Newton County Theme School 2019-2020 Application Information for 1st – 8th Grades

***Only current residents of Newton County may apply for their student to attend Newton County Theme School***

Applications for students entering 1st – 8th grades will be accepted May 30th from 3:00 - 6:30 pm and May 31st from 1:00 - 6:00 pm only.

All applications and required documentation must be hand delivered by the parent/legal guardian to Newton County Theme School at 2207 Williams Street Covington, GA 30014 on the designated dates and times listed above. Fax, email, late, incomplete, or unsigned applications will not be accepted.

***Please note that submission of an application does not guarantee placement at Newton County Theme School. All applicants meeting academic and behavior requirements will be entered into a lottery in early June. Students will be placed on a waiting list in the order in which their name is drawn in the lottery. Parents will be notified via letter by mid-June of their student’s acceptance or placement on the waiting list. Available spots will be filled from the waiting lists for each grade level.

Please provide copies of the following information along with your completed application:

_____ Two Proofs of Residency: Acceptable Proof of Newton County Residency MUST be:
(1) a signed lease or rental agreement, deed, monthly mortgage statement or current property tax bill  **AND**
(2) at least one current utility bill (gas, electric or water bill only)

  The name(s) on the proofs of residency MUST be the parent named on the birth certificate or designated as the official guardian on the official court paperwork. If the proof of residency is in the name of a step-parent, a marriage certificate MUST be presented that proves the step-parent and official parent/guardian are married.

_____ Parent/Guardian Photo ID
_____ Proof of Custody/Guardianship “Notarized letters” will NOT be accepted in lieu of official guardianship papers.
_____ Birth Certificate
_____ Social Security Card/Signed waiver
_____ Immunization Record – GA Form 3231
_____ GA Eye, Ear & Dental Form 3300 – All sections must be completed
_____ Final Year-end Report Card
_____ 2019 GA Milestones Test Scores or most recent Standardized Test Scores
_____ Special Education, IEP or 504 Records
_____ Home Language Survey (attached)
_____ Student Records Request (attached)
_____ Certified Copy of Discipline Report signed by school Principal or designee

Please note: If your student is currently enrolled in any Newton County School System public school then you will only need to provide copies of the following:

_____ 2 current proofs of residency (as defined above)
_____ Final year-end report card
_____ Final G-Kids report (All Pages) must be submitted for all students applying for 1st grade only
_____ Current discipline record signed by the school administrator or designee
_____ Parent/Guardian Photo ID

• The person applying for the student MUST be the parent named on the birth certificate unless official guardianship papers are presented. ***“Notarized letters” will NOT be accepted in lieu of official court mandated guardianship papers.

• In the case of divorced parents, only the parent who has “primary physical custody” as designated in the final divorce decree will be permitted to apply for the student. ***A final divorce decree MUST be presented with the application.
Newton County School System
Newton County Theme School

2019-2020 Application for 1st – 8th Grades

Applications will be accepted on May 30th & May 31st only

Please attach copies of all required documentation. See attached list of requirements.

Student Information:
Student’s Name: ____________________________________________________________

Gender:  □ M  □ F  Birth Date: ______/_____/____  Students entering kindergarten must be age 5 on or before September 1, 2019

Ethnicity:  □ White  □ Black  □ Hispanic  □ American Indian  □ Multi-racial  □ Asian

Grade Level applying to for 2019-2020: ____________________________

School Attended during the 2018-2019 school year: ____________________________ School District: ____________________________

School currently zoned to attend: ____________________________________________

Parent/Guardian Contact Information:
Mother’s/Guardian’s Name: ____________________________________________ Email ____________
Telephone Number: Home ____________  Cell ____________  Work ____________

Father’s/Guardian’s Name: ____________________________________________ Email ____________
Telephone Number: Home ____________  Cell ____________  Work ____________

Home Address: ____________________________________________________________

Street #   Street Name   City   State   Zip

Mailing Address (If different from Home Address):

Street #   Street Name   City   State   Zip

Are you currently serving as active duty military?  Yes  No

Sibling who have applied for attendance at NCTS (separate applications must be completed for each child):

Child’s Name: ____________________________________________ Grade Level for 2018-2019: __________

Child’s Name: ____________________________________________ Grade Level for 2018-2019: __________

Child’s Name: ____________________________________________ Grade Level for 2018-2019: __________

Language:

What languages are spoken in your home? ____________________________________________

What was the language your child first learned to speak? ______________________

What language does your child speak most often? ____________________________ Date Entered U.S. ___/___/____

Special Programs: (Please note that our support services are provided within the regular education classroom setting).

Does the child have an IEP (Individualized Education Plan) for special education or a 504 plan?  Yes  No

If yes, describe (documentation must be provided with this application):

__________________________________________________________

__________________________________________________________

__________________________________________________________

Is the child enrolled in a program for gifted students?  Yes  No

Parent/Guardian Name (Print): ____________________________________________

Parent/Guardian Signature: ____________________________________________ Date: ____________________________
Newton County School System

Newton County Theme School Student Application Packet

Student Records Request

Today's Date: _______ / _______ / _______

mm  dd  yyyy

Information Being Requested By:

School Name: Newton County Theme School  Phone: 770-784-2959  Fax: 770-784-2963
Address: 2207 Williams Street NE  City: Covington  State: GA  Zip: 30014

Student Information:

Student Name: ________________________________________________

Last Name   First Name  Middle Name  Suffix (Jr, Sr, II, III, etc)

Date of Birth: : _______ / _______ / _______

mm  dd  yyyy

Previous School Name: _________________________________________  Grade:___________

Address of Previous School: ________________________________________

City: ___________________________  State: ___________________________  Zip: ____________

Phone: ___________________________  Fax: ___________________________

The student listed above is seeking admission to the Newton County School System. Please assist us by providing the information listed below:

- Standardized Educational Record
- Standardized Test Scores
- GA Immunization Form 3231
- Gifted Eligibility
- Birth Certificate
- Withdrawal Form
- GA Certificate of Eye, Ear and Dental Examination Form 3300
- Certified Copy of Discipline Report (if the student has never been into trouble, a letter from the school stating that the child has no discipline record is required in lieu of a Discipline Report)
- Any other information that is vital to the student’s education

Parent/Guardian Signature _______________________________________

Per Georgia DOE Board Rule 160-5-1-14 schools must mail or otherwise deliver requested records within ten (10) calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees.

Georgia requires all students entering Georgia schools for the first time, regardless of their grade level, provide an immunization record showing that they are adequately immunized. Please include this immunization record in your release.

The final regulations of the Family Education Rights and Privacy Act (FERPA), 1976 (Buckley Ammended) no longer requires written parental consent to release student educational records between schools. These rules state that officials in school systems in which a student may intend to enroll may release and receive a student’s records without written consent for each release.
Home Language Survey

Today’s Date: mm/dd/yyyy

Home Language Survey – In order to comply with state guidelines, we are required to have a Home Language Survey on file for ALL students.

Student Information:

Student’s Legal Name: ___________________________ __________________________________

Last Name               First Name               Middle Name               Suffix (Jr, Sr, II, III, etc)

Date of Birth: mm/dd/yyyy

Student’s Address: __________________________________

City: ___________________________ State: ___________________ Zip: __________

Phone: ___________________________

Parent/Guardian Name: ___________________________ __________________________________

Last Name               First Name               Middle Name               Suffix (Jr, Sr, II, III, etc)

1. Where was the student born (in what country)? ___________________________

   Date this student entered the USA (if applicable): mm/dd/yyyy

   Date this student first started school in the USA: mm/dd/yyyy

2. What was the first language this student learned to speak? ___________________________

3. What language does the student speak most often? ___________________________

4. What language is used most often in the student’s home? ___________________________

PLACE IN PERMANENT RECORD FOLDER

If the answer to any of the above questions is a language other than English, send a copy of this form to the designated ESOL contact at the school for student screening.