



Vidalia

HIGH SCHOOL

Welcome to Vidalia High School!

We're excited to welcome you to Vidalia High School. At VHS, we are committed to ensuring high levels of learning for all of our students and to providing an education that will prepare them for post-secondary success. We're proud of the academic opportunities that we offer including Advanced Placement, Dual Enrollment, Honors, and a variety of CTAE courses and pathways.

Our staff is also committed to providing a first-class high school experience that engages our students in opportunities to learn and experience success beyond the classroom. We encourage all of our students to get involved in as many extracurricular activities as possible. We have opportunities for all students - no matter their interests or experiences. The advisors and coaches in all our fine arts, clubs, athletics and other organizations are eager to work with your family.

If you have any questions or concerns, please feel free to reach out to me directly.

Go Indians!

*Bruce Mulkey
Principal
Vidalia High School*

To Enroll and Register your student:

1. The VHS enrollment packet along with proof of residency must be completed and submitted to the Guidance Office.
2. Records will be requested from the previous school. A student will not be enrolled until all necessary paperwork is received which includes vital student records and proof of residency.
3. Once all records are received, an administrator will review the file and decide on approval for admission.
4. Student will then be enrolled and meet with a Guidance Counselor to register for classes.

Vidalia Comprehensive High School/901 North Street West/Vidalia, GA 30474

Phone: 912-537-7931/Guidance Fax: 912-537-7508

Web: <https://www.vidaliahighschool.org>

Follow Vidalia High School on Facebook and Twitter

2022-2023 Vidalia City Schools Student Information - New Enrollment

PARENTS: Please complete ALL portions of this form and return to the school

Date: _____

Student's Full Name: _____ Grade: _____ SS# _____

Birth Date: _____ Gender: _____ Country of Birth: _____
 If not U.S., date entered U.S.: _____

Ethnicity: No - not Hispanic or Latino Yes - Hispanic or Latino Gender: Male Female

Race (all that apply): Black White Asian American Indian/Alaska Native Native Hawaiian or Pacific Islander

Custodial Parent (Circle One): Father Mother Both Parents Grandparent Foster Parent Other (Proof of Guardianship Required)

Father's Information (Custodial Parent ___ Yes / ___ No)	Mother's Information (Custodial Parent ___ Yes / ___ No)
Name: _____	Name: _____
Physical Address: _____	Physical Address: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State: _____	City: _____ State: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____

Emergency Contact Information

Emergency Contact # 1	Emergency Contact # 2
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____
Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____

****ONLY Emergency Contacts will be allowed to pick up your student from school unless a note or phone call is made. Please notify the school office of any changes in the information above.**

Names and ages of siblings under 18

Name: _____

Name: _____

Name: _____

Name: _____

Do you live within the city limits of Vidalia? Yes No

If No, in what county do you reside? _____

Are you or your spouse and/or legal guardian of the student listed above an active member of the military: Yes No

Student Residency

This portion is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The question below is to assist in determining if the student meets the eligibility criteria for services provided under the McKinney Vento Act. In the event that the child is not staying with his/her parent(s) or guardian(s), use the caregiver authorization form to address guardianship issues.

Is this student currently in foster care?

Yes No

Is your family residing in any of the following?

- in a shelter in a car in a motel/hotel at a campsite
- in another location that is not appropriate for people (e.g., abandoned building)
- temporarily with more than one family in a house, mobile home, or apartment (because family does not have a place of its own)
- other (in an arrangement that is not fixed, regular, and adequate and is not described by other choices)

Home Language Survey

Was your child born in the United States? Yes No

In what language would you prefer to receive school information?

If no, in which country was your child born? _____ On what date did your child enter the U.S.?

What language did your child learn when he/she first began to speak? _____

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

What language is spoken by you and your family most of the time at home? _____

ESOL: Yes No Migrant: Yes No Limited English Proficiency: Yes No

If a language other than English is indicated for any of the questions above, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results.

Special Services Participation: Indicate if your child receives any of the following services:

- Gifted/Talented Advanced Math Early Intervention Program ESOL 504 Special Education RTI
- Speech None

Was your child in any special services under an IEP or Accommodation Plan? Yes No

Was your child in any Special Education Classes? Yes No

Did your child receive any other services at school? Yes No If so, what services? _____

Previous School Information

PreK Attended: GA Pre-K/Blended Head Start Lottery Funded Title I Funded Other None

Transferring School: _____ School Counselor: _____ Phone: _____

School Address: _____ City: _____ State: _____ Zip: _____

Date Entered 9th Grade: _____ Has student ever attended Vidalia City Schools in the past? Yes No
If so, what year? _____

Enrollment Reason:

- Transfer from GA Public School Transfer within the same system Transfer from another state or country
- Transfer from private school under SB10 under USCO Re-Enter after incarceration
- Re-Enter after illness/accident

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

School Health Information

Student Name: _____ Parent Name: _____

SS# _____ DOB: _____ Ht. _____ Wt. _____ HR Teacher: _____

Primary Care Physician: _____ Physician's Phone Number: _____

Medical History (check all applicable)

- | | | | | | |
|---------------------------------------------|------------------------------------|---------------------------------------------|-----------------------------------------|------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Frequent Earaches |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Migraines | <input type="checkbox"/> Contacts/Glasses | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other | <input type="checkbox"/> None |

Please explain all checked answers and list OTHER health concerns:

Please list allergies (food, medication, environmental, etc.). Explain reaction and treatment:

Please list any current or routine medications (include all medications taken at home):

Please list any physical handicaps or health issues which may be a concern at school:

The ONLY over-the-counter medications that school clinic may provide include: **Antibiotic ointment** for minor scrapes or scratches, **Benadryl** or generic **Diphenhydramine Hydrochloride** for severe allergic reactions, and **Hydrocortisone** cream for skin rashes and insect bites. All medications will be administered as directed by the manufacturer's recommendations and only on an **as needed** basis. If other over-the-counter medications are needed, we will be glad for you to bring them to school in the original container marked with the student's name. Please bring a note explaining reasons for medication and any other special instructions such as time of last dosage given at home. If prescription medications are indicated for short term use (such as antibiotics) or to be given as needed (such as medication for migraines, Epipens, inhalers, or nebulizer treatments), please bring medication in the original prescription container with current prescription label (Note: Medication brought in Ziploc bags, foil, etc...will NOT be administered). Medication may be left at school for use by your child during the year or it may be picked up daily. For safety reasons, medications will be transported to and from school by an adult. **Students will not be allowed to transport medications.**

I have read, understand, and agree with this statement Yes No

Parental Consent for School Health Clinic

As the parent/guardian or the above noted student, I give my permission for the school nurse or designated staff to assess the needs of the child and administer basic first aid. I understand that the school is not legally obliged to administer any medication.

I have read, understand, and agree with this statement Yes No

Parental Consent for Emergency Transport

In case of serious illness/injury, the school will telephone the parent or emergency contact numbers listed on the attached emergency contacts or the updated emergency contacts listed on the first page of this form. If staff cannot contact the parent/guardian or other contact and the situation is deemed potentially serious, the school will contact Emergency Medical Services for immediate transportation to the closest hospital. I understand the fees for transportation and medical services will be the responsibility of the parent/guardian.

I have read, understand, and agree with this statement Yes No

Parental Consent for Physician Contact

As the parent/guardian of the above noted child, I give my permission for the school nurse to contact the child's physician to discuss medical information relevant to the student's health, medication to be administered, or treatments to be performed at school. I understand that any information exchanged is confidential and may not be released to a third party without additional consent from the parent/guardian.

I have read, understand, and agree with this statement Yes No

Parent/Guardian Signature: _____ Student Signature: _____ Date: _____

Student Name: _____

Grade: _____

Student Information Sheet

I have read and completed all portions of the Vidalia City Schools Student Information Sheet (Pages 1 and 2)

School Health Information Form

I have read and completed all portions of the School Health Information Form (Page 3)

Student Handbook

I have received, read, and understand the contents of the student/parent handbook for this school term

Staff/Qualifications/Parents Right to Know

I have read and understand my right to know about Staff Qualifications found on the system website

Parental Consent for Hearing/Vision Screening

As the parent/guardian of the above noted child, I give my permission for the school nurse to administer a hearing and/or vision screening on my child for purposes including Response to Intervention and other educational needs.

Field Trip Permission

As the parent/guardian of the above noted child, I give permission for my student to attend field trips during this school term

Internet Policy

As the parent/guardian of the above noted child, I give permission for my child to use Vidalia City School's network with teacher guidance to access internet based educational needs

Photo/Project Permission Release

As the parent/guardian of the above noted child, I give permission for my child's photo and/or project, with the first name and last initial, to be used on the school website to promote school news and achievements

Corporal Punishment

If a consequence option provided by the school, as the parent/guardian of the above noted child, I give permission for my child to receive Corporal Punishment (Paddling)

Dress Code

I have read and understand all components of the dress code

Bus Policy

I have read and understand the bus policy in the student handbook

Attendance Policy

I have read and understand the attendance policy regarding absences. I understand the actions that will be taken if the system policy is violated as listed in the handbook.

Signing Below Indicates:

(1) I agree that I am the parent or guardian of the student listed on these documents, (2) the student resides full time at the address listed, (3) The information above, to the best of my ability, is true and accurate, and (4) The student is currently not on suspension or expulsion status from another school

Parent/Guardian Signature

Student Signature

Date

I understand that I must immediately notify the school if I change residence or if the child listed should change residence. A student enrolled in Vidalia City Schools under falsified information is illegally enrolled and will immediately be withdrawn from school. Falsified information may result in a tuition fee.

CONSENT FOR PROVISION OF SPECIAL EDUCATION AND RELATED SERVICES

Dear Parent,

Date: _____

The Special Education Eligibility Team has recommended that your child, _____ participate in a special education and related services program. An Individualized Education Plan (IEP) will be developed to meet his/her individual educational needs annually.

I understand that those services may change over time, as the needs of my child change. However, I will only be required to sign this consent form at the time services are initially offered. Additionally, if my child moves to a new school district, I may be asked again for my written permission for provision of services.

Yes, I do agree with the recommendation for my child to receive special education and related services.

No, I do not agree with the recommendation for my child to receive special education and related services.

Parent Name

Parent Signature

Date

Signature of School Personnel receiving this form

Date

A copy of parental rights will be provided upon request.

FIELD TRIP PERMISSION FORM

State of Georgia
County of Toombs

AGREEMENT

As the parent or legal guardian, I give my permission for the school system to transport my child on any approved field trip during this school term (2022-2023). I further understand that some Field Trips with individuals and/or small teams/groups may be accomplished using school owned or City Recreation department vans and/or privately owned vehicles. I understand that I will be informed of dates and locations as fields trips are scheduled.

By signing your signature, you are agreeing on behalf of said minor and individually to release, indemnify and hold the Vidalia School Board harmless from any and all claims for damages or injury to said minor child and to said minor child's property occurring during said trip other than injuries caused by gross negligence on the part of the School Board or its agents.

Further, you authorize the school officials in charge of said school trip to procure any medical treatment reasonably necessary for the welfare of your child during said trip. Medical treatment shall include but not be limited to emergency care, hospitalization, and doctor's care.

Print / Student Name

Date

Parent / Guardian Signature



VHS Honor Code

Students attending Vidalia High School are expected to conduct themselves honorably in pursuit of their education. Cheating, plagiarism, and fraud violate ethical codes and will not be accepted at Vidalia High School. The Honor Code expressly forbids academic violations. Students who commit themselves to upholding the Honor Code will be instilled with a sense of integrity and personal achievement that will last beyond their high school years.

Responsibilities

Students will...

- Exercise academic honesty in all aspects of their work
- Prepare sufficiently for all types of assessments
- Seek extra help from teachers
- Avoid engaging in cheating, plagiarizing, and lying
- Use sources in prescribed manner
- Report any violations of the Honor Code

Teachers will...

- Develop, model, and sustain ethical practices within the classroom setting
- Report violations to counselors and administrators
- Confer with those who violate the Honor Code
- Contact student's parent or guardian regarding a violation
- Record a failing grade for the assignment

Parents will...

- Discuss the Honor Code with their child to ensure understanding
- Encourage their child to maintain high standards with regard to integrity, honesty, personal responsibility
- Support faculty and administration in enforcing the Honor Code

Administrators will...

- Ensure that all faculty, students, and parents receive the Honor Code
- Help contribute to school-wide environment that encourages adherence to Honor Code
- Require teachers to enforce the Honor Code
- Maintain accurate records of the Honor Code violations
- Ensure that the Honor Code is being applied consistently throughout the school

Pledge

Simply stated, Vidalia High School students pledge to uphold the values of academic integrity with each submission of student work.

"I pledge that the work I submit is my own work. I have neither been given nor received any unauthorized aid of unfair advantage."

Student Signature _____ Date _____

Parent Signature _____ Date _____



Vidalia City Schools
1001 North Street West
Vidalia, GA 30474
www.vidaliacityschools.org

Responsible Use of Electronic Media for Students

Vidalia City Schools (VCS) recognizes that the use of technology is prevalent in society. Students and staff have access to the Internet, cell phones, games, and a variety of personal technology devices. Students and staff utilize social media websites and applications as well as a variety of other digital resources that allow them to interact, share, create and innovate. Staff members utilize these same resources as a means to effectively engage students, motivate student learning, and collaborate with colleagues.

When using VCS technology or network access, students are expected to follow the Student Conduct Behavior Code, including respecting others' privacy. Online student accounts to be used for legitimate educational purposes will be subject to monitoring and review, including review of text and attachments that are related to that student or students. At NO TIME should a student consider VCS email (K-12), networked applications, or account or technology access private or confidential in any way.

While the school district does maintain Internet filters, there may be times when a student may accidentally or purposefully discover inappropriate materials online. VCS DOES NOT CONDONE use of such materials. Inappropriate use of VCS technology or network access is a violation of the Student Conduct Behavior Code.

Access is a privilege, not a right, and all students are expected to treat this learning tool with respect. VCS technology, network access, and electronic resources must not be used to:

- Harm other people.
- Interfere with other people's work.
- Steal property.
- Gain unauthorized access to other people's files or programs.
- Gain unauthorized access to online resources, including using someone else's password.
- Make changes to the hardware or software configuration of any machine, including installing or deleting any software.
- Improperly use the network, including introducing software viruses and/or bypassing local school or office security policies.
- Steal or damage data and/or computers and network equipment.
- Access, upload, download, and/or distribute pornographic, hate oriented, profane, obscene, or sexually explicit material.

Failure to follow these guidelines can violate the Official Code of Georgia, O.C.G.A., Codes 16-9-90, 16-9-91, 16-9-93, and 16-9-93.1 as well as Title XVII of United States Public Law 106-554, known as the Children's Internet Protection Act. Such use can also lead to disciplinary actions, up to and including loss of access to VCS technology resources and further disciplinary actions as defined by existing VCS policies. Such disciplinary actions may include confiscation of technology being used inappropriately if an incident occurs.

Supplemental Technology and Student Email

As supplemental resources to the VCS adopted Learning Management System, VCS provides access to Google G Suite for Education, Microsoft Office 365, other online tools/resources, and online Web Conferencing Tools to include but not limited to ZOOM, Google Meets, Go-To-Meeting, etc... VCS will allow the use and issue student email (Google Gmail) accounts to students for use internal to VCS only. Students can access the email from any device via the Student Portal.



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 Vidalia, GA 30474
www.vidaliacityschools.org

Bring Your Own Device (BYOD)

Vidalia City Schools is a “Bring Your Own Device” (BYOD) district in grades **9-12 ONLY**. This program is designed to support teaching and learning through safe, efficient, and monitored wireless access. If your child’s school or class is participating in BYOD, then students are allowed to bring mobile devices with the expectation they will be used as a supplemental instructional resource. The BYOD access may be limited based on the school’s identification of instructional needs.

To participate in the use of BYOD resources, all users must agree to use the school network when available, and not personal mobile data service providers, on their devices. Using the school network ensures a filtered, appropriate solution that is optimized for BYOD use. VCS is not responsible for any damages, fees, lost functionality, support, or costs that may be the result of students or staff members participating in BYOD. This is a voluntary program, and students will not be penalized if they do not participate. Whether the device is owned by a parent, student, staff member, or school, the user of the device is responsible for protecting the device at school, on the bus, or at school functions.

Children’s Online Privacy Protection Act (COPPA)

COPPA applies to operators of commercial websites and online services and limits their ability to collect personal information from children under the age of 13. COPPA allows the school to act as the parent’s agent and consent to the collection of a student’s information on the parent’s behalf within the educational context—where an operator collects personal information from students for the use and benefit of the school, and for no other commercial purpose. By signing the response form, parents grant consent for Vidalia City Schools, and Vidalia City Schools’ employees, to act as the parent’s agent in providing consent for the collection of student information within the educational context.

Response Form (Required)

Student:

I have received a copy of the Vidalia City Schools information regarding responsible use of electronic media for instructional purposes whether in class or as a virtual student. I understand that all Annual Notices to parents, including Parents Right to Know, FERPA, and COPPA are located in the student handbook that can be found on each school’s website. I understand my rights and responsibilities as student enrolled in the Vidalia City School System and consent to the terms found within the handbook.

Student Name	School	Date
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Parent:

I understand the handbook is located on the school website that my child attends. I have reviewed the contents of the handbook with my child and consent to the terms regarding responsible use of electronic media for instructional purposes whether in class or as a virtual student. I understand that all Annual Notices to parents, including Parents Right to Know, FERPA, and COPPA are located in the student handbook.

Signature of Parent/Guardian	Date
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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



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

School District: _____

Date Completed: _____

Encuesta Ocupacional para Padres

Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? _____

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, nvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: _____

Nombre de los Estudiantes	Nombre de la Escuela	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nombre de los padres o guardianes legales: _____

Dirección donde vive: _____

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

¡Muchas Gracias!

Por favor regrese este formulario a la escuela

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.

Note for the school/district: When both (Yes) "Si" 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

Vidalia City Schools
Enrollment Notification / Records Release Form



New School Name: Vidalia High School
 Street Address: 901 North Street West
 City, State, Zip Code: Vidalia, GA 30474

Please **WITHDRAW** my student from _____ as of Date: ____/____/____

Transferring to a Public Private: Vidalia High School Homeschool: Yes No
(Circle One) Name of School

Requesting records for this school year All high school records

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Grade:	Gender:	Birth Date:	Social Security Number:		GTID#:
Name of School:			School Address:		
City:			State:	Zip Code:	
Date Student Enrolled:	Phone: (including area code)		Fax Number: (including area code)		
Title of School Official Completing Form			Signature of School Official Completing Form:		
<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> GTID Number		
<input type="checkbox"/> Ear, Eye and Dental	<input type="checkbox"/> Health Records		<input type="checkbox"/> Withdrawal Forms with Transfer Grades		
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Discipline Records		<input type="checkbox"/> Attendance Records		
<input type="checkbox"/> RTI/SST/POI Records	<input type="checkbox"/> 504 Documentation		<input type="checkbox"/> Speech Records		
<input type="checkbox"/> Gifted Records	<input type="checkbox"/> OT /PT Prescription(Rx)		<input type="checkbox"/> All Test Scores (GKIDS, Milestones, etc.)		
<input type="checkbox"/> Transcript (High School Students Only)	Special Education Records (IEP) :				
	<input type="checkbox"/> Individualized Education Plan (Current)		<input type="checkbox"/> Current Eligibility (Current)		
	<input type="checkbox"/> Individualized Education Plan (Initial)		<input type="checkbox"/> Current Eligibility (Initial)		
	<input type="checkbox"/> Consent for Evaluation (Initial)		<input type="checkbox"/> Placement Consent		
	<input type="checkbox"/> Meeting Notice		<input type="checkbox"/> Psychological		
I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.					
Parent/Legal Guardian Signature: (Required)		Relationship to Student:		Date:	
Signature of Witness:		Business Phone of Witness:		Date:	
Business Address of Witness:			City/State/Zip:		
* If over 18 years of age, the student has the releasing authority. * Signature and copy of identification required.					

For Special Education Special Education Department Erin Rush 301 Adams Street Vidalia, GA 30474 Fax#: 912-538-0938 Email: erush@vidalia-city.k12.ga.us	For PreK-1 General Education J. D. Dickerson Primary School Shawn McLemore 800 North Street East Vidalia, GA 30474 Fax: 912-537-6282 Email: jdpregistrar@vidalia-city.k12.ga.us	For 2-5 General Educational Sally D. Meadows Elementary Stephanic Shiver 205 Waters Drive Vidalia, GA 30474 Fax#: 912-537-1160 Email: sdmregistrar@vidalia-city.k12.ga.us	For 6-8 General Education J. R. Trippe Middle School Stephanic McCloud 2200 McIntosh Street Vidalia, GA 30474 Fax#: 912-537-3223 Email: jrtregistrar@vidalia-city.k12.ga.us	For 9-12 General Education Vidalia Comp. High School Katherine Rickhof 901 N. St. West Vidalia, GA 30474 Fax #: 912-537-7508 Email: vhsregistrar@vidalia-city.k12.ga.us
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For Office Use Only: Date Received: _____ Records Released: _____ Date Released: _____



Vidalia City Schools
1001 North Street West
Vidalia, GA 30474
www.vidaliacityschools.org

Family Educational Rights and Privacy Act (FERPA) Model Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Vidalia City Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Vidalia City Schools may disclose appropriately designated "directory information" without written consent, unless you have advised Vidalia City Schools to the contrary in accordance with Vidalia City Schools' procedures. The primary purpose of directory information is to allow Vidalia City Schools to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Vidalia City Schools to disclose any or all of the types of information designated below as directory information from your child's education records without your prior written consent, you must notify your student's school in writing by August 5, 2022. Vidalia City Schools has designated the following information as directory information:

- Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user
- A student ID number or other unique personal identifier that is displayed on a student ID badge, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

VCS Student PLAY card for access to Ohoopsee Regional Library System Resources

Student PLAY gives Vidalia City public school students free access to public library resources and services. FAQs as well as an “opt out” notification is included at the end of this informational sheet.

Students will have access to:

Explore the eLibrary

- Check out online resources anytime from anywhere including eBooks, eAudio, and videos.

Find homework help

- Connect to free tutoring, homework help, literacy tools, research databases, college prep, and more.

Search the PINES Catalog

- Borrow books and materials from the library including audiobooks, CDs, and DVDs.

Visit your local library

- Use library computers and wireless internet or enjoy programs and activities.

How do students check out materials?

- You can check out up to 5 items at one time including books, audiobooks, CDs, DVDs, and museum passes. Borrow books from any Ohoopsee Regional Public Libraries location and request books from Ohoopsee Regional partner libraries across the state.

Search the PINES Catalog

- Loan periods: Items can be checked out for 14 days, with up to 2 renewals.
- Renewals: Renewals can be done in person or online. Items on hold for another user cannot be renewed.
- Holds: Holds may be placed on books at Live Oak Public Libraries or partner libraries. Holds may not be placed on new books owned by other library systems until after 6 months.
- Returns: Books may be returned to any Live Oak Public Libraries location.
- There are no overdue fines. Users will not be able to check out additional materials until items are returned.

Is there a cost for a PLAY account?

- The account is free and library resources and services are free.

What about overdue fines and fees?

- There are no overdue fines, but users are responsible for fees on lost or damaged items.

What are the benefits of the PLAY program?

- There are no overdue fines. Fees apply only for lost or damaged materials.
- Students can access online resources from home, school, or the library.
- Students can check out materials from a collection of 11 million items.
- The PLAY program reduces the barriers to getting a library card by providing direct access to library services.

What else can students do at the library?

- Students are always welcome at the library with or without a library card. There are various programs that are free and open to all. The library also offers free and open access to library computers, internet, and quiet places to study.

What schools are included?

- The PLAY program partners with the Vidalia City School County School System.

Where is my closest library location?

- You are welcome to go to any Ohoopie Regional Public Libraries location to use resources and check out or return materials. While the Vidalia Public Library is under construction, students may visit the Lyons branch of the library.

What if I want my child to have full access to the library collections?

- The PLAY account allows students to borrow 5 items at a time with full access to online resources. If you want your child to borrow more items, you can apply for a free library card at any time. Visit your local library and bring your photo ID.

What if a student already has a library card?

- You can continue using the existing library card. Your PLAY account is separate and fines are not accrued in the PLAY account.

What happens when a student changes schools?

- Students maintain the same PLAY account until they move outside of the school system or graduate.

What happens when a student graduates?

- When a student graduates, their PLAY account will remain active for one year. During that time, they may visit the library in person to apply for a regular library card.

Will parents/caregivers have access to see what their child has checked out?

- Parents/caregivers will have the ability to see what is checked out on the account of a minor.

Is student information shared with the library confidential?

- Yes, per Official Code of Georgia § 21-12-30(a) Confidential Nature of Certain Library Records.

What if I do not want my child to participate?

- You may choose to **opt-out of the program** by signing the form below and returning it to the school. If we do not receive notification, your child will automatically be enrolled unless you notify your child's media specialist

What is PINES?

- **PINES** (Public Information Network for Electronic Services) is the statewide network of public library systems serving 300 public libraries across the state of Georgia. This gives you access to more than 11 million books and materials plus online resources. With your PLAY account, you can borrow items from PINES partner libraries and have them delivered to your library for free. You can also check out and return items in person at any partner library throughout the state.

OPT OUT NOTIFICATION TO SCHOOL

I DO NOT WANT my child to participate. *(Return this paper to your child's school.)*

School: _____

Student Name: _____

Parent Name: _____

INSTRUCTIONS: This form may NOT be handwritten, and must be submitted for each student who has transferred to your school in the past twelve months from the date of the student transfer.

WARNING: Falsification of data on this form may result in institutional penalties such as fine and/or forfeitures of contests. It could result in the student being declared ineligible for any competition for a period of up to two years. It also could result in the transmission of a report of the falsification to the Professional Standards Commission if certified personnel were involved in the falsification.

SECTION A DATE OF THE STUDENT TRANSFER _____ ACTIVITY _____

SCHOOL _____ CITY _____ SCHOOL YEAR _____

_____ In-state Transfer _____ Out-of-state Transfer _____ Approved Foreign Exchange: Program _____
 (Complete Section A and B Only)

NAME LAST FIRST MIDDLE	DATE OF BIRTH			DATE STUDENT ENTERED 9 TH GRADE			UNITS EARNED <small>Prev Semester</small>	TOTAL UNITS EARNED	(This Column for GHSA use only) ELIGIBILITY STATUS
	Mo.	Day	Year	Mo.	Day	Year			

Beginning & Ending Dates Attended Beginning with 9 th Grade (Give month, day, year)	Grade	Name of School	Address (City, State)

SECTION B - General Transfer Information

Present Home Address: _____ (Street) _____ (City, State) _____ (County)

Service Area for Present Home Address: _____

Lives With: _____ (Names) _____ (Relationship)

Previous Home Address: _____ (Street) _____ (City, State) _____ (County)

Service Area for Previous Home Address: _____

Persons Student Lived with at Previous Address: _____ (Names) _____ (Relationship)

Is the custodial parent a certified teacher, counselor or administrator at the receiving school (Grades 9-12)? _____

Was the student suspended or expelled (or facing such penalties) at the former school? (If yes, attach additional information) _____

Does the student qualify for a waiver due to a joint custody or a custody change? (If yes, attach court documents, including judge's signature) _____

SECTION C - Family and Residential Information (Complete only if a bona fide move is claimed)

CURRENT RESIDENCE:

Is the current residence being: _____ purchased; _____ leased; _____ rented?

Do you claim multiple residences? _____ If "Yes", do you claim a Homestead Exemption on this residence? _____

PREVIOUS RESIDENCE:

Have you relinquished your previous residence? _____

If "Yes", how was it relinquished? _____ rented previously; _____ sold residence or have a contract for sale; _____ residence listed for sale at fair market value;

_____ abandoned the house with unnecessary utilities shut off; _____ leased/rented residence at a fair market value.

If "Yes", is the residence being leased/rented to a family member? _____. If "Yes", please list that individual and relationship: _____

VERIFICATION OF THE BONA FIDE MOVE: (Completed by school personnel)

_____ Conducted a site visit - if "Yes", who made the visit ? _____

_____ Received documentation via utility bill, post office documentation, driver's license, etc. - if "Yes", what document? _____ (please upload a copy of document)

 (Signed* - Principal / Asst. Principal / AD)

 (Signed* - Report Preparer)

 (Date)

*By signing this form, I certify that a bona fide move has been made as defined in By-Law 1.62(a) I We understand that providing false information shall result in a fine, an eligible ruling and the possibility of a report to the Professional Standards Commission.