



JONES ELEMENTARY SCHOOL

KINDERGARTEN

APPLICATION PROCESS

FOR THE 2021/2022

SCHOOL YEAR

DIAL screening and application submission for Jones Elementary School **Kindergarten** will be held March 1-4, from 11:30 - 2:30 in the kindergarten building. Children must be five years of age on or before September 1, 2021.

Please contact the K-1 office at 770-537-5596 to schedule an appointment.

In order to apply, you must have the following:

- Certified Birth Certificate
- Social Security Card
- Immunization Certificate on GA 3231 Form
- Eye, Ear, Dental, Nutrition Certificate on GA 3300 Form
- Two Proofs of Residency for City Residents
- Student Enrollment Form – City Residents
- Non-Resident Application for Out of District Residents

Enrollment packets are available on our website at www.bremencs.com.

BREMEN CITY SCHOOLS

STUDENT ENROLLMENT

2021-2022 SCHOOL YEAR

501 PACIFIC AVENUE • BREMEN, GEORGIA 30110 • 770-537-5508

• If your legal residence is inside the city limits of Bremen, you will be required to provide two proofs of city residency.

Date _____ Enrolling Grade Level _____

Student's Legal Name _____ Preferred Name _____

First Middle Last

SS# _____ Date of Birth _____ Male _____ Female _____

City of Birth _____ State of Birth _____

Country of Birth (If not U.S.) _____ First Date of Entry to U.S. School _____

First Language Spoken _____ Primary Language in Home _____ Language Spoken Most Often _____

Ethnicity: Hispanic/Latino/Spanish Origin Yes _____ No _____

Race (Check all that apply.): American Indian/Alaskan _____ Asian _____ Black _____ Hawaiian/Pacific Islander _____ White _____

School System of residence: _____

Home Street & Mailing Address _____

City/State/Zip _____ County _____

Child lives with: Parents _____ Mother _____ Father _____ Other, Specify _____

• If 'Other', provide proof of guardianship and complete information below as guardian.

Father _____ Mother _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Parental Status: Single _____ Divorced _____ Widowed _____ Separated _____ Married _____

• If divorced or separated, which parent has custody? (Attach certified copy of custody order) _____

Is Parent(s)/Guardian(s) on **active duty** in US Armed Forces, including National Guard? Yes _____ No _____

Is Parent(s)/Guardian(s) a member of the military **reserves** in US Armed Forces, including National Guard? Yes _____ No _____

Brothers/Sisters (Names & Ages) _____

Current or last school attended _____ School Phone _____

Withdrawal Reason _____

List all schools student has attended and withdrawal reason(s) _____

List any health concerns. _____

Has student ever been retained or placed? If yes, explain. _____

Has student received any services such as special education, gifted, counseling, remedial reading/math, Title I, ESOL, or other support services? If yes, explain. _____

Has your child ever been placed in in-school suspension or out-of-school suspension? If yes, explain on back of sheet.

Has your child ever been adjudicated? If yes, explain. _____

How many days was your child absent from school last year? _____ If more than 10 days, reason(s). _____

List name (at time of graduation) and year of graduation of any parent of child that attended and graduated from Bremen City Schools.

I certify that the information provided is correct to the best of my knowledge.

Signature of Person Enrolling Student _____ Relationship _____

Residency Affidavit (Statement of Legal Residence) - BREMEN CITY SCHOOL DISTRICT (Valid for 2021-2022)

Acceptable forms of proof of residency (Two Required):

Own – A utility bill (gas, water, or electric only) received in your name at the property address, proof of residency from the County Registrar, current vehicle registration showing property address, or a cancelled check in your name for the current month showing property address.

Renting – Copy of the lease agreement, a utility bill (gas, water, or electric only) received in your name at the property address, proof of residency from the County Registrar, current vehicle registration showing property address, or a cancelled check in your name for the current month showing property address.

O.C.G.A. 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or misrepresentation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry...shall, upon conviction thereof, be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.”

(Please Include ALL BCS Students)

Student Name: _____ **School:** _____ **Grade:** _____

Student Name: _____ **School:** _____ **Grade:** _____

Student Name: _____ **School:** _____ **Grade:** _____

Student Name: _____ **School:** _____ **Grade:** _____

****Parents/Legal Guardian/Other Person Name(s):** _____

****Resident Address within Bremen City:** _____

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school with in two weeks when residency has changed from the address listed. I understand that a new affidavit as well as proof of residency must be submitted. By signing this legal affidavit, I am affirming the following is true and accurate:

1. With my child, I live at the above address on a nightly basis, and it is our primary residence.
2. I am the parent or court appointed legal guardian of the student listed above.
3. I pay housing (own/rent) and utility cost at the above address (if #3 is not true relative to your situation, the owner of the property where you currently reside is required to complete the **certification of residence owner** below).

_____ Parent/Legal Guardian/Other Person Signature	_____ Date	_____ Phone Number
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STOP: If you are sharing a home with another individual or family, the owner of the property is required to complete the information below.

Certification of Residence Owner:

Owner’s Name of Address Identified Above: _____

As residence owner, I affirm, under penalty of law, the parent and student listed above lives, on a nightly basis, at the address listed, and that I am the owner/leser of the property:

_____ Owner’s Signature	_____ Date	_____ Phone Number
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Subscribed and sworn before me on this ___ day of _____, 20__.

Notary Public Signature: _____ **(Seal)**

Bremen City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.



Bremen City Schools...excellence in all we do!

Silas P. Brown, Principal
Billy Pollard, Assistant Principal
Tricia Costley, Counselor

206 Lakeview Drive • Bremen, Georgia 30110
Telephone 770-537-4352 • Fax 770-537-1280

Upon enrolling my student in Bremen City Schools, I have been made aware of the requirement to provide an up-to-date immunization record on **DHR form 3231**. I have also been made aware of the requirement to provide an Eye, Ear and Dental Screening Certificate on **DHR form 3300**, for my child's permanent record.

My signature, below, indicates that I have been made aware of, and fully understand, the requirements for enrollment, as listed above. **I understand that if I do not provide these forms within 30 days, my child will be considered for withdrawal from Bremen City Schools until such records are provided.**

Name of Student

Enrollment Date

Signature of Parent/Guardian

Date

**BREMEN CITY SCHOOLS
Request for Student Records
Jones Elementary School**

Date of Request: _____

Parents please complete and sign top portion and return to Jones Elementary registrar.

Name of Previous School or Agency: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

School Phone: _____ School FAX: _____

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Birth Date: _____

Grade Level: _____

Signature of Parent/Guardian (if available) _____

The following records are hereby requested (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Transcripts or report cards | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score | <input type="checkbox"/> Eye, Ear, Dental Exam form |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Title I Eligibility/Services |
| <input type="checkbox"/> Gifted Records | <input type="checkbox"/> SST records |
| <input type="checkbox"/> IEP (Individual Education Plan) & All related documents. | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Counseling Notes |
| <input type="checkbox"/> EIP Eligibility/Service | <input type="checkbox"/> Other: _____ |

Signature of Requesting School Representative:

Signature

Date

PLEASE MAIL TO:

OR EMAIL THROUGH GA DOE PORTAL TO:

**Jones Elementary School Attn: Linda Carter
206 Lakeview Dr. Bremen, GA 30110
Ph: 770-537-4352 FAX: 770-537-1280**

linda.carter@bremencs.com

The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.