

Kindergarten Registration Information and Instructions

Your child must be 5 years old on or before September 1, 2025

Please read and follow all instructions. Only fully completed applications will be considered.

Step #1 - Collect the required documents for each child you wish to enroll. Please complete each of the following documents

- Georgia Department of Health Form 3231 Immunization record cannot be expired
- Georgia Department of Health Form 3300 Hearing, Vision, Dental & Nutrition Screening
 - Please make sure all fields on the form are filled out and all 4 screening sections are completed with signature and date.
 - If your child did not pass any portion of the screening, you must provide a copy of an appointment card that states when your child will be reevaluated.
 - If your child turns 4 after the registration date, and you cannot complete form 3300, you must provide a copy of an appointment card that states when your child is scheduled for their 4-year-old check-up.

Please provide 1 copy of each of the following documents

- ♦ Child's certified birth certificate
- ♦ Child's social security card
- ◆ Two proofs of residency
 st proof mortgage statement, deed, lease, rental agreement, property tax statement
 ^{2nd} proof Cartersville City utility bill, power bill, water bill, gas bill, must be **current** (within the last 45 days)
- State-issued ID, driver's license, or passport for each parent
- Guardianship paperwork or court orders, if applicable
- City of Cartersville employee badge or Cartersville School System employee badge, if applicable
- Proof of government assistance, if applicable

<u>Step #2</u> - Complete and submit the Kindergarten online registration application on the Cartersville City Schools website at www.cartersvilleschools.org/kreg. Please make sure you provide a current email, this is how we will notify you of your application status. Please makes sure you write down application number.

<u>Step #3 - Bring your copied documents and required forms with your completed online application number to Cartersville Primary School on Wednesday, March 12th from 9 - 1pm or 3 - 6pm for review and final submission.</u>

*Please note— All 3 steps listed above must be completed for your registration application to be approved.

• You will receive notification via email no later than Friday, April 4th regarding your status.

CERTIFICATE OF IMMUNIZATION

Child's Name (Last note of the content of the conte	ardian Name (Lampted by law, Geoch child in attendator failure to compents by age are spothe Georgia Immu	ast name, First I	§ 20-2-771) requir or child care facili ctions for this form guides 3231INS and DATE	es a ity in n and nd DATE	(Next r or revir exemp	e of Expiration required immunization iew of medical bition due.)	Fulfills requirer AND must have Complete Fulfills requirer AND must have 16th birthday. DATE	>= 4 years nce. For 7th ments K th e Tdap an For 11t ments K th	through rough 6th gr d MCV4 adr h Grade rough 10th g	(Fill in 10th (Fill in rade ninistere (Fill in and higgsade	ade quiremen X) Grade d. x)	
	MM DD YY		MM DD YY					Tot	Dia	Ser	His	Me. Exe
		Required	Vaccines for	School or	Child	d Care Attend	ance					
DTP,DTaP,DT,Td												
Polio									_			
Hepatitis B										- 1		
Tdap												
MCV4							i					
HIB						1 1						
(Under Age 5) PCV												
(Under Age 5)						1 1	1 1		Г	\neg		
Measles						1 1	1 1		╁	\dashv		
Mumps	<u> </u>								-	\dashv		
Rubella Hepatitis A								*	-	\dashv		
(Born on/after 1/1/06)										-		
Varicella					ш							
		Reco	ommended Vac	ccines (Fo	r Info	ormation Only)					
Rotavirus												
HPV												
Influenza												
Td (booster)												
Men-B												
Notes: A licensed Georgia physicia qualified employee of a locathe content of this certificate immunity or Medical Exempin the appropriate box(es). The certificate is NOT va "X" in Complete for Scho Advanced Practice Regis	al Board of Health or e. All dates must inclotion, the 4 digit year lid without name an ol Attendance box, tered Nurse, Physic	the State Immunizatude month, day and of infection, test or ed birthdate of the clegible name and actions.	on Office is responsibyear. In cases of natu xemption must be fille hild, date of expirati ddress of the physic	ole for Iral ed ion OR sian,	; ;	Printed, Typed Stamped Name Address and Telephone # of Licensed Physician or Health Depa	,					

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.

Date of Issue

Certified by (Signature/Signature Stamp)



Student support services initiated on:

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:							
				Data of Birtl	h. /	first	middle	last			
Parent/ Guardian Contact Information: Daytime phone number:				Date of Birth:// Gender: □Male □Female							
				Child's Hom	e Address:						
Evening pric Cell phone r				street		city	state	zip code (ounty		
Sell priorie i				Sileet		City	State	<u> </u>	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)		hy below)	HEARING ☐ Unable to screen (explain why below) ☐ Uses hearing aid / assistive device		DENTAL creen (explain why	y below)	Height:	NUTRITION ☐ Unable to screen (explain why below) Height: Weight:			
		r below age 6)	 □ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB □ Needs further evaluation □ Under professional care (explain below) 	 □ Normal appearance □ Needs further evaluation □ Emergency problem observed □ Under professional care (explain below) 			BMI: BMI%: □ 5 th to 84th percentile - Appropriate for age □ < 5 th percentile - Needs further evaluation □ ≥ 85 th percentile - Needs further evaluation □ Under professional care (explain below)				
Screening completed by: ☐ Physician ☐ Local Health Department ☐ Optometrist ☐ "Prevent Blindness Georgia" employee ☐ School Registered Nurse			Screening completed by: Physician Local Health Department Audiologist Speech-Language Pathologist School Registered Nurse	Screening completed by: ☐ Physician ☐ Dentist ☐ Local Health Department Registered Nurse ☐ Registered Dental Hygienist ☐ School Registered Nurse			Dietician				
I certify to	er's Signature that this child has creening. Information:	Date received the	Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener's State of the state o	this child has r ning.	Date received the	Screener's I certify that above scree Contact Inf	this child has rec ening.	Date reived the		
FOR SCH	OOL SYSTEM ON	LY Follow up	o for further evaluation	Screeners' Co	omments:						
	1 st attempt	2 nd attempt	Actions reported (if any)								
Vision											
Hearing											
Dental											
Nutrition											
Student si	innort services initia	ated on:						DPH Form 33	00 Rev. 2013		

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 dietician 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 dietician 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.