

# The Enrollment Process



# ENROLLMENT

## Know Your Rights

Undocumented, school-age children have **the right** to free public education



Students with an international birth certificate have **the right** to free public education



FCPS encourages families to submit a Social Security card, but this is optional



Your child's personal information and education records are **protected**. You must give permission before any personal information can be shared



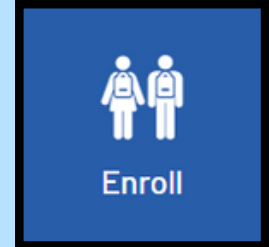
Interpreters and translators are available for **free** if you request them



# ENROLLMENT

## Getting Started

1. Go to [fcboe.org/Fayette](http://fcboe.org/Fayette)
2. Click **Enroll**
3. Scroll down until you see this:



### **New to Fayette County**

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



[Click here](#) if you have a student who currently attends a Fayette County school and want to now **enroll a sibling**

# ENROLLMENT

## Overview of Required Documents

You will need the following documents to enroll your student:

### 1. **Parent/Guardian photo ID**

### 2. **Proof of Residency**

- official documents that prove where you currently live

### 3. **Electric Bill**

### 4. **Birth Certificate**

- If you do not have a birth certificate, make an appointment with the Enrollment Center to discuss alternative options

### 5. **Student Medical Information**

- See pages 8-13. You have 30 days from the day your student first attends school to submit them to your school's nurse

The following pages provide more details about the documents and information needed to enroll your student...

# Documents & Information Needed for Enrollment

## 1. Proof of Residency

### I am a Home Owner

- Provide a current **electric bill**
- Provide your current **residential property tax statement**

*If you bought your house within the past year, see page 15, Q4*

### I Rent a Home or Apartment

- Provide a current **electric bill**
- Provide the current **signed lease** or **rental agreement**

### I own a Mobile Home

- Provide a current **electric bill**
- Provide the current **signed lease** or **rental agreement** for the **mobile home lot** (see page 15, Q6)

### Leases and rental agreements must list:

- The start and end date of the lease (**no month-to-month leases**)
- All persons living in the rental or on the mobile home lot

# Documents & Information Needed for Enrollment

## I Live with Friends/Family in a Mobile Home

- Provide a current **electric bill**
- Provide their current **signed lease** or **rental agreement** for the **mobile home lot** (see page 15, Q6)

*If your name or your student's name is not on the rental agreement for the mobile home lot, see page 15, Q2-3*

## I Live with Friends/Family in a Home or Apartment

*If the friend or family member **owns** the home, please provide...*



- a current **electric bill**
- their current **property tax statement**
- their official **photo ID** (see page 15, Q5)
- a signed affidavit (see page 15, Q1)

*If the friend or family member **rents** the home, please provide...*



- a current **electric bill**
- the current **signed lease** or **rental agreement** (no month-to-month leases)



*If your name or your student's name is not on the rental agreement, see page 15, Q2-3*

## 2. Parent or Legal Guardian Information

- **Name**
- **Address**
- **Date of Birth**
- **Phone Number**
- **Email Address**

*The parent or guardian enrolling the student will be asked to provide a **photo ID** (see page 15, Q5)*

## 3. Student General Information

- **U.S. birth certificate or international birth certificate**  
*If you do not have access to a birth certificate, please contact the Enrollment Center (see page 16, Q8)*
- **Social Security card**  
*Submit your student's social security card if possible. It is optional (see page 16, Q11)*

## 4. Student Medical Information

On the online enrollment application, please include:

- all **medical conditions** your student has
- all **medications** your student is currently taking

When you are assigned a school, please **email the nurse** at your school about your student's **medical conditions** and **medications**

[Click here](#) for a list of nurses who serve at each Fayette County school and their contact information

If your student must take **any** medication **during school hours**, complete the **School Medication Authorization form** provided below:

- [Click here](#) for the English version
- [Click here](#) for the Spanish version

For **prescription** medications taken **during schools hours**, your student's **doctor** also must **sign** the **School Medication Authorization form**



# Documents & Information Needed for Enrollment

## Immunization Form (Form 3231)

Form 3231 is the official immunization document used by the Georgia Department of Public Health

*You **cannot submit** vaccine records from your home country*

To obtain Form 3231, choose **one** of the following options:



Make an appointment with the **Fayette County Health Department** by calling this number: 1-800-847-4262

You should...

- Bring a copy of your student's official vaccine records from your home country
- Bring your student in case they are missing any required vaccines

Once vaccination records have been verified and updated, you can **ask** for a printed copy of Form 3231



Make an appointment with a local **pediatrician** or a **family doctor**

You should...

- Bring a copy of your student's official vaccine records from your home country
- Bring your student in case they are missing any required vaccines

Once vaccination records have been verified and updated, you can **ask** for a printed copy of Form 3231

# Sample of Form 3231:

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

# Documents & Information Needed for Enrollment

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

All students are required to have exams assessing their vision, hearing, dental, and nutrition health status

To complete these exams and obtain a signed Form 3300, choose one of the following options:



Make an appointment with the **Fayette County Health Department** by calling this number:  
**1-800-847-4262**



Make an appointment with a local **pediatrician** or a **family doctor**

Forms 3231 and 3300 can be obtained at the same appointment

# Sample of Form 3300:



## 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

Child's Name: \_\_\_\_\_  
first middle last

Parent/ Guardian Contact Information:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Daytime phone number: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Evening phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

street city state zip code county

VISION
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses corrective lenses <input type="checkbox"/> Worn for testing  <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)
<b>Screening completed by:</b> <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
<p>_____ Screener's Signature      Date</p> <p><i>I certify that this child has received the above screening.</i></p> <p>Contact Information:</p>

HEARING
<input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Uses hearing aid / assistive device  <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)
<b>Screening completed by:</b> <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
<p>_____ Screener's Signature      Date</p> <p><i>I certify that this child has received the above screening.</i></p> <p>Contact Information:</p>

DENTAL
<input type="checkbox"/> Unable to screen (explain why 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)
<b>Screening completed by:</b> <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
<p>_____ Screener's Signature      Date</p> <p><i>I certify that this child has received the above screening.</i></p> <p>Contact Information:</p>

NUTRITION
<input type="checkbox"/> Unable to screen (explain why below)  Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 <sup>th</sup> to 84 <sup>th</sup> percentile - Appropriate for age <input type="checkbox"/> < 5 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> ≥ 85 <sup>th</sup> percentile - Needs further evaluation <input type="checkbox"/> Under professional care (explain below)
<b>Screening completed by:</b> <input type="checkbox"/> Physician <input type="checkbox"/> Local Health Department <input type="checkbox"/> Registered Dietician <input type="checkbox"/> School Registered Nurse
<p>_____ Screener's Signature      Date</p> <p><i>I certify that this child has received the above screening.</i></p> <p>Contact Information:</p>

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:			

Screener's Comments:

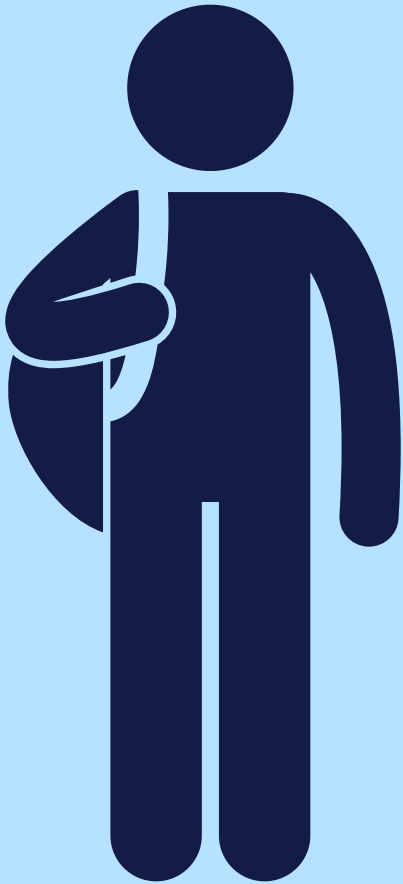
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DPH Form 3300 Rev. 2013

Jeong moved to the United States from South Korea in June with her family. Her parents completed the online enrollment application in July, and Jeong began attending school on August 3rd.



Jeong's family must wait until August to see a pediatrician to get required immunizations and an official immunization form (Form 3231). Jeong's parents need to submit this document by September 2nd, which is 30 days from August 3rd.

You can upload Forms 3231 and 3300 when you enroll **online** or submit them to **nurse's office** at your student's school

# ENROLLMENT

## Common Concerns

### I want an interpreter to be at my appointment

[Click here](#) to make an appointment. Write “I would like a (write here the language you need) interpreter” under “Purpose of your visit”

### I do not have a computer or internet at my home

[Click here](#) to make an appointment to use a computer at the Enrollment Center and complete the online enrollment application. Under “Purpose of your visit,” write that you want to use a computer. You must select a timeslot **before 2:00 in the afternoon**

### I want to submit required documents in-person

[Click here](#) to make an appointment to submit hard copies of required documents. You must complete the online enrollment application to the best of your ability **before** your in-person appointment

# Common Questions

1. I live with friends or family in a home my friend or family member owns. What documents do I need to provide to enroll my student?

**You need to make an appointment with the Enrollment Center. You and the home owner both need to attend the appointment. You both will be asked to sign an affidavit that verifies you are living in your friend or family member's home. You will both need to bring photo IDs.**

2. My name and/or my student's name is not on the rental agreement. What should I do?

**You need to submit a signed, official letter from the landlord, property manager, or mobile home park that states they are aware that you and your student(s) are living there or temporarily staying there. Please make an appointment with the Enrollment Center and submit this document in-person.**

3. The company I work for rents the apartment I live in. The lease is not in my name, but the company's name is listed instead

**You need to submit a signed, official letter from the property manager of apartment complex you live in that states that the manager knows you and your student(s) are living there. Please then make an appointment with the Enrollment Center and submit this document in-person.**

4. What documents do I need to provide if I bought my house within the past year?

**You should provide the signed closing Settlement Statement (received from your attorney during closing) or a Disclosure Statement.**

5. What can I use as a picture ID?

**The photo ID you use must not be expired**

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

**\*preferred**

6. What is a mobile home lot?

**It is the land where the mobile home is located. Typically, a person owns the mobile home but must rent the land where the mobile home is located.**

7. Why do I need to provide an electric bill?  
Can I submit another kind of bill?

**ONLY electric bills are accepted. It provides proof that you live within the school district.**



# Common Questions

8. How can I make an appointment with the Enrollment Center?

Click [here](#) to make an appointment

9. I'm having trouble obtaining Form 3231 or Form 3300 because of limited appointment availability. Can my student still attend school?

10. How can I submit the required documents?

**Yes, but you must email the nurse at your student's school about the situation and provide proof that you have scheduled an appointment with the Fayette County Health Department, a local pediatrician, or a family doctor. Click [here](#) to access the email of your school's nurse.**

**1. You can upload the required documents when you complete the online application**

**2. You can bring the required documents to an in-person appointment. Click [here](#) to make an appointment with the Enrollment Center**

**Medical documents and information should be uploaded online when you enroll your student or submitted to nurse's office at your student's school. Do not submit them to the Enrollment Center.**

11. Why am I asked to provide my student's Social Security number?

12. For reasons related to my religious convictions, I do not want my student to receive vaccinations. What should I do?

**Your student's Social Security number is used to generate a student ID number. If you choose not to provide your student's SSN, we will generate a unique ID number for your student.**

**You will need to fill-out and submit the Religious Objection to Required Immunization Form. Click [here](#) to access the form.**

13. What is the maximum age at which I can enroll my child in high school?

14. Will my child's siblings also be enrolled in the same school?

**This is determined by assessing each student individually. First, your student's records from previous schools must be submitted and verified. Your new school may also request certain evaluations in order to accurately assess your student's needs. When all this information has been gathered and considered, a decision can be made.**

**This depends on the grade levels of your children. Children in 1st-5th grade attend Elementary School while those in 6th-8th attend a separate Middle School. Students in 9th-12th will attend High School, also a separate building.**