

**Exhibit JBC-E(1): School Admissions**

**Status:** ADOPTED

**Original Adopted Date:** 09/17/2020

*See PDF on the next page.*

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

PRINTED BY GEORGIA IMMUNIZATION REGISTRY (GRITS)



JBC-E(2)

# Georgia Department of Public Health Form 3300

## 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

PLEASE SEE THE INSTRUCTIONS  
ON THE BACK OF THIS FORM

Parent/ Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/ Guardian Contact Information:

Daytime phone number: \_\_\_\_\_  
Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_

first middle last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

first middle last

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

Screeneer'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

Screeneer'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

Screeneer'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%: \_\_\_\_\_
- ☐ 5<sup>th</sup> to 84<sup>th</sup> percentile - Appropriate for age  
☐ < 5<sup>th</sup> percentile - Needs further evaluation  
☐ ≥ 85<sup>th</sup> percentile - Needs further evaluation  
☐ Under professional care (explain below)
- Screening completed by:  
☐ Physician  
☐ Local Health Department  
☐ Registered Dietician  
☐ School Registered Nurse

Screeneer'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 <sup>st</sup> attempt | 2 <sup>nd</sup> 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 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](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.

**Procedures for Completing an Affidavit of Residence**

If the Parent/Guardian and student live in another person's household JBC-R, School Admissions, requires that individual to provide the required two Proofs of Residence containing the individual's name.

Both the Parent and the person they live with will complete the Residential Affidavit. The school admissions team, which includes the registrar and other designated school staff, will oversee this process.

1. An Affidavit must be completed for each student in the household.
2. The school will collect the Proofs of Residence and the Photo ID's of the Parent and person they live with.
3. The school admissions team will explain the document to both parties completing the Affidavit and answer any questions.
4. A member of the school admissions team checks and verifies the zoned school based on the address.
5. A member of the school admissions team will complete Fields: School Year, Zoned School, Proof of Residence #1 and #2
6. Parent and person they live must complete the Affidavit and initial by each statement.
7. A member of the school admissions team verifies all fields are complete. A notary with the Bibb County School District ("District") then verifies all signatures and notarizes the document. **(Documents MUST be completed and notarized ONLY by a District official).**
8. A member of the school admissions team receiving the Affidavit will sign and date the Affidavit.
9. A member of the school admissions team scans and uploads: Both Proofs of Residence, ID's and both sides of Affidavit into Student's Document tab.
10. All original Affidavits will be kept in one folder for the current school year.

Parents and Guardians: Adding or changing the address on a Household affects **all** of the students in that Household. It may mean that other students in the household will need to be transferred to a different school. A member of the

school admissions team will communicate with the other affected school, the change in address and the zone for the students.

Before creating a new household, a member of the school admissions team will check for an existing Household.

**Note: The Parent/Guardian can only be in ONE Household. Every student MUST have at least one Parent/Guardian in the Household with them.**

When a student is enrolled, a member of the school admissions team will enter the Transfer Date and Affidavit of Residence in the student's Enrollment Tab. It is located under District Defined Elements at the bottom of the page.

Path: Student Information> General> Enrollment Tab> Open current line of enrollment> scroll down to District Defined Elements> Enter Transfer Date from the Affidavit > Under Affidavit of Residence select Y: Yes.

The screenshot shows a web form titled "District Defined Elements". It contains several input fields and dropdown menus. Two blue arrows point to the "Transfer Date" field (which includes a calendar icon) and the "Affidavit of Residence" dropdown menu. Other fields include "Permit Code" (set to "3: In School Zone"), "Zoned School" (set to "0198: Westside High School"), "Kinship Caregiver's Affidavit", "Non-Block Semester Transferred", "Days Enrolled" (set to "127"), "ED", "Days Present" (set to "122"), "3rd Unexcused Absence", and "5th Excused Absence".

**Schools are NOT to send parents to the BOE. If a member of the school admissions team has questions or concerns; they are to first speak with the school administrator, then if necessary, contact the zone representative.**

**Affidavit of Residence**

**Valid School Year: \_\_\_\_/\_\_\_\_**

**Current School:** \_\_\_\_\_ **Enrolling/Zoned School:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Former Address of Student:** \_\_\_\_\_

**Name of Person(s) Student and Parent/Guardian Lives with:** \_\_\_\_\_

*Note: This individual is the owner/lessor/legal occupant of the residence.*

**Address of Person(s) Student and Parent/ Guardian Lives with:**  
\_\_\_\_\_

**Phone number of Person(s) Student and Parent/Guardian Lives with:** \_\_\_\_\_

**Proof of Residency # 1:** \_\_\_\_\_ **Proof of Residency # 2:** \_\_\_\_\_

**NOTICE OF PENALTIES AND LIABILITY:**

**By initialing on the line provided under each of the items listed below, I affirm that I: have read, understand and agree to each of these provisions.**

1. If I falsify information or defraud the Bibb County School District on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled, and shall reimburse the District as set forth in O.C.G.A. § 20-2-133(a).  
Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_
2. If the costs incurred by the District are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the District.  
Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.  
Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of making false statements, pursuant to O.C.G.A. § 16-10-20.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

6. I understand and agree that the School District's Superintendent or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the student has been enrolled in the District. The audit may include a personal visit by a District attendance officer or other employee of the District at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the District discovers fraud or misrepresentation, the student shall be transferred to the school zoned for the address the student is found to live.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

7. I attest that this Affidavit of Residence is not being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or any other similar reasons.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

8. I understand that this affidavit is valid for the current School Year and a new Affidavit must be completed each year as it is applicable.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

9. I understand that if I and my student change residency, I must provide updated Proof of Residence to my student's school within 30 days.

Guardian's initials: \_\_\_\_\_ Co-Signer's initials: \_\_\_\_\_

**I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE, THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Signature of Adult with whom the student and Parent/Guardian are living with.)

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Office Use Only)

\_\_\_\_\_  
Enrolling School: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Principal or Designee at Receiving School)

Notary:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

Revised September 2020

## STATEMENT OF OBJECTION TO THE USE OF SOCIAL SECURITY NUMBER

School: \_\_\_\_\_

This form must be fully completed.

Georgia law (O.C.G.A. § 20-2-150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student. No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.

### STATEMENT OF OBJECTION

I do not wish to have the social security number of my child placed in the school records of the Bibb County School District. I understand an alternative student number may be assigned to my child.

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### PLEASE NOTARIZE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

\_\_\_\_\_  
Date of Expiration of Notary Public Appointment

**KINSHIP CAREGIVER'S AFFIDAVIT**

Use of this affidavit is authorized by O.C.G.A. Section 20-1-16.

**INSTRUCTIONS:** Please print clearly.

I hereby certify that the child named below lives in my home and I am 18 years of age or older.

1. Name of child: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. My full name (kinship caregiver giving authorization): \_\_\_\_\_

4. My home address: \_\_\_\_\_

5. ☐ I am a kinship caregiver.

6. ☐ I have assumed kinship caregiver status because of one or more of the following circumstances (check at least one):

☐ A parent being unable to provide care due to the death of the other parent.

☐ A serious illness or terminal illness of a parent.

☐ The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.

☐ The incarceration of a parent.

☐ The loss of the child's home as the result of a natural disaster.

☐ A period of active military duty of a parent exceeding 24 months; or

☐ I am unable to locate a parent or parents at this time to notify them of my intended

authorization because (list reasons): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Name of parent(s) or legal custodian(s): \_\_\_\_\_

8. Address of parent(s) or legal custodian(s): \_\_\_\_\_

9. Phone numbers and email addresses of parent(s) or legal custodian(s): \_\_\_\_\_

10. Kinship caregiver's date of birth: \_\_\_\_\_

11. Kinship caregiver's State of Georgia driver's license number or identification card number: \_\_\_\_\_

**WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.**

I recognize that if I knowingly and willfully make a false statement in this statement of facts, I will be guilty of the crime of false swearing.

\_\_\_\_\_  
(Kinship caregiver's signature)

\_\_\_\_\_  
(Kinship caregiver's printed name)

NOTARY

Sworn to and subscribed

before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

**NOTICES:**

1. This declaration does not affect the rights of the named child's parent or legal guardian regarding the care, custody, and control of the child and does not mean that the kinship caregiver has legal custody of the child.
2. A person that relies on this affidavit has no obligation to make any further inquiry or investigation. However, a local school system may request additional information before enrolling the child.
3. This affidavit is not valid for more than one year after the date on which it is executed. Local school systems can elect to have Kinship Caregiver's Affidavit expire at the end of the school year in which the affidavit was executed.
4. Upon the submission of this form, the kinship caregiver will serve as the school's main point of contact. The kinship caregiver will be responsible for making educational decisions for the student.

**ADDITIONAL INFORMATION:*****TO KINSHIP CAREGIVERS:***

1. If the child stops living with you for a period of more than 30 days, you are required to provide notice not later than 30 days after such period to anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
2. If you do not have the information in item 11 of the affidavit (State of Georgia driver's license or identification card), you must provide another form of identification such as your social security number.

***TO SCHOOL OFFICIALS:***

The school system may require additional reasonable evidence that the kinship caregiver resides at the address provided in item 4 of the affidavit.

***TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:***

1. No person that acts in good faith reliance upon a kinship caregiver's affidavit to render education services or medical services directly related to academic enrollment or any curricular or extracurricular activities, without actual knowledge of facts contrary to those stated in the affidavit, shall be subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.