



2026-27

PRE-K



REGISTRATION

ELIGIBILITY:

- ☐ Child must be **FOUR YEARS OLD** on or before **SEPTEMBER 1, 2026**.
- ☐ Child must reside in the state of **GEORGIA**.
- ☐ In order to hold a spot for your child we must receive **ALL** of the following items:
 - **COMPLETED REGISTRATION PACKET**
 - **ALL REQUIRED DOCUMENTS**
 - **ONLINE PRE-REGISTRATION FORM**

HOW TO APPLY:

- 1. Complete the REGISTRATION PACKET and submit ALL REQUIRED DOCUMENTS to Chattahoochee County Education Center, 140 Merrell St, Cusseta, GA**
- 2. Complete the ONLINE POWERSCHOOL PRE-REGISTRATION form at:
<https://tinyurl.com/REGISTERChattCo>**

BOTH STEPS 1 & 2 MUST BE COMPLETED to be considered for enrollment.

REQUIRED DOCUMENTS:

- ☐ Child's Birth Certificate
- ☐ Immunization GA Record Form 3231
- ☐ GA Form 3300 (EEDN)
- ☐ Parent/Guardian ID
- ☐ Social Security Card
- ☐ Medicaid Card (if applicable)
- ☐ 2 Proofs of Residency

ACCEPTABLE DOCUMENTS INCLUDE:

Current Lease, Property Tax Notice, Mortgage Statement, Homeowner's Insurance Bill AND Utility Bill, Electrical, Water, Gas or Cable statement listing the residence as the service address.

* P.O. Box will not be accepted for addresses

SPACE IS LIMITED!

**Registration window opens
FEB 1, 2026**



Please write
the school
year in the
box →

Pre-K Registration Form

2026-2027 School Year

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

SCHOOL/SITE NAME: Chattahoochee County Education Center

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

If the Student is transferring from another Pre-K, please provide the following:

Previous School Name: Last Date in Attendance:

PARENT/GUARDIAN INFORMATION				
Parent/Guardian #1 - LAST NAME:	FIRST:	MIDDLE INITIAL:		
Home Address (If different from child):				
City:	State:	Zip:		
Home Phone: ()	Cell Phone: ()			
Email Address:				
Place of Employment:	Work Phone: ()			
Address:				
City:	State:	Zip:		
Parent/Guardian #2 - LAST NAME:	FIRST:	MIDDLE INITIAL:		
Home Address (If different from child):				
City:	State:	Zip:		
Home Phone: ()	Cell Phone: ()			
Email Address:				
Place of Employment:	Work Phone: ()			
Address:				
City:	State:	Zip:		
EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)				
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.				
2.				

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

Signature Parent/Guardian: **DATE:**

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

GENERAL RELEASE

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

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

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

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

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

PRE-K PROVIDER NAME/ADDRESS: Chattahoochee County Pre-K, 140 Merrell St, Cusseta, GA

SIGNATURE (Parent/Guardian): _____

DATE: _____

Chattahoochee County School District
Cusseta, Georgia 31805
CCEC Phone: (706) 989-3648
CCEC Fax: (706) 989-3103
CCMHS Phone: (706) 989-3678
CCMHS Fax: (706) 989-3918
www.chattco.org
"One Heart Beat"



Kenyada Owens Heard
Principal, CCEC

Brenda Jones
Principal, CCMS

Seth Gorman
Principal, CCHS

Chattahoochee County Registration Requirements

- * Please ensure that all documents are provided at the time of registration.
- * In order for your application to be processed please ensure you have the following documents:

Birth Certificate

Copy of Parent or Guardian ID

GA Form 3231 (Immunization)

GA Form 3300 (Eye, Ear, Dental, Nutrition Exam)

Social Security Card

2 Proofs of Residency (lease/mortgage statement **and** power or cable bill)

Residency Affidavit

Records from Previous School- Students cannot be scheduled for classes without a transcript (official or unofficial) or a withdrawal from with grades.

* Please notify the Registrar immediately if you have Guardianship and/or Power of Attorney for the student you are registering. Supporting documents must be provided at the time of registration.

* Please notify our staff immediately if your child receives Special Education services, has a 504 plan, and /or is in the Gifted program or ELL (ESOL) program.

Chattahoochee County Schools Student Enrollment and Registration



Date of Enrollment:

Has the student ever attended school in Chattahoochee County?

___ YES ___ NO

Has the student ever been denied enrollment into Chattahoochee County?

___ YES ___ NO

STUDENT INFORMATION

Legal Last Name:		Legal First Name:		Legal Middle Name:		Suffix:	
Date of Birth:	Gender:	Social Security Number: (Required)		Phone # :		Grade:	
Home Address: (Physical Address)		Apt#:	City:		State:		Zip:
Mailing Address if Different from Home:							
City of Birth:		State of Birth:	Country of Birth:		Date of Entry to U.S. School	Date Entered 9th Grade	
Was the student involved in the Student Support Team? ___ YES ___ NO		Has Student ever been in Special Education? ___ YES ___ NO		Does the Student have a CURRENT IEP? (Special Education) ___ YES ___ NO		Has student ever received Speech Services? (Special Education) ___ YES ___ NO	
Does student have a 504? ___ YES ___ NO		Has the student ever been in Gifted Program? ___ YES ___ NO		What is the Student's Primary Language Spoken? _____			
Is your child Hispanic/Latino? ___ No, Not Hispanic/Latino ___ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, or other Spanish Culture or origin, regardless of race.)		What is your child's race (choose all that apply)? ___ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America, and who maintains a tribal affiliation or community attachment.) ___ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.) ___ Black or African American (A person having origins in any of the Black racial groups of Africa- includes Caribbean Islanders and other of African origin.) ___ Native or Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) ___ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
Has student ever attended: ___ PRE-K ___ HEADSTART							
Previous School Attended:				Previous School Address (city, state, zip):			
Previous School Phone Number:				Previous School Fax Number:			
Is the Student currently suspended or pending expulsion from any school? ___ YES ___ NO If YES—name of the school: _____ State located in: _____				Date of Withdrawal from Previous School:			
Reason for Expulsion/Suspension:			Dates:		Is Student enrolling from Alternative School? ___ YES ___ NO		
Has the student ever been adjudicated guilty of a designated felony as defined in Georgia Law O.C.G.A. 15-11-63 ___ YES ___ NO If yes, please supply the following information. Date of adjudication: _____ Court, including county and state, of adjudication: _____ Offense committed: _____ Sentence imposed, including any probation or other conditions: _____ _____ Has the student been assigned to YDC? _____							

Parent/Guardian Information

STUDENT LIVES WITH: ☐ Both parents ☐ Mother only ☐ Father only ☐ Legal Guardian ☐ Grandparent ☐ Other
(anyone other than parent, documentation is required)

PARENT /GUARDIAN	Last name:	First Name:			Middle Initial:
Home Phone:	Work Number:		Cell Phone:		Employer:
E-Mail Address:		Lives on Federal Property: YES NO	Active Military: YES NO	Works on Federal Property: YES NO	Migrant Worker: YES NO
PARENT /GUARDIAN	Last name:	First Name:			Middle Initial:
Home Phone:	Work Number:		Cell Phone:		Employer:
E-mail Address:		Lives on Federal Property: YES NO	Active Military: YES NO	Works on Federal Property: YES NO	Migrant Worker: YES NO

**NON-HOUSEHOLD EMERGENCY CONTACTS
(YOU GIVE PERMISSION TO CHECK YOUR CHILD OUT OF SCHOOL)
(PICTURE ID WILL BE REQUIRED)**

Name:	Relationship:	Phone Number:	Work Number:
Name:	Relationship:	Phone Number:	Work Number:
Name:	Relationship:	Phone Number:	Work Number:

For person who is registering the student:

How did you hear about us?

☐ Social Media ☐ Ft Benning New Comers Orientation ☐ From a former student

☐ Newspaper ☐ From a Friend ☐ School Liaison Officer ☐ Sibling attends ChattCo

Name of Person Enrolling Student: _____

Relationship to student:

☐ Mother only ☐ Father only ☐ Legal Guardian ☐ Grandparent ☐ Other

I affirm that the information I have given, in this document is, to the best of my knowledge, true and correct.

Signature: _____ **Date:** _____

Chattahoochee County School District Mission Statement

The mission of Chattahoochee County is to prepare young people to become lifelong learners, based on high academic standards for all, individual appreciation for each student and teacher, a culture of trust, respect for the diverse traditions of Georgia, and involvement of family and community.

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Principal, CCEC

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Official Request for Student Records Request

The following student has enrolled in a school in the Chattahoochee County School District:

Name: _____ Birthdate: _____

Please **email** or **fax** an unofficial transcript, withdrawal grades, discipline records immunization records, and active IEP, if applicable to:

Chattahoochee County School District
326 Broad Street
Cusseta GA 31805
Fax: 706-989-3776 Attn: Claudia Gardner
Phone: 706-989-3774
cgardner@chattco.org

Please write in the date student entered 9th grade (if applicable)

Please **mail** the follow information as soon as possible:

- ☐ Official Transcript of Credits Earned
- ☐ Withdrawal Sheet
- ☐ Test Scores
- ☐ Academic Grades (most recent report card)
- ☐ Birth Certificate and Social Security card (copy)
- ☐ Current Immunization Record
- ☐ Health Records
- ☐ Attendance Records
- ☐ Psychological Evaluations
- ☐ SST Records/Current IEP
- ☐ Discipline Records
- ☐ Gifted Records
- ☐ Other _____

Thank you so much for your prompt attention to this request.

Registrar

Parent/Guardian

Consent to request records from previous school. The Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June, 1976, no longer requires written parental consent to release student educational records between schools. These rules state that school officials within systems may release and receive student records without written consent for request or release.

TO BE COMPLETED BY CCMSC OFFICE:

Name of school request is being sent to: _____

1st Attempt

2nd Attempt

3rd Attempt



Chattahoochee County School District

326 Broad Street, Cusseta, GA 31805

NURSE FORM

SCHOOL YEAR:	GRADE LEVEL:	ENROLLMENT DATE:
STUDENT'S NAME:		
LAST NAME	FIRST NAME	MIDDLE
DATE OF BIRTH:	SCHOOL: <input type="checkbox"/> CCEC <input type="checkbox"/> CCMS <input type="checkbox"/> CCHS	
PARENT'S NAME		
ADDRESS:		
PHONE NUMBER:	ALTERNATE PHONE NUMBER:	
EMERGENCY CONTACT NAME:		PHONE NUMBER:

MEDICAL INFORMATION

ALLERGIES		MY CHILD WILL HAVE THE FOLLOWING AT SCHOOL:		MY CHILD HAS A HISTORY OF <i>OR</i> HAS BEEN DIAGNOSED WITH:	
FOOD ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	INSULIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEIZURES	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO	EPI-PEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	FAINTING SPELLS	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF <u>YES</u> , please list ALLERGY & REACTION here:		INHALER	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEART PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO
		MEDICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	DIABETES	<input type="checkbox"/> YES <input type="checkbox"/> NO
		OTHER:	<input type="checkbox"/> YES <input type="checkbox"/> NO	KIDNEY PROBLEMS	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	CONCUSSIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
				OTHER MEDICAL ISSUES:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PARENT
INITIAL HERE**

*If **YES** to any of the information above, parents **MUST** sign an "Authorization to Give Medication at School" form **AND** any other corresponding medical forms, **BEFORE** any medication will be given at school.

The parent/guardian must transport all medication to the School Nurse.
All **PRESCRIPTION MEDICATION** must be in the original prescription bottle. A parent/guardian is responsible for notifying School Nurse of any changes with student's medication.

I give the School Nurse/staff member permission to administer the following
OVER THE COUNTER MEDICATION for minor complaints to my child while at school.
I do hereby release Chattahoochee County School System & School Nurse/staff member from any adverse reaction that might occur as a result of taking these medications. **(CHECK BELOW)**

<input type="checkbox"/> ACETAMINOPHEN (EX: TYLENOL)	<input type="checkbox"/> BENADRYL	<input type="checkbox"/> ANTIBIOTIC OINTMENT
<input type="checkbox"/> IBUPROFEN (EX: ADVIL)	<input type="checkbox"/> ANTACID (EX: TUMS)	<input type="checkbox"/> HYDROCORTISONE CREAM
<input type="checkbox"/> COUGH DROPS OR THROAT LOZENGES		

Parent/Guardian must **INITIAL ABOVE & SIGN BELOW** for medication to be given at school.
This form must be completed by a parent or guardian **EVERY school year.**

PARENT SIGNATURE:

DATE:



CHATTCO ATTENDANCE LAW PARENT CONSENT FORM

The Chattahoochee County School System is required to obtain parent and student signatures as acknowledgment of receipt of the new attendance information.

REMEMBER, students may only miss **18 days per year**. Parents/Guardian, please make sure you send to the teacher proof of excused absences immediately following the absence. Notes from the parent, doctor's excuse, or a copy of a court order are a few examples of acceptable proofs of absence.

Parents/Guardians need to be aware of Georgia State Law O.C.G.A 20-2-690.1 entitled:

Georgia's Compulsory Attendance Law. O.C.G.A.20-2-690.1

(a) provides for penalties for any parent, guardian, or other person residing in Georgia who has control or charge of a child or children for a violation of 20-2-690.1

(b), including the following measures to be imposed at the discretion of the court having jurisdiction.

Each day's violation of this law after the School System notifies the parent, guardian, or other person in charge of a child of five (5) unexcused days of absences shall constitute a separate offense subjecting the person notified to the following measures:

1. Fine of not less than \$25.00 and not greater than \$100.00
2. Imprisonment not exceed 30 days
3. Community service
4. Any combination of the above penalties

We are asking each parent, guardian or other person residing in Georgia who has control of a child or children to sign an acknowledgement or receipt of this Parent Notification form and the Georgia State Law 20-2-690.1 for the present school year. Also, as required by this new state law, the school is asking each child who is age ten or older by September 1, to sign the same statement indicating receipt of this written statement of possible consequences.

Thank you for your cooperation in acknowledging receipt of the new Georgia State Law and its consequences in the event of any violation.

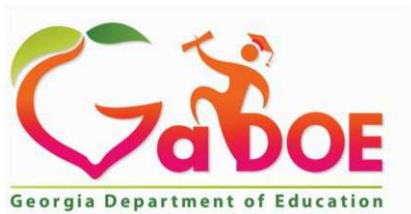
Please return this page to your school's administration.

Parent/Guardian Signature: _____ Date: _____

Print Student's Full Name _____ Date: _____

Student Signature: _____

(Required for students age 10 and older)



Richard Woods, Georgia's School Superintendent
"Educating Georgia's Future"

School District: _____

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

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Child and Youth Behavioral Military & Family Life Counseling (CYB-MFLC)

1. This letter is to inform you about the Child and Youth Military & Family Life Counseling (CYB-MFLC) Program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs (CYP), Department of Defense Education Activity (DoDEA) Schools, Local Education Agencies (LEA), DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve Camps, and Operation Military Kids Camps

2. The CYB-MFLC may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:

- ☐ Observe, participate and engage in activities with children and youth
- ☐ Provide direct interaction with military children
- ☐ Model behavioral techniques and provide feedback
- ☐ Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills
- ☐ Outreach to military parents when they drop off or pick up their children or at family events
- ☐ Available for military parents to contact for guidance and support
- ☐ Facilitate psycho-educational groups
- ☐ Conduct training for staff and parents
- ☐ Recommend referrals to military social services and other resources as needed

3. CYB-MFLCs may assist military parents, military children and centers with the following issues:

Communication, Self-esteem/self-confidence, Resolving conflicts, Behavioral management techniques, Bullying, Deployment and reintegration issues, and Helping children deal with angry feelings Sibling/parental relationships

4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.

6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.

7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.

Name of installation and/or CYP, school, summer program, and camp: Fort Moore.

☐ I acknowledge that a CYB-MFLC is available and authorize my child _____ to receive CYB-MFLC support.

☐ I acknowledge that a CYB-MFLC is available and **DO NOT** authorize my child _____ to receive CYB-MFLC support.

PARENT OR GUARDIAN SIGNATURE DATE

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Student Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Act as well as HB 855. Your answers will help determine necessary steps for the enrollment of this student(s).

Please list ALL students within the family, (including pre-K children) enrolling at ANY school.

Student Name	Male/Female	Date of Birth	Grade	School	In Foster Care: Yes or No

If any student is currently in foster care, please indicate the following:

When did the student enter foster care, if known: _____

When was the student placed with you: _____

Any concerns or information that you wish to share: _____

Presently, where is the student living? Check one box:

- ☐ We are staying in our own home/with others in a stable, adequate environment with no concern of being evicted.
- ☐ Due to financial hardships we are staying with another family member or friend.
- ☐ We are staying in a motel or hotel.
- ☐ We are sleeping in a vehicle or in a trailer park or campground, or in an abandoned building, or other substandard housing.
- ☐ We are staying in an emergency or transitional shelter.
- ☐ We are staying in a home that is not appropriate for living.
- ☐ Other: _____

The enrolling student(s) is/are:

- ☐ Staying with a parent or legal guardian
- ☐ Not staying with a parent or legal guardian, but staying with an adult that is not a parent or legal guardian. If you checked this box, please complete the following:
 - o Caregiver Name: _____ Relationship to Student: _____
 - o Phone Number: _____
- ☐ Not staying with a parent or legal guardian and not staying with an adult who is acting as the student's parent. If you checked this box, how long has the student been living alone?

- ☐ Other(explain): _____

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VERIFICATION OF INFORMATION

The undersigned certifies that the information provided is accurate. For additional questions regarding the McKinney-Vento Program or HB 855, including district policies and local resources, please visit our website at www.chattco.org.

Name of parent(s)/legal guardian(s)/Other: _____

Address: _____

Phone: _____

Signature of parent/legal guardian/Other: _____

Date: _____

Signature of parent/legal guardian: _____ Date: _____

The McKinney-Vento Program provides rights to families who are experiencing housing transition. Chattahoochee County Schools will use the information provided to help determine eligibility of services through the federal McKinney-Vento Act, 42 U.S.C 11435 and HB 855.
For more information, please visit Chattco.org.

OFFICE USE ONLY

Please forward this Student Residency & Information Form to the District Social Worker.
All schools are required to keep a file (digital or paper) of all forms submitted.

Georgia Home Language Survey

Required: January 2024 | Optional: January 2023 – December 2023

Notice to Parents and Guardians:

Georgia school systems are required¹ to collect your responses² 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.

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

¹ [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.](#)

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



Chattahoochee County Schools

RESIDENCY AFFIDAVIT

Full name of parent/ guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Current Full Time Address: _____

Please complete the information below for your school age children.

Child's Name	Grade Level	Date of Birth	Child's Name	Grade Level	Date of Birth

Please Choose ONE of the Following Options:

Option1: Please Complete the information in this column:

Please provide two of the following as proof of residency:

- Current and valid lease or rental agreement
 - Current and valid deed establishing home ownership
 - Most recent property tax bill, mortgage statement, home insurance bill, electric, water, gas, or landline telephone bill
- Please read and initial each statement:

____ I am the parent/court appointed guardian of each child listed above.

____ I am the legal renter, leasee or owner of the property listed above.

____ I understand a student enrolled in Chattahoochee County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.

____ I and the children listed above are bona fide, full time residents of Chattahoochee County, Georgia.

____ I understand that making false statements or submitting false documentation to the Chattahoochee County School System and false swearing is a violation of O.C.G.A. 16-9-2, 16-10-20 and/or 16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71

Option 2: If you cannot provide proof of residence because you do not rent or own the home at the address listed above but live with another Chattahoochee County resident, the property owner must also complete the information in this column:

This section is to be completed by the legal renter/owner of the property and must be notarized.

Name of property owner: _____

Please read and initial each statement:

____ I am the legal renter, lessee or owner of the property listed above.

____ The persons listed in this document are residing with me and have my consent to live full time at the address listed above.

Please provide one of the following as proof of residency:

- Current and valid lease or rental agreement
- Current and valid deed establishing home ownership
- Most recent property tax bill, mortgage statement, home insurance bill, electric, water, gas, or landline telephone bill

Signature of owner/renter/leasee Date

Signature of Parent/Guardian Date

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of school personnel receiving this information

Signature of Notary Public



Chattahoochee County School District

SCHOOL RELATIONS WAIVER FORM **(photos • video • artwork • profiles • stories)**

Chattahoochee County Schools has my permission to use my photograph, likeness, artwork, profile and/ or story in this and future publications, web pages and other promotional materials produced, used by and representing Chattahoochee County School District. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

_____ Date	_____ PRINT Students Name
_____ Date	_____ STUDENT Signature
_____ Date	_____ PARENT Signature (if under 18 years old)

CCSD Club/Extracurricular Activity Participation

I have read the club/extracurricular activity section of the student handbook and I have listed below the organizations that **I DO NOT** wish for my student to be a participant during the current school year.
(list activities here)

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
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Declaration/Acknowledgement

I have read the entire school handbook and understand that my son/daughter will be governed by the rules and regulations within. I also understand that it is my responsibility as the parent to ensure that my child obeys the rules, policies, and procedures outlined within this handbook. Failure to abide by the rules, policies, and procedures may result in disciplinary actions including, but not limited to: **Parent Contact, Student Conferences, Parent Conferences ISS, OSS, Recommendation to the Alternative Education Program Tribunal Referral to Chattahoochee County Board of Education for Expulsion.**

_____ STUDENT Signature	_____ Grade	_____ Date
_____ PARENT Signature	_____ Date	

STUDENT PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDINGS OPT- OUT

***Instructions:** Please complete all sections of this Opt-Out Form and return the signed form to your child's principal by the end of the first week of the current school year, or within 30 days of your child's enrollment in school.*

Student Name: _____

A parent may withhold permission to have a student photographed, videotaped, and/ or audiotaped during school- sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt-out, my child will not be included in pictures taken by school staff, students, or anyone outside the school, including commercial photographers and the media, nor will my child's picture be part of a school yearbook, memory book, memory video, sports team, club, or any other medium. Note: This does not include videotaping by security cameras in school or on school buses.

If you DO NOT want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

☐ **DO NOT** allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences.

_____ PARENT Signature	_____ Date
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Chattahoochee County School District

326 Broad Street
Cusseta, Georgia 31805
Phone: (706) 989-3774
www.chattco.org



Transportation Form

DATE: _____

PARENT/GUARDIAN Name: (PLEASE PRINT) _____

PARENT/GUARDIAN Phone #: _____

I am the parent/guardian of the following student(s) and give my permission for this transportation request:

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

PLEASE CHECK ONE:

☐

CAR LINE pick-up

☐

DAYCARE (Elementary Students Only)

☐

BUS

MORNING BUS STOP address: _____

AFTERNOON BUS STOP address: _____

REQUIRED for PRE-K through 2nd GRADE bus riders:

The adult(s) that will be meeting my student at the bus stop: _____

* If adult is not present at the bus stop to meet **Pre-K through 2nd grade** students, students will be returned to school for parent pick-up.

PLEASE CHECK ONE:

☐

Today Only

☐

Until Further Notice

☐

Date(s) of: _____



Chattahoochee County Schools

Computer Equipment Sign-out Form



This form assigns primary responsibility for Chattahoochee County Schools equipment to the Student. The Student will be responsible for taking the necessary precautions to protect the equipment and to store it in a manner that provides adequate protection when it is not in use, thus not subjecting the equipment to possible theft or damage. If it is determined that loss or damage is a result of negligence, the Student/Parent/Guardian may be held financially responsible for the repair or replacement of the equipment.

(Initial)

- _____ 1. I have read and understand the Student Chromebook Acceptable Uses/Handbook
- _____ 2. The Student will be responsible for returning the ChromeBook and all accessories in like condition as received (i.e., ChromeBook, Case, and Charging cable).
- _____ 3. The Student will not be permitted to place any ornamental stickers on the ChromeBook and Case. Screensavers and desktops images are expected to display appropriate content.
- _____ 4. Student must take responsibility for having their ChromeBook prepared for class, which includes a charged battery.
- _____ 5. Equipment cannot be loaned or transferred to a third party.
- _____ 6. The Student cannot modify the equipment in any way without written approval of the district.
- _____ 7. The Student will not lend their ChromeBook to friends and/or family under any circumstances. No student may take another student's ChromeBook. Students are not to touch, use or alter another person's ChromeBook in any manner.
- _____ 8. The Student will make the equipment available at any time as requested by the district.
- _____ 9. If loss or damage to the equipment/property occurs and determination is made that the loss or damage is a result of negligence, the Student/Parent/Guardian may be held financially responsible for the repair or replacement of the item(s). Reimbursement to the Chattahoochee County Schools by the Student/Parent/Guardian who checked the equipment out, \$215 for the replacement cost of a ChromeBook, \$50 for the replacement of a Chromebook screen, \$75 for the replacement of a Chromebook keyboard, \$30 for a ChromeBook case \$20 for a replacement charger.

I have read the above information and agree to the terms and conditions herein contained

Student Name: _____ Date: _____

Student Signature: _____

Guardian Name: _____ Date: _____

Guardian Signature: _____