



Berrien County Schools

Student Registration

This packet is to be completed in order to enroll your student(s) in any Berrien County School. The following items are required:

- **Proof of Residence**

- Current residential lease, electric, gas, or water. ****These documents must contain the name and address of the parent/guardian/legal custodian****
 - If a bill is NOT in the custodial parent name, you must complete a “Residency Affidavit” providing proof of residence of the person you are living with.
- A new student **MUST** be registered by his/her primary custodial parent (in cases of divorce) or legal guardian. A Power of Attorney is **not acceptable**. You **MUST** provide appropriate legal documentation.
 - Georgia Immunization Record
 - Out of state records must be transferred to the current GA3231 Form.
 - Georgia Form 3300- Certificate of Vision, Hearing, Dental, and Nutrition Screening.
 - Social Security Card (we will make a copy)
 - Child’s Birth Certificate
 - Must be a **certified copy for PK, K, 1st Grade**
 - Withdrawal Form and/or Transcript or Final Report Card from previous school to verify grade placement

Enrollment is not complete until all documentation has been received.

School Year



Berrien County Schools

Student Enrollment Application



School

Please complete ALL information on this sheet. If an item does not apply, please place an N/A in the space.

(Por favor complete toda la información en esta hoja. Si usted no sabe la información, por favor escribe N/A en el espacio)

Student Full Name (Nombre Completo del Estudiante)

Name Called (Prefiere que le llamen)

Grade (Grado)

Gender (Sexo)
Female / Male

Home Telephone (Telefono casero)

Residence Address (Direccion)

City/State (Ciudad, Estado)

Zip Code (Codigo Postal)

Mailing Address (direccion de envoi)

City/State (Ciudad, Estado)

Zip Code (Codigo Postal)

Student SSN (# De Seguro Social)

Student Date of Birth (mm/dd/yyyy)

Student Age

Is Student
Hispanic/Latino:Please select the student's
race: (Please select **ONLY** one)

American Indian / Alaska Native
Asian
Black / African American
Native Hawaiian / Pacific Islander
White

YES / NO

Please select the student's Ethnicity:
(Please select **ONLY** one)

American Indian/Alaska Native (non-Hispanic)
Asian (non-Hispanic)
Black/African American (non-Hispanic)
Native Hawaiian/Pacific Islander (non-Hispanic)
White (non-Hispanic)
Multi-Racial (non-Hispanic)
Hispanic or Latino (of any race)

Did this student attend a
Pre-K Program?

YES / NO
If so, where?

If yes, please check one:

Public Private
Headstart

Country of Birth (pais
de nacimiento):

If not born in the US – Date of Entry into the US (Fecha de la entrada en los Estados Unidos):

Date of Entry into US
School (Fecha de la entrada
en escuela los Estados
Unidos):

State of Birth (estado del nacimiento)

City of Birth (ciudad del nacimiento)

Has the student ever been enrolled in a Berrien County School (¿Han alistado al estudiante en una escuela estatal de Berrien anteriormente?) YES NO If Yes, Dates

Is the Parent/Guardian Active in the Military? YES NO

Is the Parent/Guardian Retired Military? YES NO

Parent/Guardian Information

Parent/Guardian Information – Please list the parents/guardians of the student below. Even in a divorce situation, we need both parents' information. **If a parent does not have legal rights to a child, we must have a copy of the court order signed by a judge stating this fact.** The following information should only be regarding parents or other *legal* guardians. You may list other contacts on the following pages of the enrollment application.

Are the parents currently (**circle one**): Married Never Married Living Separately Divorced

Who has legal custody of the student? (**copy of court order or other legal documents are required**. Power of Attorney or Notarized Statements are **not accepted**) _____

Who does the student live with? Both Parents Father Mother Grandparent(s) Guardian(s) Other _____

By signing in the space provided you are certifying that the custody documentation you have provided is the latest documentation available in regards to the custody of this child.

Parent/Guardian Signature

Date

Parent/Guardian #1 (Nombre Completo de madre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?) YES / NO			
Is this Parent Deceased? YES / NO			
Residence Address (Direccion)	City, State (Ciudad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envío)	City, State (Ciudad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajo)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guardián tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order. YES / NO			
Is this parent/guardian responsible for this student? (¿Es este padre/guardián responsable de este estudiante?) YES / NO			

Additional Parent/Guardian Information (Información adicional del padre/del guarda)

Parent/Guardian #2 (Nombre Completo del padre)		Relationship to Student (relación al estudiante)	
Does the student live with this Parent/Guardian (¿el estudiante vive con este padre?) YES / NO			
Is this Parent Deceased? YES / NO			
Residence Address (Direccion)	City, State (Ciudad Estado)	Zip Code (Codigo Postal)	
Mailing Address (dirección de envío)	City, State (Ciudad Estado)	Zip Code (Codigo Postal)	
Home Telephone (teléfono casero)	Alternate Phone	Alternate Phone	
Email Address	Place of Employment (lugar del empleo)	Occupation (ocupación)	
Work Hours (horas del trabajo)	Work Telephone (teléfono del trabajo)	Extension (extension)	
Can this parent/guardian have contact with this student (¿Puede este padre/guardian tener contacto con este estudiante?) If No, we MUST have a copy of the Court Order. YES / NO			
Is this parent/guardian responsible for this student? (¿Es este padre/guardián responsable de este estudiante?) YES / NO			

Additional Student Information

Did the Student receive special services at their last school? (¿El estudiante recibió servicios especiales en su escuela pasada?)

YES / NO

If Yes, check programs participating in (Speech is included in SpEd):

☐ Special Education (IEP) ☐ ESOL/ELL ☐ Remedial Reading (EIP) ☐ Remedial Math (EIP)

☐ Gifted ☐ Migrant ☐ SST ☐ 504 Plan ☐ Other _____

TRANSPORTATION (Mark ALL that apply):

☐ Bus Morning ☐ Bus Afternoon ☐ Parent Morning

☐ Parent Afternoon ☐ Other _____

Which language does your child most frequently speak at home? _____

¿Qué idioma habla su hijo más frecuentemente en casa?

Which language do adults in your home most frequently use when speaking with your child? _____

¿Qué idioma hablan los adultos de su casa más frecuentemente cuando hablan con su hijo?

Which language(s) does your child currently understand or speak? _____

¿Qué idioma(s) entiende o habla su hijo más actualmente?

If possible, would you prefer notice of school activities in a language **other** than English? YES / NO

De ser posible, ¿preferiría recibir avisos de las actividades escolares en otro idioma que no sea inglés? En caso afirmativo, ¿en qué idioma?

Please list all school-age children who LIVE IN THE HOME (listed a todas las niños de edad escolar viven en esta casa)

Include your children, step-children, or any school age child whom you have custody/guardianship over in this home full time.

Student Name (Nombre)	Birthdate (Fecha de Nacimiento)	Grade (Grado)	School (Escuela)	Relationship to Student (La relación al Estudiante)

List any Medical Conditions of the student _____

Does this student have any life-threatening food or insect allergies? _____

Does the student have any dietary restrictions? YES NO If yes, explain _____

Please mark any of the following used by your student. ☐ Glasses ☐ Contacts ☐ Hearing Aid Device

Please list any daily medications taken by student _____

****Please contact the school nurse if any medications need to be taken at school. The student may not transport medication to and from school.****

Please list additional contacts below. These are contacts that may pick up your child(ren) from school and who may also be called in case of an emergency if the parents/guardians cannot be reached. You may list up to four.

Additional Contact 1	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 2	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 3	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

Additional Contact 4	
Full Name (Nombre Completo)	Relationship to Student (relación al estudiante)
Telephone Number(s) (números de teléfono)	

RESTRICTED PICKUP	
You may list people who MAY NOT pick up your child(ren) in this area. Please understand that if a person listed is a legal parent or guardian, you must provide legal documentation (court order signed by a judge) that states the parent/guardian has no rights.	
Name	Relationship to Student

Last School attended (Escuela pasada atendida)	City/State (Ciudad Estado)	Last Date Attended (Ultima Fecha Atendida)
Was the student in good standing with the previous school (NO suspensions or expulsions)? If NO, Please Explain:		YES / NO
Has the student ever been placed in an alternative school setting? If YES, when and reason(s):		YES / NO
Has the student ever served time in a Youth Detention Center? If YES, when and reason(s):		YES / NO
Has the student ever been indicted or convicted of a felony crime (armed robbery, aggravated assault, or battery, rape, burglary, felony drugs, carrying a deadly weapon, kidnapping, arson, murder, hijacking, child molestation, etc.)? If YES, list the date of conviction, offense committed, sentence imposed, and name and location of the court:		YES / NO
Has the student ever been placed on probation through the Juvenile Justice System? If YES, when and reason(s):		YES / NO

PARENT/GUARDIAN CERTIFICATIONS:

Please read and **initial** each of the following **IF** it is a correct statement.

_____ I am authorized to enroll this student and understand that because I have enrolled the student, I am the only person who can withdraw the student unless a court order applies. This is in compliance with O.C.G.A. 20-2-780.

_____ The address listed on this form is the physical location where the student and the primary custodial parent/guardian actually resides.

_____ I have provided proof of residency as required. I acknowledge that if the proof of residency furnished is not correct, the student will be subject to dismissal.

_____ I understand that this student's enrollment is contingent upon the receipt of all disciplinary records from prior schools attended or any justice departments or centers having knowledge of any felony convictions.

_____ This student is NOT on suspension or expulsion from another school.

_____ In the event that I cannot be reached, I hereby give permission for a school representative to make whatever emergency arrangements are necessary. I will assume all financial responsibility for all charges to the above. I understand in the event of an extreme emergency, the closest doctor or medical facility will be utilized.

Signature of Person Registering this Student(Firma de la persona que coloca a estudiante)

Date (Fecha)



Berrien County Schools Crisis Call System

Dear Parents:

Our school system utilizes a messaging system for mass communication calls. This allows the schools to make one call to the system in which the message information and “call list” will be submitted. The communication service will then begin calling OR texting all the specified parents with the message. With this system, messages can be rapidly delivered to parents regarding:

- Natural disasters, fires, transportation info., etc...
- Parent-Teacher meeting dates
- Test Schedules
- Field Trips
- Photo Days
- Holiday information or school cancellations due to weather
- Absentees
- Progress Report & Report Card Dates
- Any other pertinent info. parents might need

In order to activate this system, we need a CURRENT phone number in which you can be reached via phone call or text. This DOES NOT need to be a work number since the messaging center will deliver the automated message to the person who answers the phone. The messaging center will leave the message on an answering machine if one is available. The number you provide may be a cell number or a home phone number. We don't need any additional information since the “Call List” will only show the student's name and the contact phone number.

Please complete the information below and return this form. If your phone number changes, please send the new number to the school as soon as possible.

We are excited to be able to utilize this communication service so we can more efficiently inform parents of important information. By completing the information below, you give the authority to Berrien County Schools to call and/or send information to the provided numbers and understand the Berrien County Schools System will not be responsible for any charges that may apply.

Thank you,

Berrien County Schools

The following information is used in the event of natural disaster, emergency closing of schools, school bus accidents, etc. Please provide CRISIS CALL/ EMERGENCY Phone Number(s) which will be provided daily.

CRISIS CALL/EMERGENCY#1: _____

CRISIS CALL/EMERGENCY#2: _____

The following phone number(s) is used to keep parents/guardians informed of important events, testing schedules, school closings due to scheduled holidays, attendance, etc.

CRISIS CALL/ NON-EMERGENCY: _____

Distrito Escolar: _____

Fecha: _____

Encuesta Ocupacional para Padres

Favor de completar este formulario para ayudarnos a determinar si su(s) hijo(s) califica(n) para recibir servicios suplementarios de parte del Programa de Título I, Parte C

Nombre del/los Estudiante(s)

Nombre de la Escuela

Grado

1. ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?

☐ **Sí**

☐ **No**

2. ¿Alguien en su casa trabaja o ha trabajado en una de las siguientes ocupaciones de forma permanente o temporaria en los últimos tres años?

☐ **Sí**

☐ **No**

Si la respuesta es “sí”, marque todo trabajo que aplique:

- ☐ 1. Sembrando/Cosechando vegetales (tomates, calabazas, cebollas, etc.) o frutas (uvas, fresas, arándanos, etc.)
- ☐ 2. Sembrando, cortando, procesando árboles, o juntando paja de pino (*pine straw*)
- ☐ 3. Procesando/Empacando productos agrícolas
- ☐ 4. Trabajo en lechería, polleras o ganadería
- ☐ 5. Empacando/Procesando carnes (res, pollo, o mariscos)
- ☐ 6. Trabajos relacionados con la pesca (pesca comercial, o criadero de pescados)
- ☐ 7. Otra actividad. Por favor especifique en cuál: _____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

Ciudad: _____ Estado: _____ Código Postal: _____ Teléfono: _____

¡Muchas Gracias! Por favor regrese éste formulario a la escuela

Please maintain the original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one “yes” **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, 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

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

School District: _____

Date: _____

Parent Occupational Survey

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

Name of Student(s)

Name of School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?

☐ Yes ☐ No

2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years?

☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Thank You! **Please return this form to the school**

Please maintain the original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should fax occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

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Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____

Georgia Home Language Survey

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

Notice to Parents and Guardians:

Georgia school systems are required to collect your responses 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) • 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) 1. Which language does your child <u>best</u> understand and speak? _____ 2. Which language does your child <u>most</u> frequently speak at home? _____ 3. Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____
Additional Information from Multilingual Families If you indicate that your child and other adults in the home <i>understand and use English and another language</i> 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 that best describes your child's primary language</u>. ☐ My child understands and uses only the home language and no English. ☐ My child understands and uses mostly the home language and a little English. ☐ My child understands and uses the home language and English equally. ☐ My child understands and uses mostly English and only a little of the home language. ☐ 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.

Encuesta de Georgia sobre el idioma en el hogar

Obligatorio: enero del 2024 | Opcional: enero del 2023 – diciembre del 2023

Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a recopilar sus respuestas a las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
Preferencias de comunicación Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea. Esta pregunta es solo <u>con fines informativos</u>. No se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	Idioma de comunicación de los padres y tutores (Favor de contestar.) ¿En qué idioma prefiere recibir la comunicación escolar? _____
Identificación de posibles aprendices de inglés Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma. Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.	Encuesta sobre el idioma en el hogar (Favor de contestar.) ¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____ ¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____ ¿Qué idioma utiliza con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____
Información adicional para familias multilingües Si indicó que su hijo/a y otras personas adultas en su hogar entienden y utilizan el inglés y otro(s) idioma(s), las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a. Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.	Información adicional para familias multilingües. (Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.) ☐ Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, no el inglés. ☐ Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y un poco de inglés. ☐ Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés por igual. ☐ Mi hijo/a entiende y utiliza principalmente el inglés y solo un poco del idioma que se habla en el hogar. ☐ Mi hijo/a entiende y utiliza solo el inglés.

¹ [Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas \(Dear Colleague Letter\): Aprendices de inglés y padres con dominio limitado del inglés, p. 10.](#) ² La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.



Berrien County Schools Address Verification Form

Current and prospective residents of Berrien County are required to provide current 911 physical address & mailing address. Completion of this verification form serves as an affidavit noting the information provided is correct.

A utility bill, reflecting your 911 physical address, must accompany this form.

Student Name: _____

Parent/Guardian Name: _____

911 Address: _____

City/State/Zip Code: _____

☐ Check here if the mailing address is the same as the 911 physical address.

Mailing Address: _____

City/State/Zip Code: _____

By my signature, I attest this information is accurate.

Parent/Guardian Signature

Date

Registrar Signature

Date

****If you do not have a utility bill reflecting your address, proceed to the next page.**



Verification of Residence

Residency Affidavit

When the utility bill is NOT in the student's parent/guardian name, complete this form.

The person whose name is on the utility bill must be present when presenting this form.

The persons listed below are:

___ Living with me (single adult) at the address indicated on the utility bill in my name.

___ Living as a single family at the address indicated on the utility bill in my name.

___ Living with our family at the address indicated on the utility bill in my name.

First Name	Last Name

Name of resident (print)

Date

Name of resident (signature)

Date

Notary Signature

(date and stamp)



Berrien County Schools

Student/Family Residence Questionnaire

Your student may be eligible for additional educational services under the McKinney-Vento Homeless Assistance Act. Eligibility can be determined by completing this questionnaire.

Presently, are you and/or your family living in any of the following situations. Check all that apply.

- ☐ A. Staying in a shelter (family shelter, domestic violence shelter, youth shelter).
- ☐ B. Sharing housing of others due to loss of housing, economic hardship or similar reasons.
- ☐ C. Living in a car, park, campground, abandoned building, or other inadequate accommodation.
- ☐ D. Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.
- ☐ E. Living alone as a minor student(s) without an adult (unaccompanied youth).
- ☐ F. Living in foster care.

If you checked any of the above items, please complete the remainder of this form and submit it to school personnel. If you did not check any of those items, you do not need to complete or submit this form.

Please list all children currently living with you.

(BPS, BES, BMS, BHS, PLC)

First Name	Middle Name	Last Name	M/F	Birthday	Grade	School

The undersigned parent/guardian certifies that the information provided above is accurate.

_____	_____	_____
Print name	Signature	Date

_____	_____	_____	_____	_____
Area Code - Phone Number	Street Address	City	State	Zip

Your student(s) have the right to:

- Continue attending school in their school of origin.
- Receive transportation to the school of origin.
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

The McKinney-Vento Homeless Education Assistance Act ensures the educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you.

BERRIEN COUNTY SCHOOL HEALTH CLINICS

Channing Dixon, RN Primary School 686-7438 channing.dixon@berrien.k12.ga.us	Mary Beth Garner, RN Elementary School 686-2939 marybeth.garner@berrien.k12.ga.us	Kathi McMillan, RN Middle School 686-2021 kathi.mcmillan@berrien.k12.ga.us	Hannah Whitaker, RN High School 686-7428 hannah.whitaker@berrien.k12.ga.us
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Berrien County School Health Clinics provide services to students that include health care for minor illnesses and injuries, preventive health education services, health care for chronic diseases (asthma, diabetes, seizures, etc.), health screenings (hearing/vision, BMI, blood pressure, blood glucose testing, etc.) and the administration of all prescription and physician approved over-the-counter medications. Necessary treatment is determined by physician protocols for school health. Please understand that the school health clinic should not be used in the place of a physician's office visit, and it should not be confused with the TeleCare Clinics.

Student Name _____
Grade _____ Teacher _____ Date of Birth _____
Address _____
Allergies _____
Chronic Illnesses or Medical Problem _____
Medications Taken at Home _____
Medications Taken at School _____
Doctor _____ Dentist _____
Insurance Status: Private Medicaid PeachCare/PeachState None

**PowerSchool contact information will be used in the event of serious illness or injury.
OTC Medications available if criteria are met:**

Antacid, Antihistamine, Decongestant, Cough Suppressant, & Pain Reliever

I give permission for my child to receive necessary health clinic services. I have completely disclosed above all known allergies and/or reactions to medications, any chronic illnesses, and any current medications in respect to my child. I have read and understand all health clinic policies and procedures (see next page/back).

Parent Signature _____ Date _____

BERRIEN COUNTY SCHOOL HEALTH CLINICS

Parent Copy- Keep this page for your Information

Channing Dixon, RN <i>Primary School</i> 686-7438 channing.dixon@berrien.k12.ga.us	Mary Beth Garner, RN <i>Elementary School</i> 686-2939 marybeth.garner@berrien.k12.ga.us	Kathi McMillan, RN <i>Middle School</i> 686-2021 kathi.mcmillan@berrien.k12.ga.us	Hannah Whitaker, RN <i>High School</i> 686-7428 hannah.whitaker@berrien.k12.ga.us
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- **All communication concerning medications or student's health should go through the school nurse.**
- It is the responsibility of the parent to inform the school nurse of any changes in health status and/or medications.
- **All medications will be brought to the school by responsible adults.**
- All over-the-counter medications from home to be given at school must be in the original container with the medication name and expiration date clearly noted. A permission note from the parent must be included with the student's name, teacher's name, date, amount of medicine to be given, and time the medicine is to be given.
- In accordance with standard nursing practice, the school nurse may refuse to administer any medication which, based on his/her individual assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate.
- School-supplied over-the-counter medications will not be given to a student for an extended period of time; clinic medications are to treat unexpected illnesses and injuries.
- **NO OVER-THE-COUNTER MEDICATIONS WILL BE GIVEN WITHOUT A SCHOOL HEALTH CLINIC PERMISSION FORM ON FILE.**
- For liability reasons, no over-the-counter medications will be administered by school staff to any student if the school nurse is off campus, even with phone consent.
- **All students receiving prescription medications at school on a regular basis must have a Prescription Medication Permission Form signed by the parent and physician on file.**
- Please note that the pharmacy label cannot be used in lieu of a written order from a physician.
- Prescription medications must be brought to the clinic in a current prescription bottle or packaging, with the student's name, doctor, medication name and directions, and expiration date clearly indicated. Pharmacies will give extra labeled bottles for school use if requested.
- It is the parents' responsibility to ensure prescription medication is filled and available for students at school as ordered.
- **Prescription medications ordered should be given at home if at all possible.**



Enrollment Information Sheet

Keep this page for your Information

School Hours:

Primary School Hours *8:20 – 3:00

Elementary School Hours *8:10 – 3:08

Middle School Hours *8:05 – 3:18

High School Hours *8:15 – 3:15

**tardy bell rings at the time indicated*

School Nutrition:

229-686-2081 Ext.1016

School Meal Prices

Free at all schools

**Prices subject to change each school year*

Bus Shop:

229-686-2527 (Call for bus number)

School Telephone Numbers:

Berrien Primary School - 686-7438

Berrien Elementary School - 686-2939

Berrien Middle School - 686-2021

Berrien High School - 686-7428

Berrien Alternative School - 686-2081

Berrien Academy PLC - 686-6576

Parent Resources:

www.berrienschools.org

Click on “Resources”

Click on “For Parents”