

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 :

- 📁 Residency Affidavit (Statement of Legal Residence) for Bremen City Residents**
- 📁 Two Proofs of Residency for Bremen City Residents**
- 📁 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. For more information contact Jones Elementary School at 770-537-4352.

Acceptable documents for proof of 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

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 within 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

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

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.

Revised May 7, 2018

CHILD MAINTENANCE			
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			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
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:			

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: _____