2020-2021 Kindergarten Application Information

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

Applications for students entering Kindergarten will be accepted March 23rd & 24th between the hours of 3:00 pm and 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.

Faxed, emailed, late, incomplete, or unsigned applications will not be accepted.

A lottery for open Kindergarten seats will be held at the Newton County Board of Education at 10:00 am on Wednesday, April 1, 2020. Parents are welcome to attend. Parents will be notified via letter by mid-April of their student’s acceptance or placement on the waiting list.

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 property tax bill AND

(2) at least one current utility bill (gas, electric or water)

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

_____ Special Education, IEP or 504 Records

_____ Home Language Survey

_____ Student Records Request

___ All Pre-K Students MUST provide a Certified Copy of a Discipline Report signed by school administrator or designee

♦ Please note that all Pre-K students who attend an NCSS Pre-K program must have a signed letter from the site director listing any in-school suspension/time-out or out of school suspension

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 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

2020-2021 Kindergarten Application

Applications will be accepted on March 23rd & 24th 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, 2020

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

Grade Level applying to for 2020-2021: KINDERGARTEN

School Attended during the 2019-2020 school year: ____________________________ School District: ____________________________

School currently zoned to attend: ____________________________________________

Is your child currently attending Pre-K? If so where? ________________________________

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 ____________________________

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. ___/___/___
What is the Primary language for: mother_________________________ father_________________________?

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 currently enrolled in a program for gifted students? □ Yes □ No

Parent/Guardian Signature: __________________________________________ Date: ____________________________

Parent/Guardian Signature: __________________________________________ Date: ____________________________

***Please note that only a custodial parent or legal guardian may enroll or withdraw the above student.***
Student Records Request

Today's Date: mm dd yyyy

Information Being Requested By:

School Name: Newton County Theme School
Phone: 770-784-2959
Address: 2207 Williams Street NE Covington, Georgia 30014
Fax: 770-784-2963

Student Information

Date of Birth: mm dd yyyy

Previous school name / grade:

Address of previous school: 

Grade

City State Zipcode

Phone / Fax of previous school (if known):

Phone Fax

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

- Standard Educational Record
- Standardized Test Scores
- Immunization Certificate
- Gifted Eligibility
- Disciplinary Transcript
- Birth Certificate
- Withdrawal Form
- Psychological Evaluation
- Eye Ear & Dental Certificate
- ESOL / ELL Record
- Social Security Number
- Ninth Grade Enrollment Date (High School Only)
- Attendance Record
- ALL Special Ed Records

Parent or Guardian Signature

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 that all students entering Georgia schools for the first time, regardless of their grade level, provide a shot (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 Amendment) no longer requires written parental consent to release student educational records between schools. These rules state that school officials in school systems in which the student may intend to enroll may release and receive a student's records without written consent for each release.
Required Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

Student Name (required information):

Language Background (required information):

1. Which language does your child best understand and speak?

2. Which language does your child most frequently speak at home?

3. Which language do adults in your home most frequently use when speaking with your child?

Was the student born in the United States? _____Yes _____No

If no, in what country was the student born? ________________________

1. Date this student entered the USA? __________ __________ __________

2. Date this student first started school in the USA? __________ __________ __________

Signature of Parent/Guardian/Other ________________________ Date __________ __________ __________

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.

CRC001-EN (Jun 2019)
Newton County School System
Student Registration Packet

Military Connections Survey

During its 2012 session, the Georgia General Assembly enacted several laws relating to the education of children of military families. The goal of the legislation is to maximize a student’s educational continuity despite the frequent movement across states and school districts that is often the result of a parent serving in the military. As a result of the laws enacted, school districts are required to collect data to ensure that children of military families are not placed at a disadvantage due to difficulty in the transfer of education records between school districts.

Student’s Name: ________________________________

1. Does this student have a parent or guardian who is active duty in US Armed Forces, including those on active duty in the National Guard or a parent or guardian who is inactive or retired? ___ Yes ___ No

2. Does this student have a parent or guardian who is a member of the military reserves (US Armed Forces, National Guard or Reserve)? ___ Yes ___ No

If the answer to Questions 1 AND 2 is NO, please skip to the bottom, sign and date.

If the answer to Questions 1 OR 2 is YES, please complete chart, then sign and date.

<table>
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<tr>
<th>Parent / Guardian Name</th>
<th>Relationship to Student</th>
<th>Military Status (see below criteria)</th>
<th>Military Branch (see below criteria)</th>
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Military Status
- Active Duty, Deployed
  - Injured
- Active Duty, Not Deployed
  - Killed in Action
- Discharged
- Retired
- Inactive

Military Branch
- Air Force
- Army Reserve
- Marine Corps
- Coast Guard
- Navy
- Navy Reserve
- Marine Corps Reserve
- Coast Guard Reserve

Name of Parent/Guardian completing survey: ________________________________

Signature of Parent completing survey: ________________________________

Date: ________________________________

CRC001-EN (Jun 2019)