

## **Newton County STEAM Academy 2024-2025 Kindergarten Application Information**

- Applications for students entering Kindergarten for the 2024-2025 school year will be accepted Thursday, March 14, 2024, from 3:00- 6:00 pm and Friday, March 15, 2024, from 12:00-3:00 pm.
- Parents must submit the completed application along with all required documentation during the acceptance window. *No applications will be accepted after 3:00pm on Friday, March 15, 2024.*
- A lottery for open Kindergarten seats is scheduled for 10:00 am on Friday, March 29, 2024, via livestream. Parents will be notified via letter of their student's acceptance or placement on a waiting list by April 30, 2024.

### **Kindergarten Academic & Behavior Entrance Requirements**

- ❖ There are no academic entrance requirements for students applying for kindergarten.
- ❖ Students must have zero out-of-school suspensions and have never been expelled.
- ❖ Students may have no more than two detentions or in-school suspension/time-out referrals.

### **Faxed, emailed, late, incomplete, or unsigned applications will not be accepted.**

#### **Two Proofs of Residency: Acceptable Proofs of Newton County Residency MUST be:**

- (1) a signed lease or rental agreement, deed, monthly mortgage statement or current property tax bill **AND**
- (2) at least one current utility bill (gas, electric or water bill only)

*\*\*\*The name(s) on the proof of residency MUST be the parent named on the birth certificate or designated as the official guardian on the official court paperwork. If the proof of residency is in the name of a stepparent, a marriage certificate MUST be presented that proves the stepparent and official parent/guardian are married. \*\*\**

#### **Parent/Guardian Photo ID**

#### **Proof of Custody/Guardianship \*\*\*See explanation below\*\*\***

#### **Certified copy of Student's Birth Certificate**

#### **Social Security Card or Signed waiver**

#### **Immunization Record – GA Form 3231**

#### **GA Eye, Ear & Dental Form 3300 – All sections must be completed**

#### **Special Education (IEP) or 504 Records for students receiving these services**

**Certified Discipline Report from current School or Pre-School Center/Learning Center on Letterhead and signed by the school Principal, Director, or designee must be hand delivered in a sealed envelope along with the completed application. *A Discipline Report is required for ALL applicants even if there is no history of disciplinary infractions (This does not apply to homeschooled applicants)***

- The person applying for the student MUST be the parent named on the birth certificate unless official guardianship papers are presented. *\*\*\* "Notarized letters" will NOT be accepted in lieu of official court mandated guardianship papers.*
- In the case of divorced parents, only the parent who has "primary physical custody" as designated in the final divorce decree will be permitted to apply for the student. *\*\*\*A final divorce decree MUST be presented with the application.*

**Completed applications and required documentation must be hand delivered by the parent/legal guardian or designee to Newton County STEAM Academy located at 10245 Eagle Drive Covington, GA 30014 during the designated dates and times listed below:**



# Newton County STEAM Academy

## 2023-2024 Application for Kindergarten

Applications will be accepted Thursday, March 14, 2024, from 3:00- 6:00 pm and Friday, March 15, 2024, from 12:00-3:00 pm. Please attach copies of all required documentation.

**Faxed, emailed, late, incomplete, or unsigned applications will not be accepted.**

### **Student Information:**

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

Gender: \_\_\_\_\_ M \_\_\_\_\_ F Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *Students entering kindergarten must be age 5 on or before September 1, 2024*

Ethnicity: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Asian \_\_\_\_\_ Other (Specify)

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Name Called

### **Grade Level applying to for 2024-2025: KINDERGARTEN**

School Attended during the 2023-2024 school year: \_\_\_\_\_ School District: \_\_\_\_\_

School currently zoned to attend: \_\_\_\_\_

### **Parent/Guardian Contact Information:**

Mother's/Guardian's Name: \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Email \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different from Home Address): \_\_\_\_\_  
\_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Siblings who have applied for attendance at NCTS (separate applications must be completed for each child):**

Child's Name: \_\_\_\_\_ Grade Level for 2024-2025: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level for 2024-2025: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level for 2024-2025: \_\_\_\_\_

### **Special Programs:** (Please note that our support services are provided within the regular education classroom setting)

Does the child have an IEP (Individualized Education Plan) for special education or a 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, **documentation must be provided with this application.**

Is the child enrolled in a program for gifted students? \_\_\_\_\_ Yes \_\_\_\_\_ No

*By signing below, I am confirming that I will hand deliver the final year-end discipline report in a sealed envelope to NCSA front office by 3:00 pm on Thursday, May 30, 2024, and failure to submit it will result in my child being removed from enrollment at NCSA or the waiting list.*

Names of Parent/Guardian (Please print):

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*Please note that only a custodial parent or legal guardian may enroll or withdraw the above student.*

**I verify that I have completed this application and provided copies of the following required documentation:**

- \_\_\_\_\_ 2 Proofs of Residency
- \_\_\_\_\_ Parent/Guardian Photo ID
- \_\_\_\_\_ Proof of Custody/Guardianship
- \_\_\_\_\_ Immunization Record – GA Form 3231
- \_\_\_\_\_ Special Education, IEP and/or 504 Records (if applicable)
- \_\_\_\_\_ Student Records request \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Military Connection Survey
- \_\_\_\_\_ GA Eye, Ear & Dental Form 3300
- \_\_\_\_\_ Certified copy of Student's Birth Certificate
- \_\_\_\_\_ Social Security Card or Signed waiver



# Newton County School System Student Records Request

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mm                  dd                  yyyy

### Information Being Requested By:

School Name: Newton County STEAM Academy    Phone: 770-784-2959    Fax: 770-784-2963

Address: 10245 Eagle Drive    City: Covington    State: GA    Zip: 30014

### Student Information:

Student Name: \_\_\_\_\_  
Last Name                  First Name                  Middle Name                  Suffix (Jr, Sr, II, III, etc)

Date of Birth: : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm                  dd                  yyyy

Previous School Name: \_\_\_\_\_    Grade: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Phone: \_\_\_\_\_    Fax: \_\_\_\_\_

*The student listed above is seeking admission to the Newton County School System. Please assist us by providing the information listed below:*

- Standardized Educational Record
- Standardized Test Scores
- GA Immunization Form 3231
- Gifted Eligibility
- Birth Certificate
- Withdrawal Form
- Section 504 Plan
- IEP or Special Education Records
- Screening & Health Information
- ESOL/ELL Record
- Social Security Number
- Attendance Record
- GA Certificate of Eye, Ear and Dental Examination Form 3300
- Certified Copy of Discipline Report (*if the student has never been in trouble, a letter from the school stating that the child has no discipline record is required in lieu of a Discipline Report*)
- Any other information that is vital to the student's education

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

*Per Georgia DOE Board Rule 160-5-1-14 schools must mail or otherwise deliver requested records within ten (10) calendar days of receipt of request. Schools shall not withhold any student record because of nonpayment of fees. Georgia requires all students entering Georgia schools for the first time, regardless of their grade level, provide an immunization record showing that they are adequately immunized. Please include this immunization record in your release. The final regulations of the Family Education Rights and Privacy Act (FERPA), 1976 (Buckley Amendment) no longer requires written parental consent to release student educational records between schools. These rules state that officials in school systems in which a student may intend to enroll may release and receive a student's records without written consent for each release.*



# Newton County School System Home Language Survey

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

**Home Language Survey** – In order to comply with state guidelines, we are required to have a Home Language Survey on file **for ALL students**.

## **Student Information:**

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc)

Date of Birth: : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name Middle Name Suffix (Jr, Sr, II, III, etc)

1. Where was the student born (in what country)? \_\_\_\_\_

Date this student entered the USA (if applicable): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

Date this student first started school in the USA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

2. What was the first language this student learned to speak? \_\_\_\_\_

3. What language does the student speak most often? \_\_\_\_\_

4. What language is used most often in the student's home? \_\_\_\_\_

*PLACE IN PERMANENT RECORD FOLDER*

*If the answer to any of the above questions is a language other than English, send a copy of this form to the designated ESOL contact at the school for student screening.*



# Newton County School System

## Student Registration Packet

### Military Connections Survey

During its 2012 session, the Georgia General Assembly enacted several laws relating to the education of children of military families. The goal of the legislation is to maximize a student's educational continuity despite the frequent movement across states and school districts that is often the result of a parent serving in the military. As a result of the laws enacted, school districts are required to collect data to ensure that children of military families are not placed at a disadvantage due to difficulty in the transfer of education records between school districts.

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

1. Does this student have a parent or guardian who is active duty in US Armed Forces, including those on active duty in the National Guard or a parent or guardian who is inactive or retired? \_\_\_ Yes \_\_\_ No
2. Does this student have a parent or guardian who is a member of the military reserves (US Armed Forces, National Guard or Reserve)? \_\_\_ Yes \_\_\_ No

If the answer to Questions 1 **AND** 2 is NO, please skip to the bottom, sign and date.

If the answer to Questions 1 **OR** 2 is YES, please complete chart, then sign and date.

Parent / Guardian Name	Relationship to Student	Military Status (see below criteria)	Military Branch (see below criteria)

**Military Status**

Active Duty, Deployed Injured	Active Duty, Not Deployed Killed in Action	Discharged Retired	Inactive
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**Military Branch**

Air Force	Army	Marine Corps	Navy
Air Force Reserve	Army Reserve	Marine Corps Reserve	Navy Reserve
Air National Guard	Army National Guard	Coast Guard	Coast Guard Reserve

Name of Parent/Guardian completing survey: \_\_\_\_\_

Signature of Parent completing survey: \_\_\_\_\_

Date: \_\_\_\_\_