

***Jones Elementary School***  
***Pre-kindergarten***  
***APPLICATION SUBMISSION***  
***for the 2021/2022 School Year will be open***  
***Monday, March 1, 2021***

***Due to COVID restrictions we will be accepting applications ELECTRONICALLY.***

Children must be four years old on or before September 1, 2021 to be eligible to attend a Georgia Pre-K.

**In order to apply, please email the following to [linda.carter@bremencs.com](mailto:linda.carter@bremencs.com) :**

- 📁 Two Proofs of Georgia Residency for Non-Resident Applicants**
- 📁 Bremen City Schools Enrollment Application**
- 📁 Bright From the Start Registration Form**

**The documentation below must be submitted upon acceptance into the program:**

- 📁 Certified Birth Certificate**
- 📁 Social Security Card**
- 📁 Immunization Certificate (GA Form 3231)**
- 📁 Eye, Ear, Dental, Nutrition Certificate (GA Form 3300)**

Enrollment forms and **Non-Resident** applications are available from the Bremen City Schools website [www.bremencs.com](http://www.bremencs.com). For more information contact Jones Elementary School at 770-537-4352.

**Acceptable documents for proof of Georgia Residency:**

A utility bill (gas, water, or electric only) received in your name at the property address, current vehicle registration showing property address, copy of lease agreement, or a cancelled check in your name for the current month. We cannot accept telephone or cable television bills for proof of residency.

**BREMEN CITY SCHOOLS**

**NON-RESIDENT APPLICATION**

**2021-2022 YEAR**

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

• **NEW STUDENTS:** Complete this form if your legal residence is **NOT** within Bremen City Limits. Please attach two previous years of report cards, standardized testing, attendance, and discipline.

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? Circle one: YES NO

Is Parent(s)/Guardian(s) a member of the military reserves in US Armed Forces, including National Guard? Circle one: 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? YES NO If yes, explain on back of sheet.

Has your child ever been adjudicated? YES NO 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. I understand that providing false information may prevent my child from being accepted as a non-resident student or could result in mandatory withdrawal.

Signature of Person Enrolling Student \_\_\_\_\_ Relationship \_\_\_\_\_



<b>CHILD MAINTENANCE</b>			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
<b>THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:</b>			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
<b>CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):</b> _____.			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: (    ) _____	
<b>MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):</b>			
<b>THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:</b>			
<b>MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:</b>			

**GENERAL RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, \_\_\_\_\_, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

**PRE-K PROVIDER NAME/ADDRESS:** \_\_\_\_\_

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_