

2023-2024 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.**

Vidalia City Schools
Enrollment Notification / Records Release Form



New School Name: _____
 Street Address: _____
 City, State, Zip Code: _____

- Please **WITHDRAW** my student from _____ as of Date: ____/____/____
 Transferring to a **Public/Private**: _____ Homeschool: Yes No
 (Circle One) Name of School
 Requesting records for this school year _____

STUDENT INFORMATION

Legal Last Name:		Legal First Name:		Legal Middle Name:		Suffix:	
Grade:	Gender:	Birth Date:	Social Security Number:		GTID#:		

SCHOOL RECORDS ARE REQUESTED FROM

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:			

Please forward all records related to the above student. Please include the following:

<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

PARENT/LEGAL GUARDIAN SIGNATURE

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.

Please Mail, Fax or E-Mail the completed forms to:

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: jdregistrar@vidalia-city.k12.ga.us	For 2-5 General Educational Sally D. Meadows Elementary Eliza Hunt 205 Waters Drive Vidalia, GA 30474 Fax#: 912-537-1160 Email: sdmregistrar@vidalia-city.k12.ga.us	For 6-8 General Education J. R. Tripple Middle School Stephanie 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 Riekhof 901 N. St. West Vidalia, GA 30474 Fax #: 912-537-7508 Email: vhsregistrar@vidalia-city.k12.ga.us
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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: _____

Student Name: _____

Grade: _____

Student Information Sheet <input type="checkbox"/> I have read and completed all portions of the Vidalia City Schools Student Information Sheet (Pages 1 and 2)
School Health Information Form <input type="checkbox"/> I have read and completed all portions of the School Health Information Form (Page 3)
Student Handbook <input type="checkbox"/> I have received, read, and understand the contents of the student/parent handbook for this school term
Staff/Qualifications/Parents Right to Know <input type="checkbox"/> I have read and understand my right to know about Staff Qualifications found on the system website
Parental Consent for Hearing/Vision Screening <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> I have read and understand all components of the dress code
Bus Policy <input type="checkbox"/> I have read and understand the bus policy in the student handbook
Attendance Policy <input type="checkbox"/> 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 resided 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.



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ¿Alguien en su casa se ha mudado para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años? Sí No
- ¿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 "si", 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 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 email, always through the DOE's Portal, 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, Rose McKeehan
Phone: 470-763-1137
rmcKeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____

Sent to Regional Office on: _____

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • www.gadoe.org

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer





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.



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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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)

- Seasonal Allergies Arthritis Breathing Problems Nose Bleeds Hemophilia Sinus Problems Emotional Problems
 ADD/ADHD Frequent Headaches Heart Murmur Sickle Cell Frequent Earaches Seizures Asthma
 Bladder Problems Heart Problems Dental Problems Hearing Problems Stomach Problems Migraines
 Contacts/Glasses Diabetes Other 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

Developmental History: Did the student begin the following at age appropriate times?

Crawling Yes No **Walking** Yes No **Talking** Yes No

Any other noted areas of concern with developmental history? _____

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

School Health Information Card Sally D. Meadows

Grade _____ Teacher/Homeroom _____ Date of Birth _____

Student: _____, _____ M / F
Last Name First Name
Circle one

Address: _____, _____
Street Address City

HEALTH HISTORY (CHECK YES OR NO)

Allergies: (Please List **All** Allergies) _____

	YES	NO	COMMENTS
Asthma			
Diabetes			
Seizures			
Sickle Cell Disease			
Cancer			
Physical or Mental Limitation			

If Yes is checked, see the School Nurse to begin a Care Plan

Please list any medication your child takes **daily** at home and school: _____

See Medication Policy in Handbook

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Phone (Home) _____ Cell # _____
Name

Phone(Work) _____ Ext/Dept _____

Mother/Guardian _____ Phone(Home) _____ Cell # _____
Name

Phone(Work) _____ Ext/Dept _____

If a parent/guardian cannot be contacted, list two persons who will assume care of your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

School clinic personnel have my permission to contact my child's physician for further medical information. In case of serious illness/injury, the school will telephone Emergency Medical Services (911) for immediate transportation to the closest hospital. I, the parent/legal guardian, authorize the transport of and treatment by the hospital emergency staff for my child, _____ (Child's Name)

Parent/Guardian Signature _____ Date _____

Child's Health Care Provider _____ Phone _____