



Kindergarten Registration Information and Instructions

****Your child must be 5 years old on or before September 1, 2025****

Please read and follow all instructions. Only fully completed applications will be considered.

Step #1 - Collect the required documents for each child you wish to enroll.

Please complete each of the following documents

- ◆ Georgia Department of Health Form - 3231 Immunization record - cannot be expired
- ◆ Georgia Department of Health Form - 3300 - Hearing, Vision, Dental & Nutrition Screening
 - Please make sure all fields on the form are filled out and all 4 screening sections are completed with signature and date.
 - If your child did not pass any portion of the screening, you must provide a copy of an appointment card that states when your child will be reevaluated.
 - If your child turns 4 after the registration date, and you cannot complete form 3300, you must provide a copy of an appointment card that states when your child is scheduled for their 4-year-old check-up.

Please provide 1 copy of each of the following documents

- ◆ Child's certified birth certificate
- ◆ Child's social security card
- ◆ Two proofs of residency
 - 1st proof – mortgage statement, deed, lease, rental agreement, property tax statement
 - 2nd proof – Cartersville City utility bill, power bill, water bill, gas bill, must be **current** (within the last 45 days)
- ◆ State-issued ID, driver's license, or passport for each parent
- ◆ Guardianship paperwork or court orders, if applicable
- ◆ City of Cartersville employee badge or Cartersville School System employee badge, if applicable
- ◆ Proof of government assistance, if applicable

Step #2 - Complete and submit the Kindergarten online registration application on the Cartersville City Schools website at www.cartersvilleschools.org. Please make sure you provide a current email, this is how we will notify you of your application status. Please make sure you write down application number.

Step #3 - Bring your copied documents and required forms with your completed online application number to Cartersville City Schools Central Registration Office at 35 Nelson Street on the following days:
Wednesday 3/26
Wednesday 4/30
Wednesday 5/7
from 8-12pm or 2-3:30pm for review and final submission.

***Please note– All 3 steps listed above must be completed for your registration application to be approved.**

- You will receive notification via email no later than Friday, April 4th regarding your status.

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					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td																	<input type="checkbox"/>			
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																	<input type="checkbox"/>			
HPV																				
Influenza																				
Td (booster)																				
Men-B																				

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 of this certificate. 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 filled 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, legible name and address of the physician, **Advanced Practice Registered Nurse, Physician Assistant** or health department, certified by signature and a date of issue.

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.**

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

Certified by (Signature/Signature Stamp) Date of Issue



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:

Daytime phone number: _____

Evening phone number: _____

Cell phone number: _____

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

Child's Home Address:

street city state zip code county

VISION

- ☐ Unable to screen (explain why below)
- ☐ Uses corrective lenses
- ☐ Worn for testing

- ☐ Passed (20/30 in each eye for age 6 and above, 20/40 in each eye for below age 6)
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Optometrist
- ☐ "Prevent Blindness Georgia" employee
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

HEARING

- ☐ Unable to screen (explain why below)
- ☐ Uses hearing aid / assistive device

- ☐ Passed at 500, 1000, 2000, and 4000 Hz with audiometer at 20 or 25 dB
- ☐ Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Audiologist
- ☐ Speech-Language Pathologist
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

DENTAL

- ☐ Unable to screen (explain why below)

- ☐ Normal appearance
- ☐ Needs further evaluation
- ☐ Emergency problem observed
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Dentist
- ☐ Local Health Department Registered Nurse
- ☐ Registered Dental Hygienist
- ☐ School Registered Nurse

Screener's Signature Date

I certify that this child has received the above screening.

Contact Information:

NUTRITION

- ☐ Unable to screen (explain why below)

Height: _____ Weight: _____

BMI: _____ BMI%: _____

- ☐ 5th to 84th percentile - Appropriate for age
- ☐ < 5th percentile - Needs further evaluation
- ☐ ≥ 85th percentile - Needs further evaluation
- ☐ Under professional care (explain below)

Screening completed by:

- ☐ Physician
- ☐ Local Health Department
- ☐ Registered Dietician
- ☐ School Registered Nurse

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: _____

Screeners' Comments:

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.