

 Form JBC-3c

**30-DAY ENROLLMENT WAIVER FOR**

**Georgia Department of Public Health Form 3300 (Certificate of Vision, Hearing, Dental, and Nutrition Screening)**

|  |  |
| --- | --- |
| **School:** |  |

**This form must be fully completed.**

**Please Print or Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: |       |  Grade: |       |  Birthdate: |       |  Age: |       |

|  |  |
| --- | --- |
| Parent’s/Legal Guardian’s Name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Enrollment: |       |  |  |

Pursuant to O.C.G.A. § 20-2-770, the above named student is requesting to enroll for a period of up to 30 calendar days during which all requirements regarding a Georgia Department of Public Health Form 3300 (Certificate of Vision, Hearing, Dental and Nutritional Screening) will be completed. This waiver may be extended to a total of ninety days pursuant to Georgia Department of Public Health Rule 511-5-6-.02.

**I understand that it is my responsibility to provide the required form to the school within the 30-day period and that the student may be withdrawn on the 31st calendar day if Georgia Department of Public Health Form 3300 (Certificate of Vision, Hearing, Dental and Nutritional Screening) is not completed.**

Signature Parent/Legal Guardian: Date:

**PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY**

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

Date of 30th Calendar Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Designee Signature: Date: