

REQUIRED DOCUMENTS UPON INITIAL ENROLLMENT

IDENTIFICATION:

<https://www.fultonschools.org/enrollment>

- ☐ Parent/ Guardian ID
- ☐ Proof of Date of Birth (Original Birth Certificate)
- ☐ Social Security Number



HEALTH: SEE SAMPLE FORM PAGE 2 & 3

- ☐ Ear, Eye and Dental Screening (Form 3300).

Signed by a Health Department or a licensed Georgia physician.

- ☐ Immunization Certificate updated (Form 3231).

Available through the Fulton County Department of Health and Wellness or local physicians.

- ☐ Medicaid card, if the student has it.

TWO PROOFS OF RESIDENCE:

AND

- ☐ One Utility Proof (MUST be current):

- Water Bill
- Electric Bill

- ☐ One Residence Proof (MUST be current):

- Copy of home mortgage payment
- Lease/Renters Agreement
- Current bank statement
- Copy of Section 8 / HUD housing contract
- Copy of home contract
- Homeowner's / Renter's insurance card
- Current paycheck stub
- Current HOA Bill / Statement

Note: Proofs should be collected upon entering Kindergarten and 5th grade for new enrollees, and change of address.

[Ameyaltzin Palomino](#)

Data Clerk | Student Records Coordinator

Lake Forest Elementary School

Email: Munoza@fultonschools.org

Direct Line: (470)-254-9575

Enroll a student:

<https://www.fultonschools.org/enrollment>



Rev. 03/2014
InterimGeorgia Department of Public Health
CERTIFICATE OF IMMUNIZATION

FORM 3231

Child's Name (Last name first) Shmoe, Joe M.		Birthdate 1/15/2009	
(Optional) Parent/Guardian Name (Last name first) Mary Lou Shmoe		OR <input checked="" type="checkbox"/> Complete For School Attendance (Child must be 4 years and have met all requirements for school attendance. The vaccine history section must be filed in.)	

Must have student name and birthdate

Must not have expired before start of school year

OR

Must have "Complete for School" box checked

	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
Required Vaccines for School or Child Care												
DTP, DTaP, DT, Td	04	01	09	05	29	09	08	13	09	05	14	10
Polio	07	09	09	09	29	09	09	21	10	02	07	13
Hepatitis B	07	09	09	09	29	09	01	28	10			
Tdap												
MCV4												
HIB												
(Under Age 5)	04	01	09	05	29	09	08	13	09	01	28	10
PCV												
(Under Age 6)	05	05	09	11	05	09	03	18	10	06	05	10
Measles	06	05	10	02	10	14						
Mumps	06	05	10	02	10	14						
Rubella	06	05	10	02	10	14						
Hepatitis A												
(Born on/after 1/1/98)	02	09	11	04	13	12						
Varicella	05	14	10	02	10	14						
Recommended Vaccines (For Information Only)												
Rotavirus												
HPV (3 Doses)												
Influenza												
Td Booster												

Must have physician or health department's name, address, and phone number, along with a signature and date.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Dr. Health Care
112 Care Way
Cumming, GA 30040
770-111-2222

Certified by (Signature/Signature Stamp) **[Signature]** Date of Issue **11/17/2014**

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 and certification of this certificate with legible name, address, signature and date of issue. 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 filed 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. 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.



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"/> 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"/> 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)	<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)	<input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ BMI: _____ BMI%: _____ <input type="checkbox"/> 5 th to 84th 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
Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener's Signature Date I certify that this child has received the above screening. Contact Information:	Screener'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 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on: _____			

Screener's Comments:

DPH Form 3300 Rev. 2013

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 dietitian 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 dietitian 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

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.