



Registro de Kindergarten Información e Instrucciones

*** * Su hijo(a) debe tener 5 años de edad en o antes del 1 de septiembre de 2025 * ***

Por favor, lea y siga todas las instrucciones. Solo se tendrán en cuenta las solicitudes completas.

Paso #1 - Reúna los documentos requeridos para cada niño que desee inscribir.

Complete cada uno de los siguientes documentos:

- ◆ Formulario del Departamento de Salud de Georgia - 3231 Registro de vacunación - no puede estar vencido
- ◆ Formulario del Departamento de Salud de Georgia - 3300 - Exámenes de audición, visión, dental y nutrición
 - Asegúrese de que todos los campos del formulario estén completados y que las 4 secciones de selección estén completas con firma y fecha.
 - Si su hijo(a) no pasó ninguna parte de la evaluación, debe proporcionar una copia de una tarjeta de cita que indique cuándo se volverá a evaluar a su hijo(a).
 - Si su hijo(a) cumple 4 años después de la fecha de inscripción y usted no puede completar el formulario 3300, debe proporcionar una copia de una tarjeta de cita que indique cuándo está programado el chequeo de su hijo(a) de 4 años.

Proporcione 1 copia de cada uno de los siguientes documentos

- ◆ Acta de nacimiento certificada del niño
- ◆ Tarjeta de seguro social del niño
- ◆ Dos comprobantes de residencia:
 - 1ª prueba:** declaración de hipoteca, escritura, contrato de arrendamiento, contrato de alquiler, declaración de impuestos sobre la propiedad
 - 2ª prueba:** la factura de servicios públicos, la factura de electricidad, la factura de agua, la factura de gas de Cartersville City deben estar **al día** (dentro de los últimos 45 días)
- ◆ Identificación emitida por el estado, licencia de conducir o pasaporte de cada padre
- ◆ Documentación de tutela u órdenes judiciales, si corresponde.
- ◆ Insignia de empleado de Cartersville City o insignia de empleado de Cartersville School System, si corresponde
- ◆ Comprobante de asistencia gubernamental, si corresponde.

Paso #2 - Complete y envíe la solicitud de inscripción en línea para kindergarten en el sitio web de Cartersville City Schools en www.cartersvilleschools.org. Asegúrese de proporcionar un correo electrónico actualizado, así es como le notificaremos el estado de su solicitud. Por favor, asegúrese de anotar el número de solicitud.

Paso #3 - Traiga sus documentos copiados y formularios requeridos con su número de solicitud en línea completado a Cartersville Primary School el miércoles 12 de marzo de 9 a 1 p.m. o de 3 a 6 p.m. para su revisión y presentación final.

- * **Tenga en cuenta: se deben completar los 3 pasos enumerados anteriormente para que se apruebe su solicitud de registro.**
- Recibirá una notificación por correo electrónico a más tardar el viernes 4 de abril con respecto a su estado.

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name)

Birthdate

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

Date of Expiration

(Next required immunization or review of medical exemption due.)

☐ (Fill in X)
Complete For K through 6th Grade

Child must be >= 4 years and have met all requirements for school attendance.

☐ (Fill in X)
Complete For 7th through 10th Grade

Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

☐ (Fill in X)
Complete For 11th Grade and higher

Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td																<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB (Under Age 5)																				
PCV (Under Age 5)																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A (Born on/after 1/1/06)																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
HPV																				
Influenza																				
Td (booster)																				
Men-B																				

Notes:

A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant**, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is **NOT** valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, **Advanced Practice Registered Nurse, Physician Assistant** or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.**

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Certified by (Signature/Signature Stamp) Date of Issue



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

Certificate of Vision, Hearing, Dental, and Nutrition Screening

FILE THIS FORM WITH THE SCHOOL WHEN YOUR CHILD IS FIRST ENROLLED IN A GEORGIA PUBLIC SCHOOL
SCREENER CONTACT INFORMATION IS REQUIRED

Parent/ Guardian Name: _____
first middle last

Child's Name: _____
first middle last

Parent/ Guardian Contact Information:

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Home Address:

street city state zip code county

VISION

- ☐ Unable to screen (explain why below)
- ☐ Uses corrective lenses
- ☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Optometrist
- ☐ "Prevent Blindness Georgia" employee
- ☐ School Registered Nurse

Screener's Signature Date
I certify that this child has received the above screening.

Contact Information:

HEARING

- ☐ Unable to screen (explain why below)
- ☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Audiologist
- ☐ Speech-Language Pathologist
- ☐ School Registered Nurse

Screener's Signature Date
I certify that this child has received the above screening.

Contact Information:

DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
- ☐ Needs further evaluation
- ☐ Emergency problem observed
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Dentist
- ☐ Local Health Department Registered Nurse
- ☐ Registered Dental Hygienist
- ☐ School Registered Nurse

Screener's Signature Date
I certify that this child has received the above screening.

Contact Information:

NUTRITION

- ☐ Unable to screen (explain why below)

Height: _____ Weight: _____
BMI: _____ BMI%: _____
☐ 5th to 84th percentile - Appropriate for age
☐ < 5th percentile - Needs further evaluation
☐ ≥ 85th percentile - Needs further evaluation
☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Registered Dietician
- ☐ School Registered Nurse

Screener's Signature Date
I certify that this child has received the above screening.

Contact Information:

FOR SCHOOL SYSTEM ONLY Follow up for further evaluation

	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			

Student support services initiated on: _____

Screeners' Comments:

Georgia Department of Public Health Form 3300

Certificate of Vision, Hearing, Dental, and Nutrition Screening

Who is required to file this Form 3300? The parent or guardian of a child who is being admitted for the first time to a public school in Georgia must file a completed Form 3300 with the school when the child is enrolled.

What is the purpose of Form 3300? Form 3300 is intended to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.

What screenings are required? Four different screenings are required: vision, hearing, dental, and nutrition. All four screenings must be conducted and reported on the form before it can be filed with the school.

Who can conduct the screenings? Your child's doctor is authorized to conduct all four screenings, as is your local health department. In addition, the vision screening can be conducted by a Georgia licensed optometrist, an employee of Prevent Blindness Georgia trained to conduct vision screening, or a school registered nurse; the hearing screening can be conducted by a Georgia licensed speech-language pathologist or audiologist, or a school registered nurse; the dental screening can be conducted by a Georgia licensed dentist, dental hygienist, or a school registered nurse; and the nutrition screening can be conducted by a Georgia licensed dietitian or a school registered nurse. It is not necessary that the same person conduct all four screenings.

What does "BMI" and "BMI%" mean? "BMI" means "body mass index." BMI is a way to describe how much a child weighs in relation to height. "BMI percentile" is a way to compare the child's body mass index to the body mass index of a healthy child. If the child's BMI is less than 5% or more than 84% of what is appropriate for his or her age and height, then the child should be taken to a doctor or dietitian for a more detailed evaluation. For more information, visit the Centers for Disease Control and Prevention website on child and teen BMI at:

http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

What should a parent do if the "needs further evaluation" box is checked? "Needs further evaluation" means that the child may have a problem. If the "needs further evaluation" box is checked, then the parent should take the child to a professional for a more detailed evaluation. Your doctor or local health department may be able to help, or recommend someone who can help.

What if a Form 3300 was previously filed for the child at another school? It is only necessary to file the Form 3300 once. If the Form 3300 is filed at the child's first school, and the child later transfers to another school, then the original school is required to forward the Form 3300 to the new school.