's discretion.

**Additionally, please complete below and sign.** If you have any questions or concerns with this information, please call 367 – 8821. We thank you in advance for your cooperation in this matter.

#### CHOICE #1

\_\_\_\_\_ I choose to have the Appling County Health Department to complete the immunizations and screenings on my child, the cost will be \$7.50 per screening, \$25.00 for all four screenings, and immunizations' costs may vary pending insurance. **I am responsible for setting up my child's appointments. Form 3231 and Form 3300 will need to be completed and turned in by the first weeks of school.**

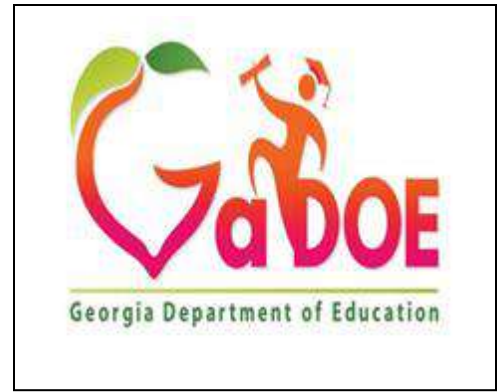
#### CHOICE #2

\_\_\_\_\_ I choose to have my child's local doctor's office to complete the immunizations and EEDN screenings on my child. **I understand that the cost will be at the doctor's discretion, and I am responsible for setting up my child's appointments. Form 3231 and Form 3300 will need to be completed and turned in by the first weeks of school.**

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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):**

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**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:**

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

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**Signature of Parent/Guardian/Other**

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**Date**

Georgia Department of Education  
Richard Woods, Georgia's School Superintendent  
July 1, 2017  
All Rights Reserved



**\*\*\*COMPLETE THIS FORM ONLY IF YOU WANT YOUR CHILD TO ATTEND A SCHOOL OUTSIDE OF YOUR HOME ADDRESS SCHOOL ZONE.\*\*\***

## Appling County School System Intradistrict Transfer Request Form Appling County Board of Education

Scarlett Miles Copeland  
Superintendent  
Scarlett.copeland@appling.k12.ga.us



249 Blackshear Highway  
Baxley, Georgia 31513  
Phone (912) 367-8600  
Fax (912) 367-1011

### House Bill 251 (2009) Public School Choice

Under a 2009 state law (O.C.G.A. 20-2-2131), parents may request a transfer to another public school within their local school district to specified schools and grades as designated as possibly having space available. If you wish to request a transfer, please complete the information below.

**Parents: Please complete this form and mail with your child's Pre-K application and other required documents to the address listed below.**

Appling County Board of Education  
Attention: Pre-K Registration  
249 Blackshear Highway  
Baxley, GA 31513

If you have any questions, please send an email to Cheryl Barlow at [cheryl.barlow@appling.k12.ga.us](mailto:cheryl.barlow@appling.k12.ga.us) or call 912-367-8821.

### Parent or Legal Guardian Transfer Request Information

Date: \_\_\_\_\_ Grade: Pre-K School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Name of Custodial Parent or Guardian requesting transfer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Which school is the student zoned to attend based on home address? \_\_\_\_\_

### Parent Request for School Transfer Statement

I, \_\_\_\_\_, am requesting a transfer for \_\_\_\_\_

*Parent/Guardian's Printed Name*

*Student's Printed Name*

to attend \_\_\_\_\_ **If approved, I understand that transportation to**

*School of Preference*

**and from the school is my sole responsibility and expense.** I fully understand that my child may only receive a Transfer to a choice of schools if space is available at the time this request is approved by the local school system.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*COMPLETE THIS FORM ONLY IF YOUR CHILD IS A FIVE-YEAR-OLD BEFORE SEPTEMBER 2, 2023.\*\*\***



## Georgia's Pre-K Program Parent Acknowledgement Form

**FOR A FIVE-YEAR-OLD CHILD TO ATTEND GEORGIA'S PRE-K PROGRAM**

Today's Date \_\_\_\_\_

I state that \_\_\_\_\_,  
Child's Full Name                      Date of Birth

DID NOT ATTEND Georgia's Pre-K Program during the previous school year, or was not enrolled in Georgia's Pre-K Program for more than 30 calendar days.

I understand that if it is discovered that the child listed above did attend Georgia's PreK Program and payment was made to a provider by the Georgia Department of Early Care and Learning for him/her, I will be responsible for reimbursing the provider listed below for any funds deducted.

\_\_\_\_\_  
Signature of Parent/Guardian

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*COMPLETE THIS FORM ONLY IF YOUR CHILD DOES NOT HAVE A SOCIAL SECURITY NUMBER CARD.\*\*\***



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

Today's Date: \_\_\_\_\_

The Georgia Department of Early Care and Learning (DECAL) requests families provide Social Security Numbers for children attending Pre-K. DECAL 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 DECAL 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, DECAL 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 DECAL 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

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

Georgia's Pre-K Program Operating Guidelines Appendix B – revised 6/2020