

## 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>	<b>Emergency Contact # 2</b>
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: _____
<b>Emergency Contact # 3</b>	<b>Emergency Contact # 4</b>
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:** 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.*