



TRITT

ONLINE REGISTRATION

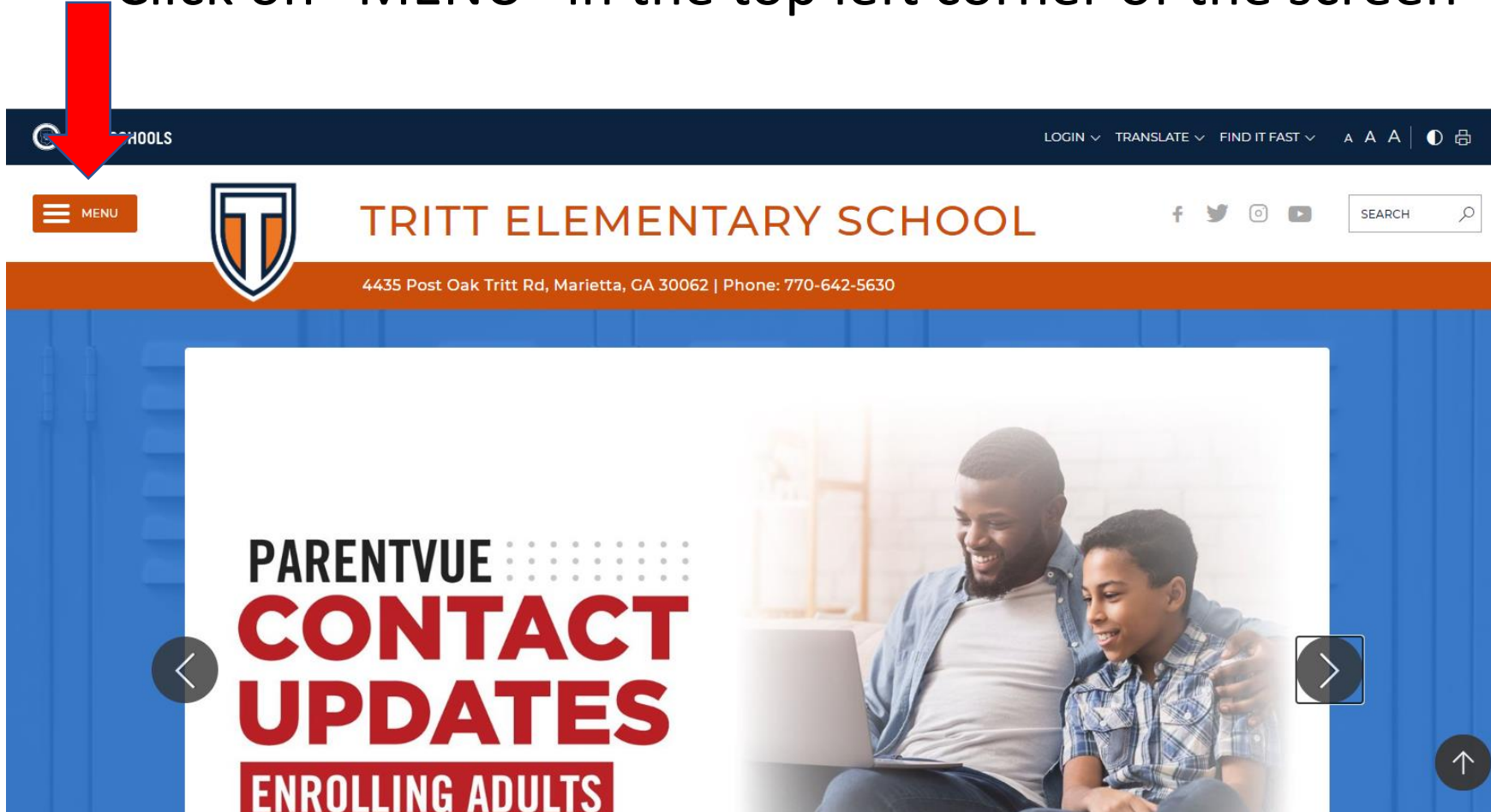


TRITT

**BEST PLACE TO
START ONLINE
REGISTRATION**

<https://web.cobbk12.org/tritt>

Click on "MENU" in the top left corner of the screen



The screenshot shows the website for Tritt Elementary School. At the top, there is a dark blue navigation bar with a 'SCHOOLS' link on the left and 'LOGIN', 'TRANSLATE', 'FIND IT FAST', and font size controls on the right. Below this is a white header with an orange 'MENU' button on the left, the school's logo (a shield with a 'T'), the school name 'TRITT ELEMENTARY SCHOOL' in orange, and social media icons for Facebook, Twitter, Instagram, and YouTube. A search bar is also present. Below the header is an orange banner with the address '4435 Post Oak Tritt Rd, Marietta, GA 30062 | Phone: 770-642-5630'. The main content area features a blue background with a white box containing the text 'PARENTVUE CONTACT UPDATES ENROLLING ADULTS' and a photograph of a man and a boy looking at a laptop. Navigation arrows are visible on the sides and bottom of the main content area.

Click on "Resources >" and then on "Enrollment"

The image displays two screenshots of the Tritt Elementary School website. The top screenshot shows the main navigation menu on the left side, with a red arrow pointing to the 'Resources' link. The main content area features a banner for 'PARENTVUE CONTACT UPDATES ENROLLING ADULTS' with the text 'Update Student and/or Family Information Electronically'. The bottom screenshot shows the 'Resources' dropdown menu expanded, with a red arrow pointing to the 'Enrollment' option. The banner content remains visible in the background of the second screenshot.

FOLLOW DIRECTIONS AND LINKS ON ENROLLMENT PAGE FOR YOUR SITUATION

COBB SCHOOLS LOGIN TRANSLATE FIND IT FAST A A A

MENU TRITT ELEMENTARY SCHOOL f t i y SEARCH

4435 Post Oak Tritt Rd, Marietta, GA 30062 | Phone: 770-642-5630

About > Resources > After School Program Arrival/Dismissal Procedures Cafeteria Communication & Social Media Accounts Enrollment Notes from Home School Rules Virtual Tour Supply List Access to Digital Textbooks Tritt Handbook Community > Curricular > Extracurricular >

Enrollment

Mar. 9, 2021 SHARE Facebook Twitter Print Email More

ALL KINDERGARTEN STUDENTS (2021 - 2022) MUST BE 5 BY SEPTEMBER 1, 2021 TO BE ELIGIBLE FOR ENROLLMENT. This is Georgia Law. For more information, [click here](#).

New to Cobb County School District or Returning to Cobb?

- If your student has never been enrolled in a Cobb County school, please visit the **CCSD enrollment portal** to fill out the registration form online before attending your enrollment appointment.
- Upload all required documents. Be sure to complete the "Submit Your Enrollment" process.

Older Siblings in Cobb County School District?

- If you have older children, already enrolled in CCSD, please access **ParentVue** to complete the enrollment form online.
- Upload all required documents. Be sure to complete the "Submit Your Enrollment" process.


Required Documentation

Even with online enrollment, parents must present the five required documents to the front office. You will need to bring 5 required documents:

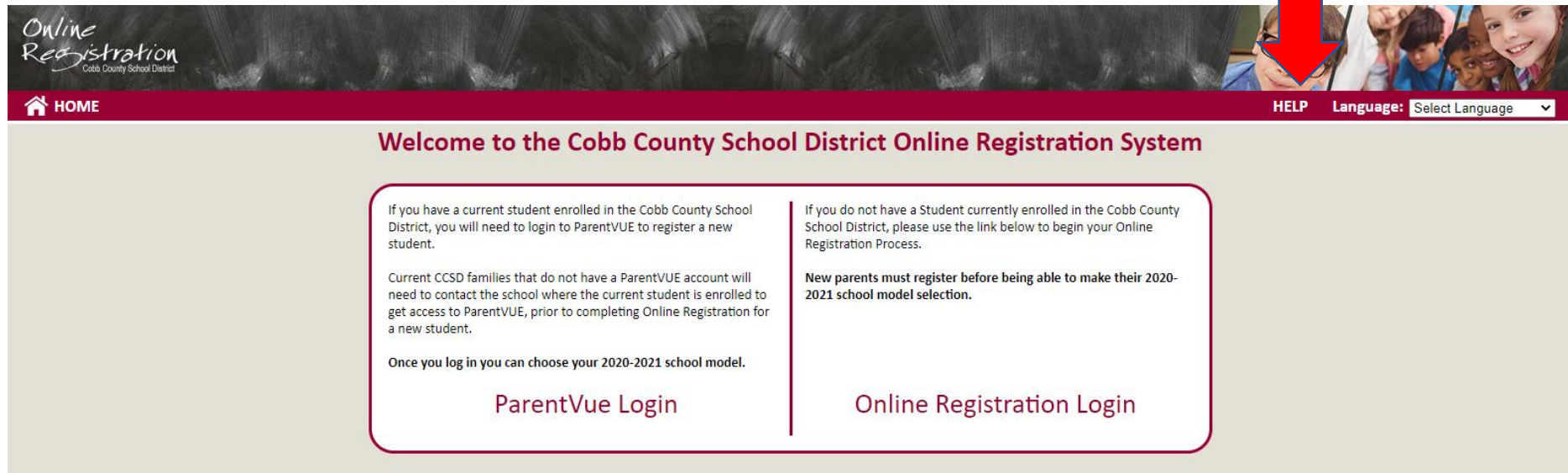
- Georgia Certificate of Immunization (Form 3321) ~or~ Immunization Waiver
- Georgia Certificate of Hearing, Vision, Dental, and Nutritional Screening (Form 3300)
- Proof of Birth Date (Birth Certificate, Passport, etc.)
- Two proofs of Residency
- 1) Home ownership title/ mortgage statement OR current Lease/Rental Agreement
- 2) Utility bill (water, power or gas)
- Social Security Number ~or~ Objection Waiver

For **DETAILED enrollment requirements** along with policies and regulations, please visit the **COBB COUNTY SCHOOL DISTRICT ENROLLMENT PAGE**.

Please email **Shell Jones** or call the school at 770-642-5630 if you have questions.



**THE COBB COUNTY ONLINE ENROLLMENT SCREEN WILL LOOK LIKE THIS.
THERE IS A HELP SCREEN IF YOU NEED ASSISTANCE.**



HOW TO CHOOSE WHICH ENROLLMENT WORKS FOR YOUR FAMILY:

- *New families with no students currently attending a Cobb County School- use ONLINE REGISTRATION LOGIN.
- *New students with a sibling who already attends a Cobb County School- use your PARENTVUE LOGIN.
- *Current Cobb Student transferring from one Cobb County School to Another Cobb County School- No need to fill out a new enrollment, just update your address in ParentVUE and add your 2 new proofs of residency.

HELPFUL TIPS

****THE USER NAME AND LOGIN YOU CREATE TO REGISTER YOUR STUDENT WILL ALSO BECOME YOUR PARENTVUE LOGIN- SAVE IT.****

ENROLLING ADULT DEFINITION: The parent/guardian who (detailed definition on the CCSD website):

- 1) lives in the Tritt District- DWELLING ADDRESS
- 2) should be the first point of contact
- 3) will be the first to receive callouts and emails from the school or the county

The ENROLLING ADULT will automatically be marked with EDUCATIONAL RIGHTS, CONTACT ALLOWED and RELEASE TO rights.

NOTE: The ENROLLING ADULT will assign whatever rights they choose to each contact they enter on their student's enrollment. The enrolling adult may mark one, two or all rights as described below per contact.

RELEASE TO – This person has permission from the ENROLLING ADULT to pick up the student from school or from ASP.

CONTACT ALLOWED– This person has permission from the ENROLLING ADULT to be contacted by the school in case of an emergency. He/she may receive general notifications from the school not related to the individual student's educational record.

EDUCATIONAL RIGHTS– This person has been designated by the ENROLLING ADULT as someone school personnel may share educational records of the student with under FERPA.

PARENTVUE DEFINITION: This program gives the ENROLLING ADULT the ability to see the student's assigned student number, schedule, attendance, grades (for 4th and above), report cards, and more once the student starts their first day in a Cobb County School. The ENROLLING ADULT can also change/add/correct family information in real time.



TRITTS

**5 DOCUMENT
TYPES
NEEDED-
UPLOAD TO
COMPLETE
YOUR
REGISTRATION**

1. 2 PROOFS OF RESIDENCY

(only ONE from each section)

1) Current Home Ownership Title/Mortgage Statement/Property Tax bill -**OR**- current Lease/Rental Agreement. If you live in a shared residence, you can use the Statement of Legal Residency provided on the Online Enrollment. - It is important that we have one of the documents listed as we need to establish your residency in the Tritt Elementary and Cobb County School District.

2) Current Utility bill (water, power, or gas)

2. Social Security Card or Waiver

An official Social Security Card for the enrolling student

-or-

[Form JBC-4](#) (Statement of Objection to the Use of Social Security Number for Student Identification) can be found on the Cobb County website if you prefer not to use a social security card.

NOTE: A Social Security Number will eventually be required by the State for a student applying for the HOPE scholarship when your student enters high school.

3. Proof of Birthdate

The most common proof of birthdate are birth certificates and passports.

Acceptable documents are:

- Birth Certificate
- Passport
- Military ID
- Adoption Record
- A religious record authorized by a religious official
- An official school transcript
- Affidavit of age

4. FORM 3231 Certificate of Immunization

(see next slide if you prefer an Objection form)

Georgia Department of Public Health Form 3231
CERTIFICATE OF IMMUNIZATION

Child's Name (Last, First, MI) _____
 Date of Birth (MM/YY) _____
 School Name _____

Date of Expiration: []/ []/ []
 Complete for K-6 through 12th grade
 (see page 3 for a parental consent or
 objection form)

Minimum age for each vaccine: Polio (6w, 12w, 15m, 18m, 4y, 4-6y), OPV2 (12m, 18m), Hib (2m, 4m, 6m, 12m, 18m, 24m, 30m, 36m), MCV4 (12m, 18m, 24m, 5y), Hepatitis B (1m, 2m, 6m, 18m, 24m), Tetan (4w, 4-6y, 11-16y), Mumps (12m, 4y), Rubella (12m, 4y), Hepatitis A (12m, 18m), Influenza (6m, 12m, 18m, 24m, 30m, 36m).

VACCINE	DATE		DATE		DATE		DATE		DATE		TAD Code	Remarks	Signature *	Date
	MM	YY	MM	YY	MM	YY	MM	YY	MM	YY				
Required Vaccines for School or Child Care Attendance														
OPV2/OPV														
Polio														
Hepatitis B														
Tetan														
MCV4														
Hib (Hemophilus influenzae type b)														
Mumps														
Rubella														
Hepatitis A (Hemophilus influenzae type b)														
Tetanus														
Recommended Vaccines (For Information Only)														
Pertussis														
MCV4 (Boost)														
Influenza														

Signature: _____
 Date: _____

← It should be either marked “Complete for K-6” or the expiration date should be after the first day of school. NOTE: If it has an expiration date, you will be responsible for replacing it with an updated one for your child to continue being enrolled after it expires. We will send you a reminder.

← The form needs to be signed and dated by a physician's office within 12 months of the first day of school.

Medical or Religious Waiver

(if needed to replace Certificate of Immunization FORM 3231)

- Medical Waivers can be obtained from your physician and will need to be renewed every year.
- Religious Waivers can be found on the Cobb County Website- [Form JGC-4](#) (Waiver of Immunization Requirements Due to Conflict of Religious Beliefs) These forms do not need to be renewed.

5. FORM 3300 Certificate of Hearing, Vision, Dental, and Nutrition

Georgia Department of Public Health
Form 3300
Certificate of Vision, Hearing, Dental, and Nutrition Screening
PLEASE SEE THE INSTRUCTIONS ON THE BACK OF THIS FORM
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 84 th 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>I certify that this child has received the above screening.</i> Contact Information: _____	Screener's Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____	Screener's Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____	Screener's Signature _____ Date _____ <i>I certify that this child has received the above screening.</i> Contact Information: _____

FOR SCHOOL SYSTEM ONLY Follow up for further evaluation

	1 st attempt	2 nd attempt	Actions reported (if any)
Vision			
Hearing			

Screeners' Comments: _____



Each of the 4 boxes needs to be filled out, whether it's all on one form or on several forms combined. Some physicians will refer you to a dentist to have the dental portion filled out. We will take multiple forms if needed.

Each section of the form needs to be signed and dated by a physician's office within 12 months of the first day of school.

REVIEW AND SUBMIT- Please make sure you “Submit Application” upon completion. The system will ask you 2 times, and then you will receive a verification email. We no longer make registration appointments so no need to contact the office unless you have an issue.

Feel free to reach out to our Registrar at Shell.Jones@cobbk12.org if you have any questions.

