

## 2024-2025 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: \_\_\_\_\_ Preferred 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)

<b>Father's Information (Custodial Parent ___ Yes / ___ No)</b>	<b>Mother's Information (Custodial Parent ___ Yes / ___ No)</b>
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

<b>Emergency Contact # 1</b> Name: _____ Relationship to Student: _____ Email Address: _____ Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____ Ext: _____	<b>Emergency Contact # 2</b> Name: _____ Relationship to Student: _____ Email Address: _____ Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____ Ext: _____
<b>Emergency Contact # 3</b> Name: _____ Relationship to Student: _____ Email Address: _____ Employer: _____ Cell Phone: _____ Home Phone: _____ Work Phone: _____ Ext: _____	<b>Emergency Contact # 4</b> Name: _____ Relationship to Student: _____ Email Address: _____ Employer: _____ Cell Phone: _____ Home Phone: _____ 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)

**Special Services Participation:** Has your child been diagnosed with any medical condition that may require special services at school, and if so, what? \_\_\_\_\_

**Indicate if your child receives any of the following services:**

Gifted/Talented  Advanced Math  Early Intervention Program  ESOL  504  Special Education  RTI

Speech  Baby's Can't Wait  Occupational Therapy  Physical Therapy  None

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

**Previous School and Day Care Information**

Name of Day Care(s) Attended: \_\_\_\_\_

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: \_\_\_\_\_ Grade: \_\_\_\_\_

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

#### 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.

**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: \_\_\_\_\_

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

**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.*

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 \_\_\_\_\_

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 a 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.

<b>For Special Education</b>	<b>For PreK-1 General Education</b>	<b>For 2-5 General Educational</b>	<b>For 6-8 General Education</b>	<b>For 9-12 General Education</b>
Special Education Department Erin Rush 301 Adams Street Vidalia, GA 30474 Fax#: 912-538-0938 Email: erush@vidalia-city.k12.ga.us	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	Sally D. Meadows Elementary Tammy Edenfield 205 Waters Drive Vidalia, GA 30474 Fax#: 912-537-1160 Email: sdmregistrar@vidalia-city.k12.ga.us	J. R. Trippe Middle School Stephanie McCloud 2200 McIntosh Street Vidalia, GA 30474 Fax#: 912-537-3223 Email: jrtregistrar@vidalia-city.k12.ga.us	Vidalia Comp. High School Katherine Riekhof 901 N. St. West Vidalia, GA 30474 Fax #: 912-537-7508 Email: vhsregistrar@vidalia-city.k12.ga.us

**For Office Use Only:**      Date Received: \_\_\_\_\_ Records Released: \_\_\_\_\_ Date Released: \_\_\_\_\_

# Georgia Home Language Survey

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

## Notice to Parents and Guardians:

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> 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
<p><b>Communication Preferences</b></p> <p>This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.</p> <p>This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.</p>	<p><b>Parent Communication Language (Required)</b></p> <ul style="list-style-type: none"> <li>• In which language would you prefer to receive school communication?</li> </ul> <p style="text-align: center;">_____</p>
<p><b>Identification of Potential English Learners</b></p> <p>These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.</p> <p>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.</p>	<p><b>Home Language Survey (Required)</b></p> <ol style="list-style-type: none"> <li>1. Which language does your child <u>best</u> understand and speak? _____</li> <li>2. Which language does your child <u>most</u> frequently speak at home? _____</li> <li>3. Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____</li> </ol>
<p><b>Additional Information from Multilingual Families</b></p> <p>If you indicated that your child and other adults in the home <b><i>understand and use English and another language</i></b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.</p> <p>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.</p>	<p><b>Additional Information from Multilingual Families. Choose <u>only one sentence that best describes your child’s primary language.</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My child understands and uses only the home language and <b><u>no English.</u></b></li> <li><input type="checkbox"/> My child understands and uses mostly the home language and <b><u>a little English.</u></b></li> <li><input type="checkbox"/> My child understands and uses the home language and English <b><u>equally.</u></b></li> <li><input type="checkbox"/> My child understands and uses <b><u>mostly English</u></b> and only a little of the home language.</li> <li><input type="checkbox"/> My child understands and uses <b><u>only English.</u></b></li> </ul>

<sup>1</sup> 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.

<sup>2</sup> 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<sup>1</sup> recopilar sus respuestas a<sup>2</sup> 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
<p><b>Preferencias de comunicación</b></p> <p>Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.</p> <p>Esta pregunta es solo <u>con fines informativos</u>. <b>No</b> se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.</p>	<p><b>Idioma de comunicación de los padres y tutores</b> (Favor de contestar.)</p> <ul style="list-style-type: none"><li>¿En qué idioma prefiere recibir la comunicación escolar?</li></ul> <p>_____</p>
<p><b>Identificación de posibles aprendices de inglés</b></p> <p>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.</p> <p>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.</p>	<p><b>Encuesta sobre el idioma en el hogar</b> (Favor de contestar.)</p> <ol style="list-style-type: none"><li>¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____</li><li>¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____</li><li>¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____</li></ol>
<p><b>Información adicional para familias multilingües</b></p> <p>Si indicó que su hijo/a y otras personas adultas en su hogar <b>entienden y utilizan el inglés y otro(s) idioma(s)</b>, las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.</p> <p>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.</p>	<p><b>Información adicional para familias multilingües.</b> (Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, <b>no el inglés</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y <b>un poco de inglés</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés <b>por igual</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza <b>principalmente el inglés</b> y solo un poco del idioma que se habla en el hogar.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza <b>solo el inglés</b>.</li></ul>

<sup>1</sup> 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.

<sup>2</sup> 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.



Vidalia City Schools  
1001 North Street West  
Vidalia, GA 30474  
[www.vidaliacityschools.org](http://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.





Vidalia City Schools  
1001 North Street West  
Vidalia, GA 30474  
[www.vidaliacityschools.org](http://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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**VCS Student PLAY card for access to Ohoopee 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 Ohoopee Regional Public Libraries location and request books from Ohoopee 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 Ohoopsee 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.

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**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:** \_\_\_\_\_



Vidalia City Schools  
1001 North Street West  
Vidalia, GA 30474  
[www.vidaliacityschools.org](http://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.

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

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No
- 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 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](mailto:rmcKeehan@doe.k12.ga.us)

GaDOE Region 2 MEP, Pearl Barker  
 Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto: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](http://www.gadoe.org)

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer



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 original copy in your files.

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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  
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GaDOE Region 2 MEP, Pearl Barker  
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Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

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Richard Woods, Georgia's School Superintendent

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