



New Student Enrollment Packet for School Year 2023-2024

Before completing the New Student Enrollment Packet, you must apply on Lotterease (available at 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 2023-2024 school year, please read carefully and submit all applicable items listed below within 5 days after formal acceptance/confirmation to 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:

- P2: Social Security Card Information**
- P3-4: Student Enrollment Form**
- P5: Office Card**
- P6: Housing Information Survey Form**
- P7: Proof of Residency** (see residency information included in this packet)
- P8: Social Security Number Waiver Form**
- P9: Request for Records/Transcripts (Release of Student Records Authorization)**
- P10: Student Health Information Sheet**
- P11-12: School Medication Authorization**
- P13: Student Authorization to carry inhaler, epinephrine auto injector, epinephrine auto injector, insulin and diabetic supplies or other approved medication**
- P13: Georgia Form 3231 & 3300**
- P14: Affidavit of Religious Objection to Immunization** *if applicable*
- P15-16: Home Language Survey by Georgia Department of Education ESOL & Title III Unit**
- P17: Parent Occupational Survey by Georgia Department of Education**
- P18: Administrative Release and Consent Form**
- P19: 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 ID, such as passport of Enrolling Parent/Guardian**
- Copy of Student's Social Security Card (or Social Security Number Waiver Form). Please refer to next page for more information.**
- Proof of Residency (see page 7)**
- 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.

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.

STUDENT ENROLLMENT FORM 2023-2024

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

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/Occupation: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Step Parent Name (if applicable) _____ Employer: _____

Work Phone: _____ Cell Phone: _____ E-Mail: _____

Guardian's Name _____ 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 entered to the U.S. schools: _____ Did student attend a Pre-K Program in the US? __Yes __No

If Yes: Name of School _____

Name & Address of last school attended: _____

Please check-mark the following if student is CURRENTLY receiving any of these services:
 Special Education Gifted Education Remedial Education ESOL
 EIP (Early Intervention Program) Title I 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? _____

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)

2022-2023 Teacher/担任教師名： _____ Grade/学年： _____
 Leave blank if not announced yet

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 Carpool Tag #/カープールの番号： _____
 Leave blank if not announced yet

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をお願いする際も、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 SY2023-2024

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 (SY23-24): _____ 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 McKinny-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



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.

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



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

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 <input type="checkbox"/> Expulsion	Reason & Term:
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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

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
MEDICATIONS (List ALL MEDICATIONS taken at home and school) <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>	

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

**Please bring this School Medication Authorization form along with the medication to the school nurse or to the front office.
PLEASE 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.

Georgia Department of Community Health
CERTIFICATE OF IMMUNIZATION

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

Child's Name (Last name first) _____ Birthdate _____

(Optional) Parent/Guardian Name (Last name first) _____

Date of Expiration _____ OR Complete For School Attendance (If in X)
Child must take a exam with test at requirements for school attendance. The vaccine history section must be filed in.

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-277) 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 321760 and 321761 distributed by the Georgia Immunization Program.

VACCINE	DATE		DATE		DATE		DATE		DATE		Total Doses	Chargable	Exempt	History	Miss	Overdue
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM						
Required Vaccines for School or Child Care Attendance																
DTP, DTaP, DT																
Td or Tdap																
Hepatitis B																
OPV																
IPV																
MM																
(Under Age 5)																
PCV																
(Under Age 5)																
Meningitis																
Mumps																
Rubella																
Hepatitis A																
(Born on/after 1/1/85)																
Varicella																
Recommended Vaccines (For Information Only)																
MCV/MPV																
Rotavirus																
HPV																
Influenza																
Td or Tdap																
Booster Dose																

Note: 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 vaccination should be filed in the appropriate location. The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, right 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 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

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL. SCREENER CONTACT INFORMATION IS REQUIRED.

Parent/ Guardian Name: _____ first middle last
 Parent/ Guardian Contact Information: _____
 Daytime phone number: _____
 Evening phone number: _____
 Cell phone number: _____

Child's Name: _____ first middle last
 Date of Birth: ____/____/____ Gender: Male Female
 Child's Home Address: _____
 street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing <input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device <input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 05 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI: _____ <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> > 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse	Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
Screener's Signature _____ Date _____ <small>I certify that this child has received the above screening.</small> Contact Information: _____	Screener's Signature _____ Date _____ <small>I certify that this child has received the above screening.</small> Contact Information: _____	Screener's Signature _____ Date _____ <small>I certify that this child has received the above screening.</small> Contact Information: _____	Screener's Signature _____ Date _____ <small>I certify that this child has received the above screening.</small> Contact Information: _____

FOR SCHOOL SYSTEM ONLY			Screeners' Comments:
Follow up for further evaluation			
Vision	1 st attempt	2 nd attempt	

DPH Form 3300 Rev. 2013



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

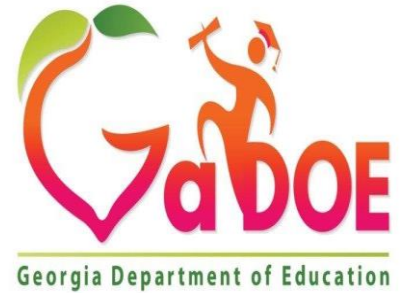
Sworn and subscribed before me
this ____ day of _____, _____.

Notary Public
My commission expires _____.



Georgia Department of Education
ESOL & Title III Unit

Required Home Language Survey
(日本語訳は次ページ参照)



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

家庭言語調査



保護者さまへ

お子さまへ最適な学業を提供するにあたり、英語のスピーキング・レベルそして英語理解力を判定する必要があります。まずこのアンケートにご回答していただくことにより、お子さまが英語の言語サポートを受けられる対象者であるかを学校側が判断する手助けになります。最終的な判断は、英語言語テストの結果を基に確定いたします。

どうぞよろしくお願いいたします。

児童名（必須、ローマ字）：

言語調査（必須）：

1. お子さまが最も理解でき、話すことができる言語は何語ですか？

2. ご家庭で、お子さまが最も話す言語は何語ですか？

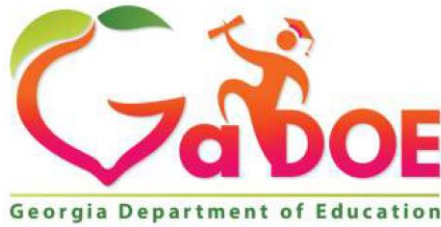
3. ご家庭で、大人がお子さまと話す際に使う言語は何語ですか？

学校連絡用の言語調査（オプション）

4. 学校からの連絡事項は何語をご希望でしょうか。

ご署名（保護者）

日付



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 2023-2024 School Year

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. I give permission for my student to be photographed, interviewed, have the name published and/or videoed for stories/articles promoting the school or the school system. These stories may appear in newspapers, television, and/or social media. I consent to the release of the photographs/videos to the media for school-related coverage.

_____ I give my consent for ICAGeorgia to use pictures/videos of my child.

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

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 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, 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 _____



Student's Name: _____ **Grade:** _____

Considerations and Exceptions for Enrollment

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: _____