ALABAMA STATE DEPARTMENT OF EDUCATION
APPLICATION FOR STUDENT ENROLLMENT
(MUST BE COMPLETED BY PARENT/LEGAL GUARDIAN)

PLEASE PRINT

DATE:__________________ SCHOOL__________________________ GRADE__________

LAST NAME __________________ FIRST NAME______________ MIDDLE NAME____________

DATE OF BIRTH______________ SEX(CIRCLE ONE) MALE/FEMALE PHONE________________

PHYSICAL ADDRESS____________________________ CITY______________ ZIP__________

MAILING ADDRESS_____________________________ CITY______________ ZIP__________

CHILD LIVES WITH - CIRCLE ONE: PARENTS MOTHER FATHER

SOCIAL SECURITY NUMBER __________--_________-__________

PARENT/GUARDIAN INFORMATION (VERIFICATION SHALL BE IN ACCORDANCE WITH LOCAL SCHOOL BOARD POLICY)

MOTHER/GUARDIAN_________________________ CELL PHONE________________

ADDRESS_________________________________ CITY______________ ZIP__________

EMAIL ADDRESS___________________________ CELL PHONE________________

EMPLOYER________________________________ WORK PHONE________________

FATHER/GUARDIAN_________________________ CELL PHONE________________

ADDRESS_________________________________ CITY______________ ZIP__________

EMAIL ADDRESS___________________________ CELL PHONE________________

EMPLOYER________________________________ WORK PHONE________________

SPECIAL INFORMATION ABOUT CUSTODY:

____

EMERGENCY CONTACTS (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!)

EMERGENCY #1

CONTACT__________________________

RELATION__________ PHONE__________

EMERGENCY #2

CONTACT__________________________

RELATION__________ PHONE__________

THE FOLLOWING PEOPLE HAVE PERMISSION TO CHECK OUT MY CHILD

NAME:____________________ RELATION____________ PHONE________________

NAME:____________________ RELATION____________ PHONE________________

NAME:____________________ RELATION____________ PHONE________________

NAME OF LAST SCHOOL ATTENDED ____

NAME OF LAST SCHOOL ATTENDED ADDRESS ________________________________

PARENT SIGNATURE ________________________________

*DISCLOSURE OF YOUR CHILD'S SOCIAL SECURITY NUMBER (SSN) IS VOLUNTARY. IF YOU ELECT NOT TO PROVIDE A SSN A TEMPORARY IDENTIFICATION WILL BE GENERATED AND UTILIZED INSTEAD. YOUR CHILD'S SSN IS BEING REQUESTED FOR USE IN CONJUNCTION WITH ENROLLMENT IN SCHOOL AS PROVIDED IN ALABAMA ADMINISTRATIVE CO 290-3-1-02-(2)(B)(2). IT WILL BE SUED AS A MEAN OF IDENTIFICATION IN THE STATEWIDE STUDENT MANAGEMENT SYSTEM.

Ethnicity and Race

Student Name_______________________________________ Grade_________________

Parent/Guardian Signature____________________________ Date_________________

Please Answer **BOTH** Questions 1 and Questions 2

Question 1: Is this student Hispanic/Latino? (Choose only one Ethnicity):

_______No, not Hispanic/Latino

_______Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)

***The above question is about ethnicity, not a race. No matter what you selected above, **please continue to answer the following Question 2** by marking one or more boxes to indicate what you consider your student's race to be.

Question 2: What is the student's race? CHOOSE ONE OR MORE:

_______**American Indian or Alaska Native**. A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_______ **ASIAN**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.

_______ **BLACK or AFRICAN AMERICAN**. A person having origins in any of the black racial groups of Africa.

_______ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_______**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Additional Requested Information

Military: Student connected to an Active Duty Military Parent   Circle one: Yes   No

Preschool

Head Start	Yes	No	First Classes Funded Preschool	Yes	No
Centered Based Child Care	Yes	No	Home Based Child Care	Yes	No
Home Visitation Program	Yes	No	Other Preschool	Yes	No
No Preschool (Circle if Yes)	Yes		Special Education Funded	Yes	No

Special Education Services

Student Currently receiving special education services   Circle One: Yes   No

DeKalb County Board of Education

Student Information Sheet

Parent(s) or Guardian of______________________________ (Student Name)

Please Answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes. Thank you for your cooperation.

Transportation

Will your child be riding the school bus: Yes No

Morning bus number__________________ Afternoon bus number__________________

Morning pick-up address______________________________

Afternoon drop-off address______________________________

Home Language Information

Was your child born in the United States? Yes No

If yes what state? ______________________

If no what other Country?______________________

The first year enrolled in U.S. School Date:__________________

Was English the First language spoken by the student? Yes No

If NO what was the first language spoken by the student?

Language:______________ Dialect: ______________

What language is most often spoken by the student at home?

Language:______________ Dialect:______________

Is English the only language spoken by parents? Yes No

If NO, what language is spoken most often by the parents at home?

Language:______________ Dialect:______________

What language (if other than English) has been used by student's caregivers including grandparents, other relatives and babysitters:

Language:______________ Dialect:______________

Has student had previous ESL (English as a Second Language) instruction? Yes No

If yes, when? ______________________(months/year)

Additional Information

Has student ever attended DeKalb County school system? Yes No If yes, when:______________

Is student currently under expulsion? Yes No

Did student withdraw from previous school due to possible expulsion? Yes No

Does student have any special learning needs? Yes No

Does student have an IEP Individualized Education Plan Yes No

Has student ever been enrolled in a special needs program? Yes No

Has student ever been enrolled in a 504 program? Yes No

DeKalb County

Student/Family Residency Questionnaire

Your child may be eligible for additional educational services through Title I Part A, and or Federal McKinney-Vento Assistance.
Eligibility can be determined by completing this questionnaire.

Student Name

First____________________ MIddle ______________________ Last_______________________

Gender: (Circle one) Male/Female

Date of Birth _____________________________Grade___________School____________________________________

1. **Please indicate the student's nighttime residency.** (Check one box)
   a. ____Staying in a shelter or FEMA trailer.
   b. ____Doubled-up: Sharing the housing of others due to loss of housing, economic hardship, or a similar reason.
      i. If doubled up: Name of person you reside with: _____________________________________
      ii. Relationship to that person:_____________________________
   c. ____ Living in a car, park, campground, public spaces, abandoned buildings, substandard housing or similar.
   d. ____Temporarily living in a motel or hotel due to loss of housing, economic hardship or a similar reason.
   e. ____Unknown nighttime residence
   f. ____LIving in a permanent dwelling (either rented or owned) with a parent/guardian.
2. **Unaccompanied Youth: not in the physical custody of a parent or guardian.** (Check one)

Is the student(s) with an adult that is not a parent or legal guardian, or alone without an adult.

1. _____________ YES (if answered yes: indicate person student resides with or if the student is alone:
2. _____________ NO

Parent/Guardian Name:____

Parent/Guardian Signature ______________________________________Date:____________________________

Phone Number:________________________

Street Address:____

Street City State Zip

****

School Use Only

School Advocate or Administrator: Based on the above information and a brief interview with the family, I attest that to the best of my knowledge, they are eligible for benefits under the McKinney-Vento Act.

Principal
Name:______________________________Title______________Signature_________________________Date__________

ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

School System: DeKalb County
School: ______________________

School Year: 2019-2020
Grade:__________

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: ______________________________________

Name of Parent or Guardian: ______________________________________

Address: ______________________________________

Home Telephone No:______________________ Cell Telephone No: __________________

1. Have you **moved** during the last 3 years **to work or seek work** even if it was for a short period of time? ☐ Yes ☐ No
   If yes, what type work are you or your spouse doing now:

2. If you marked "**yes**" on question 1, what city, state, or country did you move from?

3. Have you or your spouse ever worked in an activity directly related to any of the following? Please mark all that apply.

   ☐ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
   ☐ Fruit farms
   ☐ The cultivation or cutting of trees
   ☐ Work in nurseries or sod farms
   ☐ Fish or shrimp farms
   ☐ Worm farms
   ☐ Catching or processing seafood (shrimp, oysters, crabs

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ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: ___________-___________

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)		Birth Date	Sex	School
Address (Street)				
Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
Name of Parent/Guardian (Last, First Middle)				Work Phone Number:
Transportation				

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: ______________

Address: ______________

Phone: ______________

- ☐ Community Health Center
- ☐ Health Department
- ☐ Hospital Clinic
- ☐ No Regular Place
- ☐ Private Doctor /HMO

Your child's Insurance Information:

- ☐ ALL KIDS
- ☐ Medicaid
- ☐ No Insurance
- ☐ Other ________
- ☐ Private Insurance

Place your child receives dental care:

Dentist's Name: ______________

Address: ______________

Phone: ______________

- ☐ Community Health Center
- ☐ Health Department
- ☐ Hospital Clinic
- ☐ No Regular Place
- ☐ Private Dentist /HMO

Preferred Hospital: ______________________

Part II – Medical History Medical Equipment /Procedures Required at School

☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy

☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker

☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: ___________-___________

Part III – Medical History

☐ YES ☐ NO	**KNOWN HEALTH PROBLEMS** If **NO**, go directly to the bottom of the page and provide parent/guardian signature If **YES**, and diagnosed by a physician, answer each question below.
☐ YES ☐ NO ☐ YES ☐ NO	**Attention Deficit Disorder (ADD)** **Attention Deficit Hyperactivity Disorder (ADHD)** Requires medication ☐ At school ☐ At Home
☐ YES ☐ NO	**Allergies:** ☐ **Food** ________ ☐ **Insects** ________ ☐ **Environmental** ________ ☐ **Medications** ________ ☐ Hives/rash ☐ Breathing difficulty ☐ Other: ☐ Medications ☐ Epi-pen
☐ YES ☐ NO	**Asthma** ☐ Uses an inhaler at school ☐ Uses an inhaler at home
☐ YES ☐ NO	**Blood/Bleeding Problems:** ☐**Hemophilia,** ☐**Von Willebrand's,** ☐**Other** ☐ **Requires medication** ***Please explain:***
☐ YES ☐ NO	**Frequent Nose Bleeds:** *Please explain*
☐ YES ☐ NO	**Cancer/Leukemia:** *Please explain*
☐ YES ☐ NO	**Cerebral Palsy:** *Please explain*
☐ YES ☐ NO	**Cystic Fibrosis:** *Please explain*
☐ YES ☐ NO	**Dental Problems:** *Please explain:*
☐ YES ☐ NO	**Diabetes** ☐ **Type 1 Diabetes** ☐ Monitors Blood Sugars at school ☐ Requires Insulin at school ☐ Insulin pump ☐ Glucagon order ☐ Oral medication ☐ **Type 2 Diabetes** ☐ Managed with diet
☐ YES ☐ NO	**Emotional/Behavioral/Psychological:** *Please explain:*
☐ YES ☐ NO	**Gastrointestinal/Stomach Problems:** *Please explain:*
☐ YES ☐ NO	**Genetic / Rare Disorders:** *Please explain:*
☐ YES ☐ NO	**Headaches:** *Please explain:*
☐ YES ☐ NO	**Hearing Problems:** ☐ Right Ear ☐ Left Ear ☐ Both ears ☐ Hearing loss ☐ Hearing aid ☐ Tubes ☐ Cochlear Implant
☐ YES ☐ NO	**Heart Condition:** ☐ ***Activity restrictions:*** ☐ **Medications taken at home:** *Please explain:*
☐ YES ☐ NO	**Hypertension (High Blood Pressure):** *Please explain:*
☐ YES ☐ NO	**Juvenile Arthritis/Bone-Joint Problems:** *Please explain:*
☐ YES ☐ NO	**Kidney/ Bladder/ Urinary Problems:** *Please explain:*
☐ YES ☐ NO	**Scoliosis:** ☐ No Treatment ☐ Wears Brace ☐ Surgery ☐ Family History
☐ YES ☐ NO	**Seizures/Convulsions:** Type of seizure: ________ *Medications:* ☐ Diastat ☐ Klonopin ☐ Versed ☐ Medication taken at home ☐ Other ________ *Please explain:*
☐ YES ☐ NO	**Sickle Cell:** ☐ Anemia ☐ Trait
☐ YES ☐ NO	**Shunt:** ☐ VP shunt *Please explain:*
☐ YES ☐ NO	**Spina Bifida:**
☐ YES ☐ NO	**Special Diet:** *Please explain:*
☐ YES ☐ NO	**Vision Problems:** ☐ Wears glasses ☐ Wears contacts ☐ Other
☐ YES ☐ NO	**Other Medical Conditions:** *Please include any medications taken at home only.*

Required Signatures

gnature of parent(s) or guardian:______________________________ Date:______________

gnature of school nurse:______________________________ Date:______________

Dear Families,

We are looking forward to a great year with students in classes and ready to learn every day.

We have learned that students who miss even a few days of school each month are at far greater risk of academic failure and dropout than students who attend regularly. We have set a goal that every student in our school will attend regularly (have nine or fewer absences in a year).

Because attendance is so important, please send your child to school every day unless he or she has a contagious illness or is running a fever.

We have included a chart with this letter that will help you keep track of your student's absences. If your child is at risk of missing too much school, please feel free to contact your principal for assistance. We will also monitor each student's attendance throughout the year so we can work with families when the number of absences puts a student at risk. We will be happy to work with you to help your student attend regularly and have greater opportunities for success.

This letter contains a tracking chart as well as a checklist for determining rather or not to send your student to school. You can place this letter in a prominent place, such as a refrigerator, to help you track absences.

Sincerely,

Chris Hairston

Attendance Supervisor

Date	Date	Date	Date	Date	Date	Date	Date	Date
Absence 1 Reason	Absence 2 Reason	Absence 3 Reason	Absence 4 Reason	Absence 5 Reason	Absence 6 Reason	Absence 7 Reason	Absence 8 Reason	Absence 9 Reason Note your student is at increasing risk for academic difficulties and school failure with each absence beyond this point.

DEKALB COUNTY