



# Scintilla Charter Academy

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*Every Fire Begins with a Spark*

The documents listed below **must be complete** in order to secure your scholar's spot at Scintilla Charter Academy for the 2017-2018 school year.

This packet is also available on our website at [www.scintillacharteracademy.com](http://www.scintillacharteracademy.com).

- Student Enrollment Form**
- Immunization Certificate – Georgia Department of Human Resources Form 3231** or notarized affidavit signed by all parents/legal guardians that swears or affirms that immunization(s) required conflict with religious beliefs.
- Hearing-Vision-Dental-Nutrition Certificate – GA Form 3300**
- Copy of Birth Certificate**
- Copy of Driver's License of Enrolling Parent/Guardian**
- Copy of Scholar's Social Security Card**
- Proof of Residency** see residency information included in this packet.
- Proof of Custody/Guardianship/Foster/Adoption** if applicable.
- Release of Student Records Authorization**
- Considerations & Exceptions for Enrollment**
- School Clinic Health Consent Form**
- Home Language Survey**
- Parent Occupational Survey**
- Special Education Records (IEP/SST/504/Gifted)** if applicable.

**Names of parents & scholars listed on enrollment must coincide with all supporting documentation or legal proof of name change must be provided.**

Date Entered: \_\_\_\_\_  
Office Use Only

Scintilla Charter Academy  
STUDENT ENROLLMENT 2017-2018

Car Rider No: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Grade Entering: \_\_\_\_\_ Gender M / F Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Circle One MM/DD/YY

Is the child Hispanic? \_\_\_\_\_ YES \_\_\_\_\_ NO

Race/Ethnicity: (Choose all that apply): \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black/African American \_\_\_\_\_ Hawaiian/Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Hispanic

Birthplace: \_\_\_\_\_  
City County State Foreign Country

Did student attend a Pre-K Program \_\_\_\_ Yes \_\_\_\_ No If Yes: Name of School \_\_\_\_\_

\_\_\_\_\_ Check if student is CURRENTLY receiving any of these services:  
\_\_\_\_\_ Special Education \_\_\_\_\_ Gifted \_\_\_\_\_ ESOL  
\_\_\_\_\_ 504 Plan \_\_\_\_\_ EIP (Early Intervention Program) \_\_\_\_\_ SST

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Step Parent Name(if applicable) \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Child Lives With: (circle) Parents Mother Father Step Parent Other (please explain) \_\_\_\_\_

If other than parent, who has legal custody of this child? \_\_\_\_\_ Relationship \_\_\_\_\_  
(Documentation of legal custody must be provided)

Do you lack a fixed, regular, or adequate nighttime residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Federally Connected Parent(ex:military, civil service): \_\_\_\_\_ Active Duty \_\_\_\_\_ Civilian Employed on Federal Property

Total Number Living in Your House: \_\_\_\_\_ Number of Children in Family: \_\_\_\_\_

List ALL children living in this household (including this scholar):

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

My scholar will be: \_\_\_\_\_ Car Rider \_\_\_\_\_ Day Care Rider

Daycare with authority to transport scholar: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Authorized To Pick Up Scholar Other Than Parent/Guardian (should match information sheet):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Persons RESTRICTED From Picking Up Scholar (Legal documentation required if restricted person is parent):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Scholar's Medical Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

Permission is given to administer First Aid as needed \_\_\_\_\_ Yes \_\_\_\_\_ No

**I affirm that the above scholar (circle one) HAS NOT BEEN HAS BEEN expelled from school attendance at any private or public school in Georgia or another state for an offense in violation of school board policies relating to weapons, alcohol, drugs, or for the willful infliction of injury to another person.**

**I certify that all information contained on this enrollment form is true and correct. I understand that I must report any change of residence and submit new proof of residence to Scintilla Charter Academy.**

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

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

# Sample Health Forms Required for Enrollment at Scintilla Charter Academy

Rev. 07/2014 Georgia Department of Public Health Form 3231

### CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) \_\_\_\_\_ Birthdate \_\_\_\_\_

(Optional) Parent/Guardian Name (Last name first) \_\_\_\_\_

Complete For K through 4th Grade  
 Child must be 4 years and have met all requirements for school attendance.

Complete For 7th Grade or higher  
 Public requirements K through 6th grade AND must have Tdap and MCV4 documented.

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.

VACCINE	DATE		DATE		DATE		DATE		DATE		Total Doses	Highland	Seveloy +	Hobby	Must Immunize
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM					
<b>Required Vaccines for School or Child Care Attendance</b>															
DTPaP, DT, Td															
Polio															
Hepatitis B															
Tdap															
MCV4 HB (Under Age 5)															
PCV (Under Age 5)															
Measles															
Mumps															
Rubella Hepatitis A (Born on/after 1/1/98)															
Varicella															
<b>Recommended Vaccines (For Information Only)</b>															
Rotavirus															
HPV (3 doses)															
Influenza															
Td (booster)															

**Notes:** A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, or 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 boxes. This certificate is NOT valid without name and address of the child, date of expiration OR "X" to Complete for School Attendance box, legal 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 moves 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 Dept.

Certified by (Signature/Signature Stamp) \_\_\_\_\_ Date of Issue \_\_\_\_\_



## Georgia Department of Public Health Form 3300

### 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.

PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM

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 \_\_\_\_\_

<b>VISION</b> <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 5 and above, 20/40 in each eye for below age 5) <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  Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information:	<b>HEARING</b> <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  Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information:	<b>DENTAL</b> <input type="checkbox"/> Unable to screen (explain why below) <input type="checkbox"/> Normal appearance <input type="checkbox"/> Needs further evaluation <input type="checkbox"/> Under professional care (explain below) <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  Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information:	<b>NUTRITION</b> <input type="checkbox"/> Unable to screen (explain why below) Height: _____ Weight: _____ 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  Screener's Signature _____ Date _____ I certify that this child has received the above screening. Contact Information:
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FOR SCHOOL SYSTEM ONLY			
Follow up for further evaluation		Actions reported (if any)	
1 <sup>st</sup> attempt	2 <sup>nd</sup> attempt		
Vision			
Hearing			
Dental			
Nutrition			
Student support services initiated on: _____			

Screener's Comments: \_\_\_\_\_



## Proof of Residency Information

**Proof of Residency in Lowndes County is required for enrollment at Scintilla Charter Academy. The person with whom the child lives must attach proof of residency, dated within the last (30) days, and must show parent, guardian or legal name and street address. Please note that a P.O. Box is not acceptable as a residence address. Please carefully read the scenarios listed below and provide the documentation that applies to your child's living situation:**

### Possible Living Situation #1

If you own and live in the resident property, you will need to provide:

1. Photo Identification (Valid State Issued Identification);
2. A deed or Mortgage Statement in your name showing residence property address
3. A current Power Bill in your name for the current month showing the residence property address
4. Two additional supporting documents in your name showing the residence property address.

### Possible Living Situation #2

If you rent and live in the rental property, you will need to provide:

1. Photo Identification (Valid State Issued Identification)
2. Copy of the lease/ rental agreement (or current HUD Certificate of Compliance/Annual Renew Notice)
3. And all registering children's name(s) must be included in the lease.
4. Two additional supporting documents in your name showing the residence property address.

### Possible Living Situation #3

Families who are unable to provide a rental agreement or utility bill in a parent/guardian's name and/or are living with another Lowndes County/Valdosta City resident must complete the Affidavit of Residence information below. Signatures of both the parent/guardian and the homeowner/tenant must be included and this document must be notarized at the school.

1. Photo Identification (Valid State Issued Identification);
3. A current Power Bill in name of homeowner/tenant for the current month showing the residence property address.
4. Two additional supporting documents in the name of homeowner/tenant showing the residence property address.

### AFFIDAVIT OF RESIDENCE (only complete if your living situation is #3)

Under penalty prescribed by federal and state laws, which state it is unlawful to give false information to a government entity I certify that (Scholar's Name): \_\_\_\_\_ resides at

Address: \_\_\_\_\_

with \_\_\_\_\_ who is the custodial parent or legal guardian. I will notify Scintilla Charter Academy of any change in primary residence. Penalties for falsification of this Residency Affidavit include withdrawal of the student and referral to law enforcement.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

#### List of Acceptable Supporting Documents

- Current Georgia driver's license or Georgia identification card if the address on the identification is the same as the residential address
- Bank Statement, loan documents, credit card statement, monthly activity statement, voided check
- Home mortgage payment statement
- Health insurance, previously issued W-2 Form 1099, pay stub
- Lowndes Co. or Valdosta property tax statement with evidence thereupon of payment
- Voter registration documentation from Lowndes County

- A current motor vehicle registration (tag receipt)
- Cable bill, Telephone or Cell Phone bill, Gas bill
- Receipt to have utilities connected

**Note:** If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the most recent court order identifying each parent's respective award of physical custody. You are responsible for immediately informing the school of any changes to the court order.

# Scintilla Charter Academy

## Request for Records/Transcripts

TO: \_\_\_\_\_  
ATTN: Registrar  
FAX: \_\_\_\_\_

FROM: Scintilla Charter Academy  
DATE: \_\_\_\_\_  
FAX: 229.333.0258

Please complete this section, then sign and date at the bottom.

Scholar Name: \_\_\_\_\_  
Scholar Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_  
Previous School Attended: \_\_\_\_\_  
Previous School District: \_\_\_\_\_  
Previous School Phone: \_\_\_\_\_

Please fax or mail the following records for enrollment:

*NOTE: According to the Georgia DOE Board Rule 160-5-1-.14, schools must mail or otherwise deliver requested records within ten calendar days of receipt of request. Schools shall not withhold any student record due to nonpayment fee.*

- Withdrawal form
- Birth Certificate
- Immunization Certificate
- EED (Georgia Law)
- Social Security Card
- Attendance (Georgia Law)
- Current Transcript
- Gifted Records
- Discipline Records
- Transfer Grades
- Summer School Grades
- Prior Report Cards
- ESOL Documents
- Benchmark Test Summaries
- Documentation related to commission of any felony offenses
- EIP/Title/Remedial Records
- Special Education Records:
  - SST Information
  - Eligibility
  - Current Psychological
  - Current & Previous IEP Info
  - Any Additional Information

Please indicate whether the scholar is currently serving a suspension or expulsion from another school & the reason and term of that action.

Suspension Reason & Term \_\_\_\_\_  
 Expulsion \_\_\_\_\_

*\*If a student was enrolled in Kindergarten, please also have the teacher release the student on GKIDS.*

*\*If your office does not house this information, please forward this request to the appropriate personnel.*

Please fax or mail records to:

Scintilla Charter Academy  
2171 East Park Avenue  
Valdosta, GA 31602  
Phone: 229-244-5750/Fax: 229-333-0283



### Parental Consent:

My consent is given for my child's records and/or other pertinent information to be released to Scintilla Charter Academy. All information obtained will be strictly confidential. I give permission for Scintilla Charter Academy to obtain verbal clarification on any information received.

\_\_\_\_\_  
Guardian Printed Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

*According to the Department of Education personally identifiable data utilized in making and maintaining placement in special education programs may be transferred to another school system (in or out of state) which the child plans to attend.*



# Scintilla Charter Academy

*Every Fire Begins with a Spark*

Scholar Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Considerations and Exceptions for Enrollment

1. Complete enrollment documentation, which can be found on the enclosed checklist, must be received by Scintilla Charter Academy before enrollment is considered complete. Additional records including medical/health, disciplinary, academic records, and special education or gifted records (if applicable) from previous school(s) must be received by SCA before the child may start school. Scholars are subject to the board policies regarding admission and enrollment at the time their admission is considered complete.
2. Parent engagement is an important part of the educational approach at Scintilla Charter Academy. Scintilla Charter Academy encourages all families to attend Academic Parent-Teacher Team meetings and commit to a minimum of 20 hours per school year to support your child's education at SCA through various volunteer opportunities.
3. Enrollment at Scintilla Charter Academy is contingent on disciplinary status determined by the child's previous school. If the behavior infraction resulting in one of the consequences below would result in expulsion according to SCA's Code of Conduct, SCA reserves the right to deny enrollment. Check any/all of the below that apply to your child:
  - Child is currently suspended from another school or school system
  - Child has been expelled from another school or school system
  - Child is awaiting a discipline tribunal
  - Child has a discipline situation against him/her which restricts them from attending their zoned public school within the local school district

## Parental Pledge

As the parent(s)/guardian(s) of \_\_\_\_\_, I have read carefully and understand the above considerations and exceptions for enrollment at Scintilla Charter Academy.

Declaration of Trust and Good Faith: I hereby declare that all of the above information is complete and accurate. I understand that failure to disclose important information or falsifying information on this application could result in the disenrollment of my child.

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

## Scintilla Charter Academy Health Clinic Consent Form

A health clinic staffed by a licensed nurse is provided for our scholars. The clinic is available to administer first aid to scholars when accidents occur and to evaluate their physical condition when they become sick. This professional evaluation can be very helpful to parents and guardians. Parents will be notified of their child's visit to the health clinic by letter and/or phone call.

**If your child requires medication to be administered during the school day, a separate medication consent form must be obtained from the school.** The form must be completed and returned to the nurse. If your child has a diagnosed chronic medical condition such as asthma, diabetes, seizures, or allergies, you must obtain an individual school health plan form from the school. A portion of the health plan form must be completed by your child's physician. The completed form must then be returned to the school nurse.

**If you wish for your child to receive health clinic services you must complete and return this form.**

I give my permission for \_\_\_\_\_ birthday \_\_\_\_\_ to receive medical care at the school health clinic. I authorize the designated health professional to provide necessary and/or advisable medical evaluation and treatment in the management of my child's care. Treatment may include basic first aid and/or over the counter medication. In the event of a life-threatening illness or allergic reaction, prescription emergency medication(s) will be administered. I have completely disclosed below all known allergies, chronic illnesses, prior adverse reactions to medications and any current medication in respect to my child.

**Allergies** \_\_\_\_\_

**Reactions to drugs/medications** \_\_\_\_\_

**All Daily Medications (home & school)** \_\_\_\_\_

**Hospitalizations** \_\_\_\_\_

**Doctor(s)** \_\_\_\_\_ **Phone #** \_\_\_\_\_

All health clinic services are provided at no cost to the patient. However, to help with possible outside referrals, check if either of the following applies to your child. Private Insurance \_\_\_ Medicaid \_\_\_  
Child's insurance number \_\_\_\_\_

**I consent to the sharing of necessary medical information between my child's physician and /or pharmacist and the designated provider of healthcare services in the school setting. I will notify the school nurse of any changes in my child's health information, changes in phone numbers or emergency contact information. I understand that I may contact the nurse for any questions or concerns regarding my child's health care needs. My signature indicates that I have read, understand and agree with the information and terms contained on this form.**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Homeroom Teacher**

Parent Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### **Emergency Contact Name and Numbers:**

Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_





# Scintilla Charter Academy

*Every Fire Begins with a Spark*

## Home Language Survey

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Thank You

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Student Name: \_\_\_\_\_

1. Which language does your child most frequently speak at home? \_\_\_\_\_

2. Which language do adults in your home most frequently use when speaking with your child?  
\_\_\_\_\_

3. Which language(s) does your child currently understand or speak? \_\_\_\_\_

4. If possible, would you prefer notice of school activities in a language other than English?

Yes or No If yes, which language? \_\_\_\_\_

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Signature of Parent/Guardian/Other

Date

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## Encuesta sobre el idioma que se habla en casa

Estimado padre o tutor:

Con el fin de proporcionar a su hijo la mejor educación posible, debemos determinar qué tan bien habla y entiende el inglés. Esta encuesta ayudará al personal de la escuela a decidir si su hijo reúne los requisitos para recibir apoyo adicional en el aprendizaje del idioma inglés. El requisito final para recibir el apoyo se basa en los resultados de una evaluación del idioma inglés.

Gracias

Nombre del estudiante: \_\_\_\_\_

1. ¿Qué idioma habla su hijo más frecuentemente en casa? \_\_\_\_\_

2. ¿En qué idioma hablan los adultos de su casa más frecuentemente cuando hablan con su hijo?  
\_\_\_\_\_

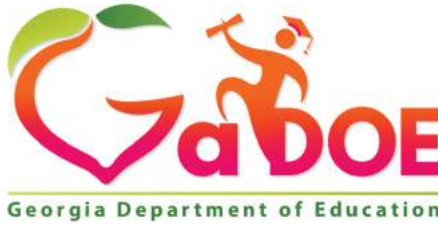
3. ¿Qué idioma(s) entiende o habla su hijo actualmente? \_\_\_\_\_

4. De ser posible, ¿preferiría recibir avisos de las actividades escolares en otro idioma **que no sea** inglés? Sí No  
En caso afirmativo, ¿en qué idioma? \_\_\_\_\_

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Firma del padre/tutor/otra persona

Fecha



*Richard Woods, Georgia's School Superintendent*  
*"Educating Georgia's Future"*

School District: \_\_\_\_\_

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

**Parent Occupational Survey**

**Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C**

Has your family moved in order to work in another city, county, or state, in the last three (3) years?  Yes  No

If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- 1) Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.
- 2) Planting, growing, or cutting trees (pulpwood)/raking pine straw
- 3) Processing/packing agricultural products
- 4) Dairy/Poultry/Livestock
- 5) Meatpacking/Meat processing/Seafood
- 6) Fishing or fish farms
- 7) Other (Please specify occupation): \_\_\_\_\_

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You!**

**Please return this form to the school**

*The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.*

**Note for the school/district:** When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440  
GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251



*Richard Woods, Georgia's School Superintendent*  
*"Educating Georgia's Future"*

School District: \_\_\_\_\_

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

### **Encuesta Ocupacional para Padres**

**Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Título I, Parte C**

¿Ustedes se han movido para trabajar en otra ciudad, condado, o estado, en los últimos tres (3) años?  Sí  No

Si su respuesta es "Sí", ¿en qué fecha llegaron a la ciudad/pueblo donde viven actualmente? \_\_\_\_\_

¿Alguien de su familia trabaja, ha trabajado, o tiene la intención de trabajar, en una de las siguientes actividades en forma permanente o temporal o ha hecho este tipo de trabajo en los últimos tres años? (Marque todos los que apliquen)

- 1) Agricultura; plantando/cosechando vegetales o frutas como tomates, calabazas, uvas, cebollas, fresas, arándanos, etc.
- 2) Plantando o cortando árboles/juntando agujas de pino (*pine straw*)
- 3) Procesando /empacando productos agrícolas
- 4) Lechería o ganadería
- 5) Empacadoras o procesadoras de carne/pollo o mariscos
- 6) Pescando o criando pescado
- 7) Otra actividad. Por Favor especifique en cuál: \_\_\_\_\_

Nombre de los Estudiantes

Nombre de la Escuela

Grado

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nombre de los padres o guardianes legales: \_\_\_\_\_

Dirección donde vive: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Teléfono: \_\_\_\_\_

**¡Muchas Gracias!**

Por favor regrese este formulario a la escuela

*Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Título I, Parte C.*

**Note for the school/district:** When both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415  
Toll Free (800) 621-5217 Fax (912) 842-5440  
GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637  
Toll Free (866) 505-3182 Fax (229) 546-3251

# FREQUENTLY ASKED QUESTIONS ABOUT SCA

## **What time does school begin and end?**

The school day is from 8:05 a.m. to 3:15 p.m. Breakfast begins at 7:30 a.m. and the tardy bell rings at 8:05 a.m. Dismissal begins at 3:15 p.m. and scholars should be picked up no later than 3:45 p.m. Scholars **may not be** dropped off before 7:30 a.m.

## **What if I need to pick my child up early?**

**The latest a child can be checked out for any reason is 2:45 p.m.** If your child has an appointment, and you need to come into the office to check he/she out, please do so by or before 2:45 p.m. **If you arrive after 2:45 p.m., you will be required to go through the car line.**

## **What are the uniform colors?**

Uniforms consist of a collared shirt with the school's logo and khaki bottoms. The colors are Monday: Red, Tuesday: Gray, Wednesday: Blue, and Thursday: Lime Green. On Fridays, scholars are not required to wear a uniform but must abide by SCA's dress code. Athletic shoes are only required on the day your child attends PE but please keep in mind all scholars participate in recess twice a day. Uniforms are available through Graphic Guys & Arrow Screen Printing. Detailed information is available on our website at [www.scintillacharteracademy.com](http://www.scintillacharteracademy.com).

## **Does SCA offer free/reduced lunch?**

SCA participated in the National School Lunch Program and does offer free or reduced lunch for those families who qualify. Families **MUST** complete a free/reduced application for your SCA child even if you have children that receive benefits at other schools.

## **Does SCA have an after school program?**

Yes! SCA offers IGNITE an in-house after school program that is administered by the school. The goal of IGNITE is to build on the school's focus of interactive, hands-on projects that spark curiosity, promote active learning, encourage teamwork, build character, and capitalize on children's innate spirit of exploration. IGNITE stands for Inspiring Greatness by Nurturing Innovation, Talent & Exploration. You may sign up for IGNITE by visiting [www.scintillacharteracademy.com](http://www.scintillacharteracademy.com) and clicking on the Parent Resources tab.

## **How does SCA communicate with parents?**

SCA strives to keep parents well informed about everything happening in our school. Teachers will communicate using Monday folders. We send a weekly email with school wide information and we also send that information via text messages using the Remind app. We post regularly to social media via Facebook, Twitter and Instagram. Follow us at [www.facebook.com/ScintillaCharterAcademy](https://www.facebook.com/ScintillaCharterAcademy), [www.twitter.com/Scintilla2015](https://www.twitter.com/Scintilla2015), & on instagram @scintillacharteracademy. Teachers, grade levels or classes may have their own Facebook pages, Remind text lists and other means of communicating. Please reach out to the teachers for specifics.

You will receive a letter about the 2017-2018 school year over the summer and it will include Open House dates, homeroom teachers, supply lists and other important information.

## **How do I volunteer?**

All volunteers will be required to complete our volunteer packet that is available in our front office. Once this packet is completed, volunteers should reach out to teachers via email to arrange opportunities to volunteer in the classroom. School-wide volunteer opportunities will be communicated through our various communication tools.

**We encourage families to volunteer 20 hours per year at SCA.**

## **School contact info:**

Phone number: 229-244-5750

Fax number: 0229-333-

Address: 2171 East Park Avenue

Valdosta, GA 31602

[www.scintillacharteracademy.com](http://www.scintillacharteracademy.com)