

## New Student Enrollment Packet for School Year 2024-2025

Before completing the New Student Enrollment Packet, you must apply on Lotterease (available at [www.Internationalcharteracademy.org/admissions](http://www.Internationalcharteracademy.org/admissions)) or paper-based application (available online or at our office) and be notified that your child is accepted/confirmed. Below is a checklist of items. In order to secure your student's spot at International Charter Academy of Georgia for the 2024-2025 school year, please read carefully and submit all applicable items listed below within 5 days after formal acceptance/confirmation to [admissions@internationalcharteracademy.org](mailto:admissions@internationalcharteracademy.org) or hand-deliver them to the office by appointment or mail/fax them to the office (3705 Engineering Drive, Peachtree Corners, GA 30092 / FAX: 770-837-0479).

**Student's Name:** \_\_\_\_\_ **Grade to Enter:** \_\_\_\_\_

Last                      First                      Middle

### Check list:

- ☐ Page 2-3: Student Enrollment Form
- ☐ Page 4: Social Security Card Information
- ☐ Page 5: Social Security Number Waiver Form
- ☐ Page 6: Office Card
- ☐ Page 7: Housing Information Survey Form
- ☐ Page 8: Proof of Residency Information
- ☐ Page 9: Request for Records/Transcripts (Release of Student Records Authorization)
- ☐ Page 10: Student Health Information Sheet (Required for all students)
- ☐ Page 11-12: School Medication Authorization (Required for all students)
- ☐ Page 13: Student Authorization to carry inhaler, epinephrine auto injector, epinephrine auto injector, insulin and diabetic supplies or other approved medication (Required for all students)
- ☐ Page 14: Georgia Form 3231 & 3300
- ☐ Page 15: Affidavit of Religious Objection to Immunization *if applicable*
- ☐ Page 16: Home Language Survey by Georgia Department of Education ESOL & Title III Unit
- ☐ Page 17: Parent Occupational Survey by Georgia Department of Education
- ☐ Page 18: Administrative Release and Consent Form
- ☐ Page 19: Considerations & Exceptions for Enrollment

### ***Additional documents required for enrollment***

- ☐ Copy of Birth Certificate (or Passport for *Non-US* citizens)
- ☐ Copy of Driver's License or other legal form of picture ID such as passport of Enrolling Parent/Guardian
- ☐ Copy of Student's Social Security Card (or parent/guardian-signed Social Security Number Waiver Form). Please refer to page 4 for more information.
- ☐ Proof of Residency: 2 forms (see page 8 for details)
- ☐ Immunization Certificate – Georgia Department of Human Resources Form 3231 or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs – see page 14 & 15.
- ☐ Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300
- ☐ Transcript or most recent Report Card/Progress Report
- ☐ Special Education Records (IEP/SST/504/Gifted) *if applicable*.
- ☐ Proof of Custody/Guardianship/Foster/Adoption *if applicable*.

**Names of parents & students listed on enrollment must coincide with all supporting documentation or legal proof of name change must be provided.**



Date Entered: \_\_\_\_\_

\*\*\*\*\*

## Student Enrollment Form SY2024-2025

### Student Information

Full Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender: M / F  
Last First Middle Circle One

Preferred Name: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YY \*see page 4 for details

Is the child Hispanic? \_\_\_\_ YES \_\_\_\_ NO

☐ Yes, Mexican ☐ Yes, Puerto Rican ☐ Yes, Cuban

☐ Yes, another Hispanic, Latino or Spanish origin – Print origin \_\_\_\_\_

Race/Ethnicity: (Choose all that apply): ☐ White ☐ Black/African American ☐ American Indian/Alaska Native

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian

☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander – print race \_\_\_\_\_

☐ Other Asian – print race \_\_\_\_\_ ☐ Other race – print race \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City County State Country

*\* Entry Age for Public Kindergarten and First Grade in Georgia*

*A child must be five years old on or before September 1 to enter a public Kindergarten. The child must be six years old on or before September 1 to enter first grade. School systems must verify age before enrollment.*

*A child who was a legal resident of one or more states for a period of two years immediately prior to moving to Georgia and who was legally enrolled in either a public Kindergarten or first grade, or a private Kindergarten or first grade accredited by a state or regional association, would be eligible to enroll in Georgia schools, provided that the Kindergarten is five years old by December 31 or the first grader is six by that date.*

### Registration Information

Residential Address: \_\_\_\_\_

Resident County: \_\_\_\_\_ Resident District: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Stepparent Name (if applicable) \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Name (if applicable) \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives With: (circle)      Parents    Mother    Father    Step Parent    Other (please explain) \_\_\_\_\_

If other than parent, who has legal custody of this child? \_\_\_\_\_

Relationship: \_\_\_\_\_ (Documentation of legal custody must be provided)

Is this student in permanent, temporary or emergency foster care placement?      \_\_\_Yes    \_\_\_No

Please circle: Permanent, Temporary or Emergency

Federally Connected Parent (ex: military, civil service):      Active Duty      Civilian Employed on Federal Property

Total Number Living in Your House: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_

List ALL children living in this household (including this student):

| Name  | Age   | School | Grade |
|-------|-------|--------|-------|
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |
| _____ | _____ | _____  | _____ |

### Academic Information

First date/year entered to the U.S. schools: \_\_\_\_ Did student attend a Pre-K Program in the US? \_\_\_Yes \_\_\_No

If Yes: Name of Pre-School \_\_\_\_\_

Name & Address of last school attended: \_\_\_\_\_

Please check-mark the following if your child is **CURRENTLY** receiving any of these services:

- ☐ Special Education    ☐ Gifted Education    ☐ Remedial Education    ☐ ESOL    ☐ EIP (Early Intervention Program)
- ☐ Title I/Free & Reduced Lunch Program    ☐ Student Support Team (SST)    ☐ 504 Plan

I affirm that the above student (circle one) HAS NOT BEEN HAS BEEN expelled from school attendance at any private or public school in Georgia or another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.

I certify that all information contained on this enrollment form is true and correct. I understand that I must report any change of residence and submit new proof of residence to International Charter Academy of Georgia.

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

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

How did you find out about our school? \_\_\_\_\_

## **Social Security Card Information**

According to Georgia Law 20-2-150d, an official copy of a child's Social Security card/number is required for public school enrollment in Georgia; however, no student shall be denied enrollment in any public school of this state for declining to provide a Social Security number to the local unit of administration (LUA) or for declining to apply for such number (SBOE Rule 160-5-1-.24). Any parent or legal guardian, who does not wish to provide the Social Security number into the child's school records, may sign the waiver (a statement objecting to the requirement) on page 8.

Public school systems may not deny enrollment because they are obligated by federal law (Title IV of the Civil Rights Act of 1964) to provide all children equal access to education at the elementary and secondary levels. Federal laws prohibit discrimination against public school students on the basis of race, color and national origin. The Civil Rights Act bars discrimination based on race, color, or national origin in programs or activities that receive federal financial assistance. It further bars school districts from adopting practices that have the effect of discriminating on the basis of these characteristics.

Though the State of Georgia requires its school systems to obtain a Social Security number, the state may not deny a child equal access to public education based on his or her immigration status. Enrollment policies may not discourage participation or lead to the exclusion of students based on their or their parents' actual or perceived immigration status or based on a student's homeless or foster care status and consequent lack of documentation.

## Social Security Number Waiver Form

Georgia law (O.C.G.A. § 20-2-150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student.

No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.

### Statement of Objection

I do not wish to provide the school with the Social Security number of my child/children.

Name of Child/Children Enrolled at this School (Please Print):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
(Print) Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

英語・ローマ字にてご記入ください。

Student Name/児童名: Last/ラストネーム \_\_\_\_\_ First/ファーストネーム \_\_\_\_\_ Grade/学年: \_\_\_\_\_

Student Name/児童名: Last/ラストネーム \_\_\_\_\_ First/ファーストネーム \_\_\_\_\_ Grade/学年: \_\_\_\_\_

Student Name/児童名: Last/ラストネーム \_\_\_\_\_ First/ファーストネーム \_\_\_\_\_ Grade/学年: \_\_\_\_\_

Home Address/ご住所: \_\_\_\_\_

Parent/Guardian 1/保護者1: \_\_\_\_\_ Cell Phone #/携帯番号: \_\_\_\_\_

Place of Employment/勤務先: \_\_\_\_\_ Work#/勤務先電話: \_\_\_\_\_

Parent/Guardian 2/保護者2: \_\_\_\_\_ Cell Phone #/携帯番号: \_\_\_\_\_

Place of Employment/勤務先: \_\_\_\_\_ Work#/勤務先電話: \_\_\_\_\_

AfterSchool Transportation/下校時お迎え: Car Rider / Daycare Rider

If using afterschool childcare center to pick-up your child, please write their contact information.

お迎えサービスをご利用の場合、以下情報をご記入ください。

Afterschool Childcare Company Name/社名: \_\_\_\_\_ Phone #/電話番号: \_\_\_\_\_

ONLY THE FOLLOWING PERSONS ARE ALLOWED TO PICK UP THIS CHILD FROM SCHOOL (INCLUDE PARENT'S NAME IF APPLICABLE)

下校の際、上記児童のお迎えは以下の大人のみによるお迎えを許可します。ICAジョージア・ファミリーのどなたかにお問い合わせする際も、その方のお名前を以下列記してください。

NAME(名前) RELATIONSHIP TO CHILD(児童との関係) DAYTIME PHONE #(携帯番号)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Persons RESTRICTED from picking up your child (Legal documentation required if restricted person is parent. Please submit the legal documentation to the Admissions office.):

下記によるお迎えを許可しません。(許可されていない方が親である場合、法的文書が必要です。書類をオフィスの入学手続き担当者へ提出してください。)

NAME(名前) RELATIONSHIP TO CHILD(児童との関係)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Does your child have any food allergy? お子さまは食物アレルギーをお持ちですか? Yes / No

If yes, please list of food that your child is allergic to. 食物アレルギーをお持ちの場合、アレルギー反応のある食べ物を以下列記してください。

ALL CUSTODIAL PARENTS/GUARDIANS MUST SIGN BELOW

上記児童の親権をお持ちの保護者のみなさまは以下ご署名ください。

Signature/ご署名: \_\_\_\_\_ Date/日付: \_\_\_\_\_

Signature/ご署名: \_\_\_\_\_ Date/日付: \_\_\_\_\_

RETURN THIS CARD TO THE OFFICE / ご記入後、事務所へご提出ください。

Please make sure to update information throughout the year by filling out a new card in the front office. Thank you.

内容が変更になる際、事務所にて情報を更新してください。よろしくお願いいたします。



## Housing Information Survey Form SY2024-2025

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Student Age: \_\_\_\_\_ Grade (SY24-25): \_\_\_\_\_ Date Of Birth (MM/DD/YYYY): \_\_\_\_\_ Male / Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please choose which of the following situations the student currently resides in (you can choose more than one):

- ☐ House or apartment with parent or guardian  
☐ Motel, Car, or Campsite  
☐ Shelter or other temporary housing  
☐ With friends or family members (other than or in addition to parent/guardian)  
☐ Not homeless: the student is permanently housed as of \_\_\_\_\_

If you are living in shared housing, please check all of the following reasons that apply:

- ☐ Loss of housing  
☐ Economic situation  
☐ Temporarily waiting for house or apartment  
☐ Provide care for a family member  
☐ Living with boyfriend/girlfriend  
☐ Loss of employment  
☐ Parent/Guardian is deployed  
☐ Other (Please explain) \_\_\_\_\_

Are you a student living apart from your parents or guardians? Yes or No or Not Applicable

### Housing and Education Rights

Students without fixed, regular, and adequate nighttime residences have the following rights under McKinney-Vento Act:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 770-604-0007.

By signing below, I acknowledge that I have received and understand the above rights.

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

\_\_\_\_\_  
Signature of McKinney-Vento Liaison Date

\_\_\_\_\_  
Signature of Principal Date



## Proof of Residency Information

Proof of Residency in Georgia is required for enrollment at International Charter Academy of Georgia. The person with whom the child lives must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your child's living situation:

**Please provide a copy of 2 (two) proofs of residence.**

**List of Acceptable Supporting Documents (please check-mark the documents you have provided.)**

- ☐ Bank Statement, loan documents, credit card statement, monthly activity statement, voided check
- ☐ Home mortgage payment statement
- ☐ Current lease
- ☐ Homeowner's insurance bill
- ☐ Health insurance, previously issued W-2 Form 1099, pay stub
- ☐ Georgia property tax statement with evidence thereupon of payment
- ☐ Voter registration documentation from residing county
- ☐ A current motor vehicle registration (tag receipt)
- ☐ Any utility bill (such as cable bill, telephone bill, gas bill) listing your residence as the service address
- ☐ Receipt to have utilities connected
- ☐ A letter from a shelter
- ☐ A letter from your employer if your employer provides housing

**Note:** If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.



## Request for Student Records/Transcripts

TO: \_\_\_\_\_  
ATTN: Registrar  
FAX: \_\_\_\_\_

FROM: International Charter Academy of Georgia  
DATE: \_\_\_\_\_  
FAX: 770-837-0479

**Parent/Guardian: please complete this section.**

Student Name: \_\_\_\_\_  
Last Grade Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Previous School Attended: \_\_\_\_\_  
Previous School District: \_\_\_\_\_ Previous School Phone: \_\_\_\_\_

**Parental Consent:**

My consent is given for my child's records and/or other pertinent information to be released to International Charter Academy of Georgia. All information obtained will be strictly confidential. I give permission for International Charter Academy of Georgia to obtain verbal clarification on any information received.

\_\_\_\_\_  
Parent/Guardian Printed Name      Parent/Guardian Signature      Date

*According to the Department of Education personally identifiable data utilized in making and maintaining placement in special education programs may be transferred to another school system (in or out of state) which the child plans to attend.*

**School Records Office: please fax or mail the following records for enrollment.**

*If your office does not hold this information, please forward this request to the appropriate department.*

*NOTE: According to the Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within ten calendar days of receipt of request. Schools shall not withhold any student record due to nonpayment fee.*

- |                            |  |                               |
|----------------------------|--|-------------------------------|
| • Withdrawal form          | • Discipline Records   | • EIP/Title/Remedial Records  |
| • Birth Certificate        | • Transfer Grades  | • Special Education Records:  |
| • Immunization Certificate | • Summer School Grades                                       | • SST Information             |
| • EED (Georgia Law)        | • Prior Report Cards   | • Eligibility                 |
| • Social Security Card     | • ESOL Documents   | • Current Psychological       |
| • Attendance (Georgia Law) | • Benchmark Test Summaries                                   | • Current & Previous IEP Info |
| • Current Transcript       | • Documentation related to commission of any felony offenses | • Any Additional Information  |
| • Gifted Records           |  |                               |

*If a student was enrolled in kindergarten, please also have the teacher release the student on GKIDS.*

Please indicate whether the student is currently serving a suspension or expulsion and indicate the reason and term of that action.

|   |                |
|---|----------------|
| <input type="checkbox"/> Suspension<br><input type="checkbox"/> Expulsion | Reason & Term: |
|---|----------------|

Please fax or mail records to:

International Charter Academy of Georgia  
3705 Engineering Drive  
Peachtree Corners, GA 30092  
Phone: 770-604-0007 / Fax: 770-837-0479  
admissions@internationalcharteracademy.org

## Student Health Information Sheet

**\*\* This form must be completed by all families. \*\***

**Please ensure that all questions are answered thoroughly.**

| STUDENT INFORMATION   |              |                 |                |
|---|--------------|-----------------|----------------|
| Student Name:   |              | Entering Grade: | Date of Birth: |
| Home Address:   |              |                 | Home Phone #:  |
| Father/Male Guardian Name:  |              | Cell #:         | Work #:        |
| Mother/Female Guardian Name:  |              | Cell #:         | Work #:        |
| In the event of the parent/guardian cannot be reached, please list at least two other emergency contact people who will be available to pick up your child from school. |              |                 |                |
| Name:   | Relationship | Phone #:        | Other phone:   |
| Name:   | Relationship | Phone #:        | Other phone:   |

| MEDICAL DATA   |          |
|--|----------|
| Primary Care Provider Name:  | Phone #: |
| Medical Insurance (Company name): <input type="checkbox"/> Peach Care <input type="checkbox"/> Medicaid <input type="checkbox"/> None  |          |
| <p><b>MEDICATIONS</b> (List ALL MEDICATIONS taken at home and school)</p> <p><i>PLEASE NOTE: An additional Medication Permission Form(s) is required for medications to be given at school. For safety reasons, ALL medicine furnished to the school must be in the original container brought in by the parent and not the student.</i></p> |          |

| MEDICAL HISTORY: (Check ALL that apply)  |  |
|--|--|
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Migraines <input type="checkbox"/> Frequent Nosebleeds<br><input type="checkbox"/> Athma: is inhaler prescribed? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> Seizers: currently on medication? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of last seizure _____<br>Describe _____<br><input type="checkbox"/> Heart Issues / Describe: _____<br>Does your child wear glasses/contacts? <input type="checkbox"/> YES <input type="checkbox"/> NO Hearing aids? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>List OTHER diagnosis, illness, limitations, or disabilities not listed above: _____<br>Past Hospitalizations/Surgeries <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe _____<br>Life threatening allergic reactions (anaphylaxis) diagnosed by doctor? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe _____<br>What emergency medication is prescribed? <input type="checkbox"/> Benadryl <input type="checkbox"/> Epi Pen <input type="checkbox"/> Twinject <input type="checkbox"/> Other: _____<br>Seasonal/Food or other allergies <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe _____ |  |

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 the student unless I am present and request otherwise. Fees for transportation and medical services will be the responsibility of the parent/guardian.

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

\_\_\_\_\_  
Date

## School Medication Authorization

**\*\* This form must be completed by all families. \*\***

***If your child requires medication at school, please bring this School Medication Authorization form along with the medication to the school nurse or to the front office. DO NOT SEND IN THE MEDICATIONS AND THE FORM WITH YOUR STUDENT.***

PARENT OR LEGAL GUARDIAN AUTHORIZATION (Required for **ALL** Medications) If medications must be given during school hours, this form must be completed. The parent/guardian must provide the school with the over-the-counter or prescription or homeopathic/supplement medication in the original container with unexpired date. Medication will be given as directed on the package or as directed by the below physician. It is the responsibility of the parent/guardian to notify the school of medication changes and complete a new authorization form as needed.

A parent or legal guardian can opt to allow over the counter medications to be applied by the school nurse. The school nurse is able to apply antibiotic ointment such as Neosporin or hydrocortisone cream to any cuts/abrasions or insect bites where applicable. At this time, the school nurse is unable to administer any medications by mouth e.g. Tylenol/Ibuprofen/antacids etc. without the written permission as well as the parent providing the aforementioned medications to be administered by mouth to the school. These medications will be kept in the nurse's office.

\_\_\_ **I give** permission to the school nurse to apply antibiotic ointment such as Neosporin or hydrocortisone cream to any cuts/abrasions or insect bites where applicable to my child.

\_\_\_ **I DO NOT give** permission to the school nurse to apply antibiotic ointment such as Neosporin or hydrocortisone cream to any cuts/abrasions or insect bites where applicable to my child.

|  |               |             |
|--|---------------|-------------|
| Student's Name:  | Grade:        | Birth Date: |
| Drug allergies/reactions:  |               |             |
| Name of Medication:  |               |             |
| Frequency / Times to be given and dosage:  |               |             |
| Medication for <input type="checkbox"/> This School Year <input type="checkbox"/> Following Dates Only _____ |               |             |
| Physician's Name:  | Phone Number: |             |

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Continued to next page*

## SCHOOL MEDICATION AUTHORIZATION

I, \_\_\_\_\_ (child's parent/guardian), hereby authorize the named Healthcare Provider who has attended to my child, to furnish to the School Health Services Coordinator and/or School Clinic Staff any medical information and/or copies of records pertaining to my child's medication and for this information to be shared with pertinent school staff at my child's school. I understand that as of April 14, 2003, under the Health Insurance Portability and Accountability Act ("HIPAA") disclosure of certain medical information is limited. However, I expressly authorize disclosure of information so that my child's medical needs may be served while in attendance at ICAGA. This authorization expires as of the last day of the school year.

► Parent/Legal Guardian Signature ◀

Date

Phone

---

### PHYSICIAN AUTHORIZATION (Required for Prescription Medications ONLY)

|   |                     |                             |
|---|---------------------|-----------------------------|
| Name of Medication                      |                     |                             |
| Dosage:                                 | Route:              | Frequency/Time to be Given: |
| Start Medication On:                    | Stop Medication On: |                             |
| Condition/Illness Requiring Medication: |                     |                             |
| Common Side Effects of the Medication:  |                     |                             |
| Physician's Name (Print):               |                     | Telephone Number:           |
| Physician's Signature:                  |                     | Date:                       |

## Student Authorization to carry Inhaler, Epinephrine Auto Injector, Insulin and Diabetic Supplies or Other Approved Medication

\*\* This form must be completed by all families. \*\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(PRINT LEGIBLY)

\_\_\_\_\_ My child **needs** to carry the inhaler, epinephrine, insulin and/or approved medication. (Continue to the next section).

\_\_\_\_\_ My child **DOES NOT need** to carry the inhaler, epinephrine, insulin and/or approved medication.

### I AGREE TO THE FOLLOWING:

- I need to carry the following prescription-labeled inhaler, epinephrine, insulin, and/or approved medication  
\_\_\_\_\_  
(PRINT NAME OF MEDICATION LEGIBLY)
- I have been instructed in the proper use of my labeled medication and fully understand how it is administered. I will keep this medication with me and on my person at all times. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my prescription or medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Teachers and/or the School Nurse each time I take my medication.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*(We strongly encourage each student to keep a second prescription inhaler, epinephrine, additional Insulin or other prescribed emergency medication in the school clinic in case of emergency and in the event the self-carried medication is lost or left at home.)*

### To Be Completed by Parent/Guardian

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use this medication at school:

- I accept legal responsibility should the medication be lost, or not immediately available, given, or taken by a person other than the above named student. I understand that if this happens, the privilege of carrying the medication may be reassessed and/or revoked;
- I accept the responsibility to inform the school of all medication changes or new dosages, and will submit a new form to reflect each change;
- Medications must be in their original labeled container and not expired;
- I release International Charter Academy of Georgia and its employees of any legal responsibility when supervising or assisting when the above named student administers his/her own medication;
- Completion of this form authorizes school representatives to discuss this medication order/request with the prescribing provider or emergency healthcare personnel, if indicated or needed.

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

\_\_\_\_\_  
Date

## Immunizations and Health Certificates (Forms 3300 and 3231)

### GA Form 3231 (CERTIFICATE OF IMMUNIZATION)

Georgia Law requires children attending school (Kindergarten – 12th grade) to be age appropriately immunized with all the required vaccines at the time of first entry in school. A new entrant is a child entering a school in Georgia for the first time or entering after having been absent from a Georgia school for more than 12 months or one school year. All students, regardless of grade and including foreign exchange students, must have the Georgia Department of Human Resources Form 3231 immunization certificate marked “Complete for School”. If you need the Affidavit of Religious Objection to Immunization, please see the following page.

Form 3231 (Rev. 02/2010)  
Use required on or after July 1, 2007.

Georgia Department of Community Health  
Form 3231

**CERTIFICATE OF IMMUNIZATION**

Child's Name (Last name first) \_\_\_\_\_  
(Optional) Parent/Guardian Name (Last name first) \_\_\_\_\_

Date of Birth \_\_\_\_\_ OR Complete for School Attendance (If in X)  
(Not required immunization or review of medical exemption due.) Child must be 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-271) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 321703 and 321702, distributed by the Georgia Immunization Program.

| VACCINE  | DATE |    | DATE |    | DATE |    | DATE |    | DATE |    | Total Doses | Delayed | Exemption |
|--|------|----|------|----|------|----|------|----|------|----|-------------|---------|-----------|
|  | MM   | DD | YY   | MM | DD   | YY | MM   | DD | YY   | MM |             |         |           |
| <b>Required Vaccines for School or Child Care Attendance</b> |      |    |      |    |      |    |      |    |      |    |             |         |           |
| DTP, DTaP, DT  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Td or Tdap   |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Hepatitis B  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| OPV  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| IPV  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| MM   |      |    |      |    |      |    |      |    |      |    |             |         |           |
| (Under Age 5)  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| PCV  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| (Under Age 5)  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Meningitis   |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Mumps  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Rotavirus  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Hepatitis A  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| (Born on/after 1/1/95)                                       |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Varicella  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| <b>Recommended Vaccines (For Information Only)</b>           |      |    |      |    |      |    |      |    |      |    |             |         |           |
| MM/MPSV  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Rotavirus  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| HPV  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Influenza  |      |    |      |    |      |    |      |    |      |    |             |         |           |
| Td or Tdap   |      |    |      |    |      |    |      |    |      |    |             |         |           |
| (Booster Dose)   |      |    |      |    |      |    |      |    |      |    |             |         |           |

Notes:  
A licensed physician or qualified employee of a local board of health or the State Immunization Program is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or medical exemption, the 4 digit year of infection, test or examination must be filled in in the appropriate boxes. The certificate is NOT valid without name and address of the child, date of expiration of "N" in Complete for School Attendance box, rights name and address of the physician or health department, certified by signature and a date of issue. A school or facility official is responsible for having a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration when a child leaves or transfers to another facility. The Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept.  
\_\_\_\_\_  
Certified by (Signature) \_\_\_\_\_ Date of Issue \_\_\_\_\_

### Form 3300 (Certificate of Eye, Ear, Dental Exam)

A student, regardless of grade level, who has never been in a Georgia public school must provide certification of eye, ear, dental and nutrition examinations on the Georgia Department of Human Resources Form 3300. Any child admitted to school without a certificate must present one within 90 calendar days. Forms may be obtained and completed at the local public health departments or physician offices.

**Georgia Department of Public Health**  
Form 3300  
Certificate of Vision, Hearing, Dental, and Nutrition Screening  
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)<br><input type="checkbox"/> Uses corrective lenses<br><input type="checkbox"/> Worn for testing  | <input type="checkbox"/> Unable to screen (explain why below)<br><input type="checkbox"/> Uses hearing aid / assistive device   | <input type="checkbox"/> Unable to screen (explain why below)  | <input type="checkbox"/> Unable to screen (explain why below)  |
| <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below)  | <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below)   | <input type="checkbox"/> Normal appearance<br><input type="checkbox"/> Needs further evaluation<br><input type="checkbox"/> Emergency problem observed<br><input type="checkbox"/> Under professional care (explain below)   | <input type="checkbox"/> Height: _____ Weight: _____<br>BMI: _____ BMI%: _____<br><input type="checkbox"/> 5th to 84th percentile - Appropriate for age<br><input type="checkbox"/> < 5th percentile - Needs further evaluation<br><input type="checkbox"/> > 85th percentile - Needs further evaluation<br><input type="checkbox"/> Under professional care (explain below) |
| Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Optometrist<br><input type="checkbox"/> "Prevent Blindness Georgia" employee<br><input type="checkbox"/> School Registered Nurse | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Audiologist<br><input type="checkbox"/> Speech-Language Pathologist<br><input type="checkbox"/> School Registered Nurse | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> Local Health Department Registered Nurse<br><input type="checkbox"/> Registered Dental Hygienist<br><input type="checkbox"/> School Registered Nurse | Screening completed by:<br><input type="checkbox"/> Physician<br><input type="checkbox"/> Local Health Department<br><input type="checkbox"/> Registered Dietician<br><input type="checkbox"/> School Registered Nurse   |
| Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____  | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   | Screener's Signature _____ Date _____<br>I certify that this child has received the above screening.<br>Contact Information: _____   |

**FOR SCHOOL SYSTEM ONLY** Follow up for further evaluation:  
1st attempt 2nd attempt Actions reported (if any)  
Vision \_\_\_\_\_  
Hearing \_\_\_\_\_  
Dental \_\_\_\_\_  
Nutrition \_\_\_\_\_  
Student support services initiated on: \_\_\_\_\_

Screener's Comments: \_\_\_\_\_

DPH Form 3300 Rev. 2013

## Affidavit of Religious Objection to Immunization Form



### AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

\_\_\_\_\_ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of \_\_\_\_\_ (name of minor child), born on \_\_\_\_\_ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined:
  - a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
  - b. that the required vaccinations are safe;
  - c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
  - d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian

Sworn and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_.



# Georgia Home Language Survey

## Notice to Parents and Guardians:

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Student Name: \_\_\_\_\_

| Purpose of Questions   | Questions & Parent/Guardians Responses  |
|--|---|
| <p><b>Communication Preferences</b></p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.</p>   | <p><b>Parent Communication Language (Required)</b></p> <ul style="list-style-type: none"> <li>In which language would you prefer to receive school communication?</li> </ul> <p>_____</p>   |
| <p><b>Identification of Potential English Learners</b></p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.</p>  | <p><b>Home Language Survey (Required)</b></p> <ol style="list-style-type: none"> <li>Which language does your child <u>best</u> understand and speak? _____</li> <li>Which language does your child <u>most</u> frequently speak at home? _____</li> <li>Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____</li> </ol>   |
| <p><b>Additional Information from Multilingual Families</b></p> <p>If you indicated that your child and other adults in the home <b>understand and use English and another language</b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.</p> | <p><b>Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child understands and uses only the home language and <b>no English</b>.</li> <li><input type="checkbox"/> My child understands and uses mostly the home language and <b>a little English</b>.</li> <li><input type="checkbox"/> My child understands and uses the home language and English <b>equally</b>.</li> <li><input type="checkbox"/> My child understands and uses <b>mostly English</b> and only a little of the home language.</li> <li><input type="checkbox"/> My child understands and uses <b>only English</b>.</li> </ul> |

<sup>1</sup> [U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.](#)

<sup>2</sup> The Home Language Survey should be given to first time enrollees to United States public schools.



# Parent Occupational Survey



**Richard Woods, Georgia's School Superintendent**

*"Educating Georgia's Future"*

Date Completed: \_\_\_\_\_

## Parent Occupational Survey

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

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

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

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

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

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

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You!**

**Please return this form to the school**

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

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

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



## Administrative Release and Consent Form 2024-2025 School Year

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### PHOTO/VIDEO RELEASE:

It is the practice of the International Charter Academy of Georgia to recognize student achievement and accomplishments. These stories may appear in newspapers, television, and/or social media.

\_\_\_\_\_ I give permission for my child to be photographed, interviewed, and/or videoed for stories/articles promoting the school by the school staff on school social media and website.

\_\_\_\_\_ I consent to the release of the photographs/videos to the public media for school-related coverage.

\_\_\_\_\_ I do NOT give my consent for ICAGeorgia to use pictures/videos of my child.

\_\_\_\_\_ I do NOT give my consent to include my child's photograph(s) in the school yearbook.

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

Date \_\_\_\_\_

### WEB PAGE:

It is the practice of the International Charter Academy of Georgia to recognize student achievement and accomplishments. I give permission for photographs and exemplary classroom projects to be posted on the school's web page which can be accessed on the Internet at <http://www.internationalcharteracademy.org>. In posting a photograph or exemplary classroom projects of a student, the school is careful not to associate a student's full name in such a way that it can be identified with the photograph of the student.

\_\_\_\_\_ I give permission for photographs and exemplary classroom projects to be posted on the school's web page which can be accessed on the Internet at <http://www.internationalcharteracademy.org>.

\_\_\_\_\_ I give my consent for ICAGeorgia to post my child's work on the ICAGeorgia web page.

\_\_\_\_\_ I do NOT give my consent for ICAGeorgia to post my child's work on the ICAGeorgia web page.

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

Date \_\_\_\_\_

### INTERNET RELEASE:

Part of the curriculum includes educating students on the use of technology. Students will have access to the Internet for research, communications, assessment, and various instructional activities. Access to the Internet will be supervised and monitored during use.

\_\_\_\_\_ I give my consent for my child to access the Internet.

\_\_\_\_\_ I do NOT give my consent for my child to access the Internet.

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

Date \_\_\_\_\_

### INSTRUCTIONAL MATERIAL:

Students will have access to a variety of instructional resources including: textbooks, computers/chromebook, instructional games and supplies, and physical education equipment. Students will also have access to school facilities. Because our resources are limited, we must ensure that they are maintained.

\_\_\_\_\_ I understand that I am responsible for replacing or paying for items and property that are lost or damaged by my child which are under the control, supervision, or ownership of ICAGeorgia.

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

Date \_\_\_\_\_



## Considerations and Exceptions for Enrollment

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. Complete enrollment documentation, which can be found on the checklist, must be received by International Charter Academy of Georgia before enrollment is considered complete. Additional records including medical/health, disciplinary, academic records, and special education or gifted records (if applicable) from previous school(s) must be received by ICAGeorgia before the child may start school. Students are subject to the board policies regarding admission and enrollment at the time their admission is considered complete.
2. Parent engagement is an important part of the educational approach at International Charter Academy of Georgia. International Charter Academy of Georgia encourages all families to attend Academic Parent- Teacher Team meetings and commit to a minimum of 20 hours per school year to support your child's education at ICAGeorgia through various volunteer opportunities.
3. Enrollment at International Charter Academy of Georgia is contingent on disciplinary status determined by the child's previous school. If the behavior infraction resulting in one of the consequences below would result in expulsion according to ICAGeorgia's Code of Conduct, ICAGeorgia reserves the right to deny enrollment. Check any/all of the below that apply to your child:
  - ☐ Child is currently suspended from another school or school system
  - ☐ Child has been expelled from another school or school system
  - ☐ Child is awaiting a discipline tribunal
  - ☐ Child has a discipline situation against him/her which restricts them from attending their zoned public school within the local school district

### Parental Pledge

As the parent(s)/guardian(s) of \_\_\_\_\_,

I have read carefully and understand the above considerations and exceptions for enrollment at International Charter Academy of Georgia.

Declaration of Trust and Good Faith: I hereby declare that all of the above information is complete and accurate. I understand that failure to disclose important information or falsifying information on this application could result in the disenrollment of my child.

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