

## Parent Check List for Pre-K Lottery

In order to include a child in the Pre-K Lottery the following must be completed and present in a child's file. Files are complete when **ALL** of the following information is in the child's folder.

### Documentation Supplied by Parent:

\_\_\_\_\_ **Social Security Card** copy

\_\_\_\_\_ **Age documentation** (Certified copy of birth containing the State File Number)

\_\_\_\_\_ **Two Proofs of residency** (EX: utility bill, lease agreement, NO CELL PHONE BILLS)

\_\_\_\_\_ **Copy of proof of child's participation in ONE of the following** (If applicable)

\_\_\_\_\_ Food Stamps

\_\_\_\_\_ Social Security Income (SSI)

\_\_\_\_\_ Medicaid, Temporary Assistance to Needy Families (TANF)

\_\_\_\_\_ CAPS program

\_\_\_\_\_ Peach Care for Kids.

\_\_\_\_\_ **Certificate of Immunization** (Form 3231) completed with:

- **"Date of expiration" or "Complete for school attendance" block checked. Children must be up to date on all immunizations required for school entry plus Haemophilus influenza type B (Hib) vaccine.**

**OR**

- **If additional vaccinations are required within the first 30 calendar days of school an attached appointment card showing when the vaccinations will be given. A new, completed form must be presented the day after the appointment. \*\*\*\*\*See example on back**

\_\_\_\_\_ **Certificate of Eye, Ear & Dental Examinations** (Form 3300) completed with:

- **PASSED marked in Eye and Ear sections**
- **"NORMAL APPEARANCE marked in Dental section**

**OR**

- **If additional evaluation is required in any of the areas within the first 90 calendar days of school an attached appointment card showing when the child will be evaluated or a doctor's letter explaining why the form can not be completed. A new, completed form must be presented the day after the appointment. \*\*\*\*\*See example on back**

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### Forms supplied by school for parent to complete

\_\_\_\_\_ **Pre-K Registration Form**

\_\_\_\_\_ **Waiting List Information Form**

\_\_\_\_\_ **Roster Information Form**

\_\_\_\_\_ **Griffin-Spalding County Registration Form**

\_\_\_\_\_ **Home Language Survey**

\_\_\_\_\_ **Migrant Survey**

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http://health.state.ga.us/pdfs/prevention/immunization/3231SampleMar07.pdf

Georgia Form 3231

Form 3231 (Rev. 03/2007) Georgia Department of Human Resources Form 3231

Use required on or after July 1, 2007.

### CERTIFICATE OF IMMUNIZATION

Lastname, Firstname I. 10 01 2001 OR  (Fill in X)  
 Child's Name (Last name first) Birthdate Date of Expiration Complete For School Attendance

Lastname, Mother I.  
 (Optional) Parent/Guardian Name (Last name first)

(Next required immunization or review of medical exemption due.) Child must be ≥ 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.

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 Program.

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE	Total Doses	Diagnosed	Serology +	History	Med. Exemption
	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY					
<b>Required Vaccines for School or Child Care Attendance</b>											
DTP, DTaP, DT											
Td or Tdap											
Hepatitis B											

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http://health.state.ga.us/pdfs/familyhealth/form3300.pdf

Georgia Form 3300

### Georgia Department of Human Resources CERTIFICATE OF EAR, EYE AND DENTAL EXAMINATIONS TO BE FILED WITH SCHOOL AT TIME OF CHILD'S ENROLLMENT

*This is to certify that the child identified here has received or been exempted for special or provisional reasons from receiving EXAMINATIONS, TESTS or INSPECTIONS.*

**IDENTIFYING INFORMATION**

CHILD'S NAME: First Middle Last | DATE OF BIRTH: Mo. Day Yr.

LOCAL RESIDENCE (Street & Number, P.O. Box, Route, Etc.) | SCHOOL | SEX:  Male  Female

CITY | STATE & ZIP CODE | COUNTY | RACE:  White  Black  Other

PARENT'S NAME | ADDRESS (Street or R.F.D. No., City or Town, State)

**EYE-VISION**

Screening Test  Passed  
 Needs Further Professional Examination  
 Special Certificate  
 Provisional Certificate

Examination Done By:  County Health  Volunteer Organization  Private Practitioner | Date

Examiner's Signature | Title

**DENTAL**

Normal Appearance (Green)  
 Needs Further Professional Examination (Yellow)  
 Emergency Observed Problem (Red)  
 Special Certificate  
 Provisional Certificate

Examination Done By:  Public Health: Dentist, Hygienist, PH/School R.N.  Private Practitioner: Dentist, Physician | Date

Examiner's Signature | Title

**EAR-HEARING**

Screening Test  Passed  
 Needs Further Professional Examination  
 Special Certificate  
 Provisional Certificate

Examination Done By:  County Health  Volunteer Organization  Private Practitioner | Date

Examiner's Signature | Title

**FOR INFORMATION:**  
 CONTACT YOUR COUNTY HEALTH DEPARTMENT, OR YOUR PRIVATE PRACTITIONER

**FOR INSTRUCTIONS:**  
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