

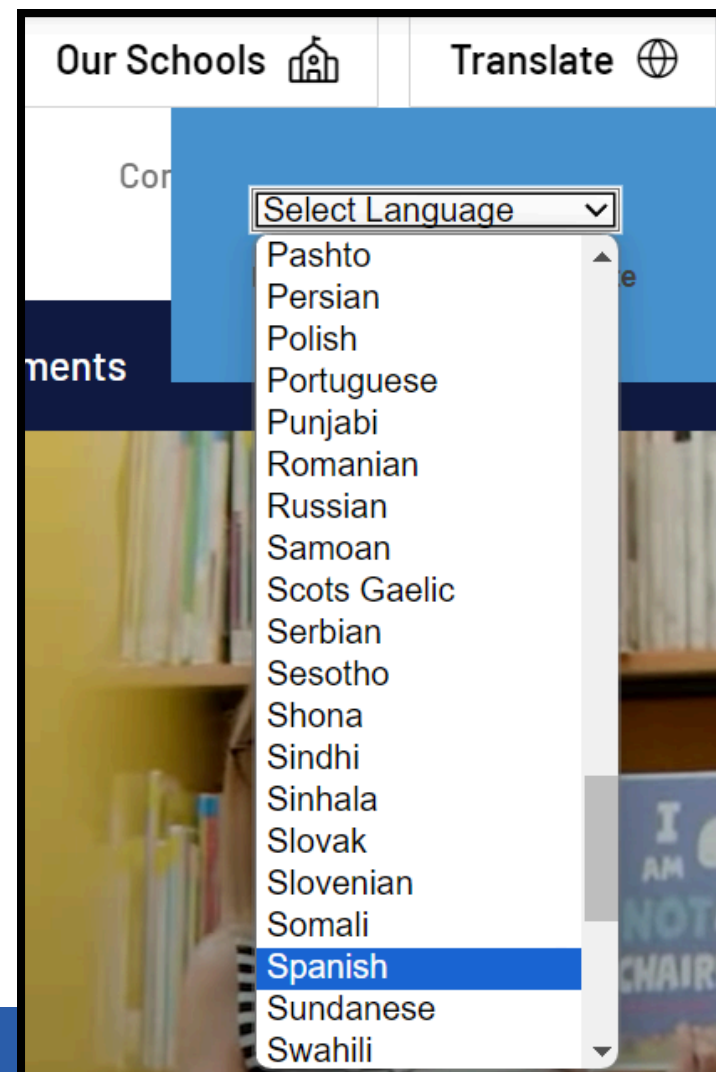
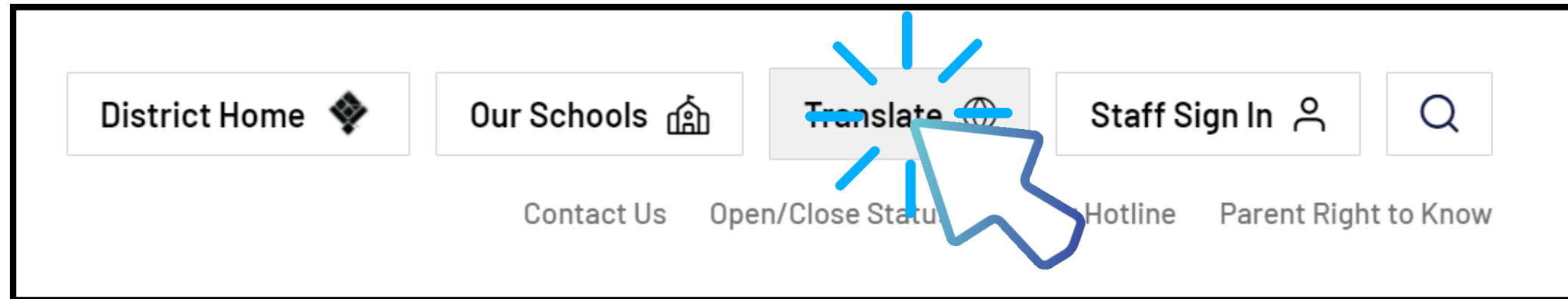


The Enrollment Journey

Journey with the
García family as
they enroll their son
in a Fayette County
school



Go to www.fcboe.org



Go to
www.fcboe.org

Welcome to Fayette County Public Schools



Enroll



Calendar



Infinite Campus



ClassLink

New to Fayette County

If you currently do not have a student enrolled in Fayette County Public Schools, [start the registration process here.](#)

**To use a computer, you must
make an appointment before
2 in the afternoon!**

Need help?

Make an Appointment!

Purpose of your visit

I want to use a computer to enroll my children



Purpose of your visit

I need an interpreter to help me with my online enrollment application



Purpose of your visit

I want to submit documents for enrollment

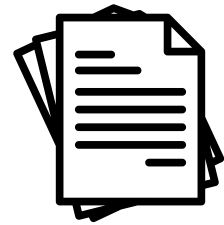


Purpose of your visit

I don't have all the required documents and want to discuss my options

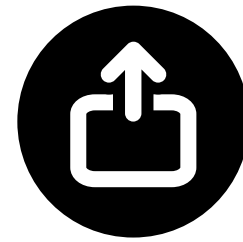


Submitting Needed Documents



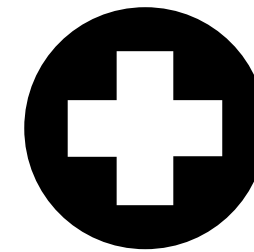
Submit in person

Bring physical copies to your appointment. The Enrollment Center cannot print documents for you



Upload online

You can upload documents in the online application. You cannot email documents



Medical forms

You can upload the forms online or submit them to the nurse's office at your student's school

Needed Documents

1. Parent/guardian photo ID
2. Proof of residency
 - Electric bill
3. Birth certificate
4. Health Forms/Information
 - Form 3231 (Immunization Certificate)
 - Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)

Parent/Gaurdian Photo ID

- State-issued photo ID*
- Driver's license*
- Photo ID from your home country
- Voter ID
- Green card
- Passport

The ID must not be expired



Ex: Mr. García uses his INE (Instituto Nacional Electoral) card to enroll his children in school

- ~~1. Parent/guardian photo ID~~
2. Proof of residency
 - Electric bill
3. Birth certificate
4. Health Forms/Information
 - Form 3231 (Immunization Certificate)
 - Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)

Needed Documents

Proof of Residency

official documents that prove
where you currently live



Which one are you?



rent a home/apartment



own a home



live with friends/family



own a mobile home

I Own a Home

1. residential property tax statement
2. a recent electric bill



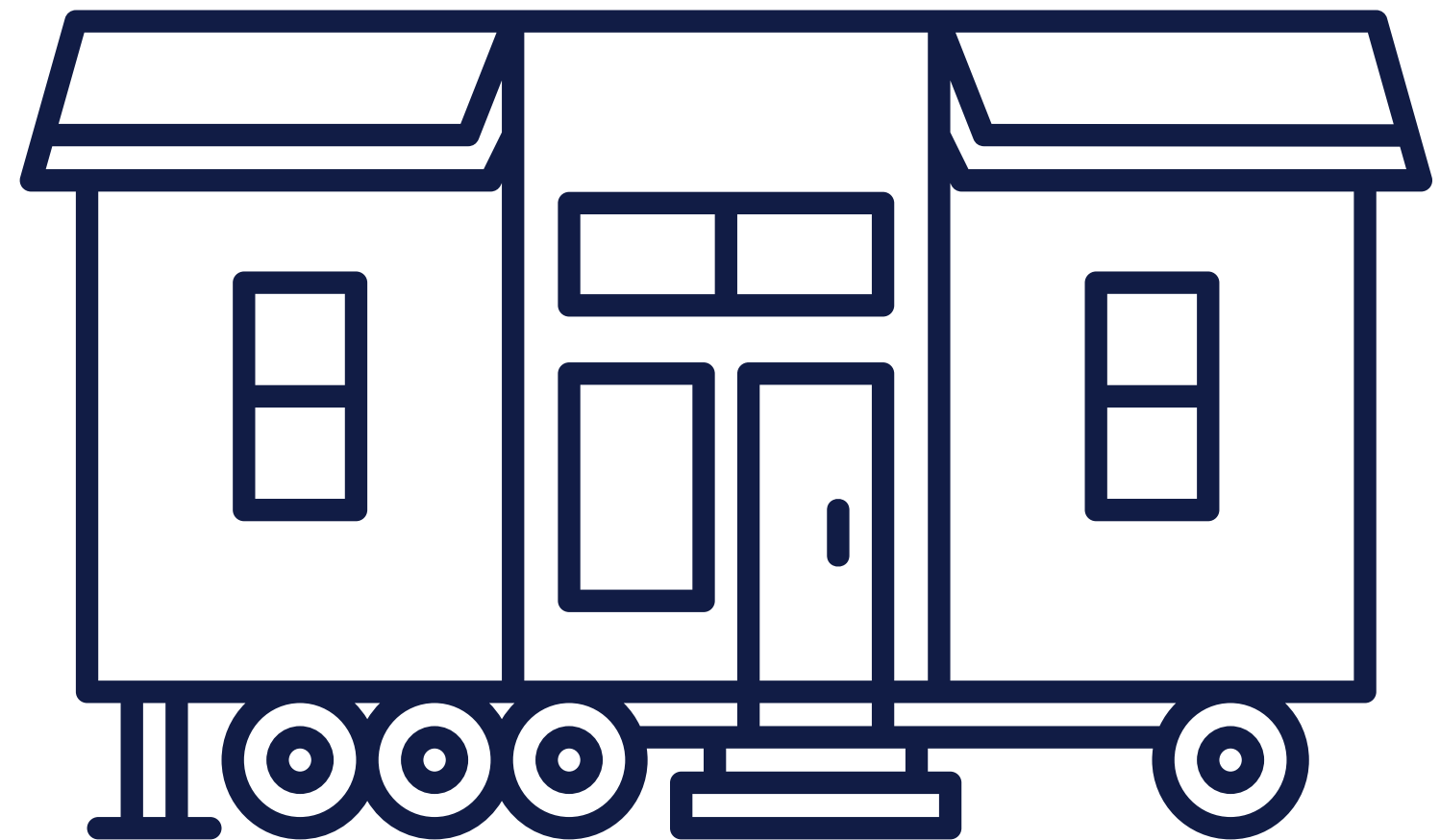
I Rent a Home or Apartment

- 1.the current signed lease
- 2.a recent electric bill



I Own a Mobile Home

- 1.the current signed lease for the mobile home lot
- 2.a recent electric bill



If you rent...

- no month-to-month leases
- all people living in the rental (or on the mobile home lot) must be written on the lease



I live with friends or family

If your friend or family member owns the home:

1. Their residential property tax statement
2. Their official photo ID
3. A recent electric bill
4. An affidavit



I live with friends or family

my friend or family member owns the home:

What is an affidavit?

It is an official document that verifies that you live in the house and the owner of the house knows that you live there



I live with friends or family

my friend or family member owns the home:

What should I do?

You must make an appointment with the Enrollment Center.

Both you and the homeowner must attend the appointment. Both will be asked to sign the affidavit and both must bring a photo ID



I live with friends or family

If your friend or family member rents the home/apartment/mobile home:

1. The current signed lease
 - or the lease for the mobile home lot if living in a mobile home
2. A current electric bill
3. An official letter from the landlord or property manager



I live with friends or family

My friend or family member rents the home/apartment/mobile home:

You must present an official signed letter from the owner, property manager, or mobile home park stating that they are aware that you and your student(s) live there or are staying there temporarily.

Schedule an appointment with the Enrollment Center and submit this document in person.



I live with friends or family

If your friend or family member owns a mobile home:

1. the current signed lease for the mobile home lot
2. a recent electric bill
3. a official signed letter from the mobile home park (see previous slide)



Proof of Residency

The García family is temporarily living with family in a rented home. The Garcías are saving to rent a home or apartment in the area



Because they recently moved in with family, the Garcías are not on the lease

The Garcías must...

1. Notify the landlord that the Garcías are temporarily living in the house
2. Ask the landlord to write a letter stating that he or she knows the Garcías are living there temporarily and sign it.
3. Make an appointment at the Enrollment Center
4. Submit the letter to the Enrollment Center



~~1. Parent/guardian photo ID~~

~~2. Proof of residency~~

○ ~~Electric bill~~

3. Birth certificate

4. Health Forms/Information

- Form 3231 (Immunization Certificate)
- Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)

○ Needed Documents

Birth Certificate

A birth certificate helps to confirm the parents of the child being enrolled

FCPS accepts both U.S. and international birth certificates



No birth certificate?

Please make an appointment with the Enrollment Center to discuss alternative documentation

~~1. Parent/guardian photo ID~~

~~2. Proof of residency~~

- ~~Electric bill~~

~~3. Birth certificate~~

4. Health Forms/Information

- Form 3231 (Immunization Certificate)
- Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)



Needed Documents



Immunization Certificate (Form 3231)

- Official immunization document used by the Georgia Department of Public Health
- You cannot use vaccine records from your home country



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.

(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			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					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td																				
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB (Under Age 5)																				
PCV (Under Age 5)																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A (Born on/after 1/1/06)																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																				
HPV																				
Influenza																				
Td (booster)																				
Men-B																				

Option 1

Make an appointment with the
Fayette County Health Department

1-800-847-4262



1. Bring a copy of your student's official vaccine records
from your home country.
2. Bring your student - they may need additional
vaccines
3. Ask for a printed copy of Form 3231

Option 2

Make an appointment with a local pediatrician or family doctor



1. Bring a copy of your student's official vaccine records from your home country.
2. Bring your student - they may need additional vaccines
3. Ask for a printed copy of Form 3231

~~1. Parent/guardian photo ID~~

~~2. Proof of residency~~

- ~~Electric bill~~

~~3. Birth certificate~~

4. Health Forms/Information

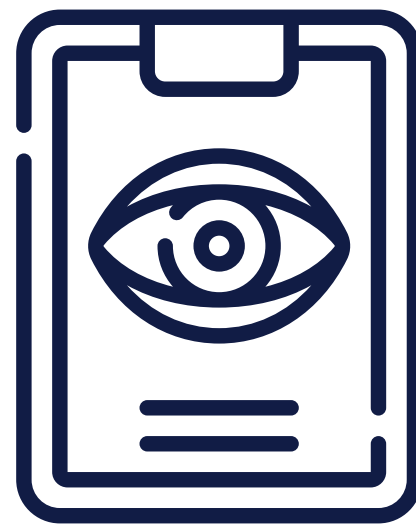
- ~~Form 3231 (Immunization Certificate)~~
- Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)



Needed Documents



Vision, Hearing, Dental, Nutrition Screening (Form 3300)



All students are required to have exams assessing their:

- vision
- hearing
- dental health
- nutritional health



Georgia Department of Public Health Form 3300

PLEASE SEE THE INSTRUCTIONS
ON THE BACK OF THIS FORM

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

Parent/ Guardian Name: _____
first middle last

Parent/ Guardian Contact Information:

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

Child's Name: _____
first middle last

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Child's Home Address:

street city state zip code county

VISION	HEARING	DENTAL	NUTRITION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing	<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device	<input type="checkbox"/> Unable to screen (explain why below)	<input type="checkbox"/> Unable to screen (explain why below)
<input type="checkbox"/> Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6) <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below)	<input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Emergency problem observed <input type="checkbox"/> Under professional care (explain below)	Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 th to 84 th percentile - Appropriate for age <input type="checkbox"/> < 5 th percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 th percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
..... Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Optometrist <input type="checkbox"/> "Prevent Blindness Georgia" employee <input type="checkbox"/> School Registered Nurse Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> School Registered Nurse Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Dentist <input type="checkbox"/> Local Health Department Registered Nurse <input type="checkbox"/> Registered Dental Hygienist <input type="checkbox"/> School Registered Nurse Screening completed by: <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information:	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information:	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information:	Screeners' Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information:

FOR SCHOOL SYSTEM ONLY			
Follow up for further evaluation			
	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on:			

Screeners' Comments:

DPH Form 3300 Rev. 2013

Option 1

Make an appointment with the
Fayette County Health Department

1-800-847-4262



Option 2

Make an appointment with a local
pediatrician or family doctor



Forms 3231 and 3300
can be obtained at the
same appointment



Submit medical forms
within 30 days of your
student's first day
attending school

- Nurse's office
- Upload online



✓ Household

✓ Parent

✓ Emergency Contact

▼ Student

Completed

Student Name Margaret Lee Sprinkel

▶ Demographics

▶ Race/Ethnicity

▶ Housing

▶ Language Information

▶ Previous Schools

▶ Relationships - Parent/Guardians

▶ Health Services - Emergency Information

▶ Health Services - Medical or Mental Health Conditions

▼ Health Services - Medications

No medications ☒

Please upload a copy of immunization records (e.g. Georgia Form 3231). (JPG, PNG, or PDF)

Upload Immunizations

Please upload a copy of Georgia Form 3300 (Vision, Hearing, Dental and Nutrition Screening). (JPG, PNG, or PDF)

Upload GA Form 3300

[For more information click on this link.](#)

Forms 3231 & 3300

The García family enrolled their son Carlos for school in July. He began attending school on August 3rd.

The Garcías were not able to make an appointment for Carlos with a pediatrician until August 20th.

The Garcías have until September 2nd to submit Carlos' medical forms



Forms 3231 & 3300

- Carlos attended his pediatric appointment on August 20th
- The pediatrician's office provided the Garcías with signed 3231 and 3300 forms
- The Garcías submitted these forms to the school's nurse on the next school day



~~1. Parent/guardian photo ID~~

~~2. Proof of residency~~

- ~~Electric bill~~

~~3. Birth certificate~~

4. Health Forms/Information

- ~~Form 3231 (Immunization Certificate)~~
- ~~Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)~~

○ Needed Documents

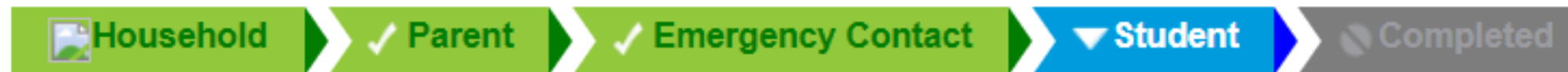


On the online enrollment application, include:

1. all medical conditions
2. all medications



* Indicates a required field



Student Name [REDACTED]

▸ Demographics

▸ Race/Ethnicity

▸ Housing

▸ Language Information

▸ Previous Schools

▸ Relationships - Parent/Guardians

▸ Health Services - Emergency Information

▼ Health Services - Medical or Mental Health Conditions

No medical or mental health conditions ☐

OR

Add Condition

[For more information click on this link.](#)

◀ Previous

Next ▶

▸ Health Services - Medications

~~1. Parent/guardian photo ID~~

~~2. Proof of residency~~

- ~~Electric bill~~

~~3. Birth certificate~~

~~4. Health Forms/Information~~

- ~~Form 3231 (Immunization Certificate)~~
- ~~Form 3300 (Vision, Hearing, Dental, and Nutrition Screening)~~

○ Needed
○ Documents