

## Bankhead Information



We're so glad to have you at BMS! This guide is meant to provide school specific information to help you get off to a great and productive start.



### *Morning Arrival*

Student Drop off 7:35  
Get breakfast and go to  
homeroom 7:40-7:50  
Announcements/Tardy 7:55

#### Breakfast and Lunch Prices

Breakfast  
Free for all students

Lunch  
Free for all students

A la Carte Items will be offered  
for a cost

### **Evening Dismissal**

Busses 2:50  
Car Riders 3:00

\*Athletes that go home at 3:00 will  
be **bussed back to BMS** for car  
riders and busses.

\*7 & 8 Band will remain at CHS for  
dismissal as in years past.

\*ALL busses will travel from CES to  
BMS to CHS.

\*Busses will dismiss first and be off  
all 3 campuses before the cars can  
load and begin moving.

### *Please utilize these value parent communication tools!*

Join the Bankhead Middle School Remind (Text @3946f3 to 81010) and Bankhead  
Middle School Facebook Page for all school updates!!!!

Google Classroom/Schoology  
Powerschool's Home  
Student Planners

## Bankhead Information



### **WCBOE Student Handbook Items of Importance:**

#### Dress code-Common Issues

- Clothes and hair must be clean
- Shorts/skirt length
- All clothing should fit properly-No tight fitting or oversized jackets
- Sport shorts
- Sleeveless shirt

#### Cell Phone/Device Issues

- Must be off during school hours-except specified times of break and lunch as long as there is no misuse.
- We are not responsible for lost cell phones
- Earbuds are NOT allowed to be connected to the phone at any time. Unacceptable to listen to music while working in class.  
\*NO BIG HEADPHONES
- Students can use it for instruction, but this is controlled by the teacher.
- Please refer to the handbook for the Technology Policy-It is very important information. Please note items about proper communication, threats, and inappropriate items and the discipline of the above mentioned.

#### Other Items-Refer to the WCBOE for these other items

- Vaping
- Misuse of technology/Bark System

#### COVID

- We will follow masks and other mandates established by the WCBOE that are in place at any point in time. You must have your own clean and washed mask.

# RETURN

## Bankhead Middle School

Mrs. Amber Freeman  
Principal

110 School Road  
Cordova, AL 35550

Jonathan Morrison  
Asst. Principal

Below you will find a list of forms you have been given for the 2021-2022 school year.  
Please return this form stating that you have read and understand the following forms:

Please complete:

Student Name	Parent/Guardian Name	Grade Level

### Section A: Forms complete and return on the first day of school.

- \*Enrollment Form
- \*Health Services Form
- \*Student Handbook Form
- \*Chromebook Form
- \*Walker Co. Schools Housing Information Form
- \*Parent Compact
- \*Free Lunch Form \*If not completed online\* Please complete this if you think there is a possibility of qualification.
- \*Bus Form- Return to driver the first day of school.

### Section B:

- Sign below for the acknowledgment of these forms.
- Keep the hardcopy for your reference.

Form Title	
Attendance/Tardy Policy	Parent Signature:
Corporal Punishment	Parent Signature: <input type="checkbox"/> I grant permission <input type="checkbox"/> I do not grant permission
COPPA Compliance	Parent Signature:
Anticipated Absence	Parent Signature:

### Section C: Other information

\*\*\*School Day Information Brochure\*\*\*PayPams Information\*\*\*  
Your child will be given other information on the first day of school.

RETURN

# Bankhead Middle School

## ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

### STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER ☐ Male ☐ Female STUDENT CELL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student email \_\_\_\_\_@wcslive.com

Race- ☐ White ☐ Black ☐ Hispanic ☐ Am. Indian ☐ Multi ☐ Pac. Islander ☐ Asian

STUDENT LIVES WITH ☐ MOTHER ☐ FATHER ☐ BOTH ☐ GUARDIAN

**\*\*SPECIAL INFORMATION ABOUT CUSTODY** (Proper Documentation is Required)

Special Services ☐ Special Education ☐ IEP ☐ Speech/Lang. ☐ 504 Plan ☐ Gifted

NAME AND ADDRESS OF FORMER SCHOOL ATTENDED \_\_\_\_\_

### PARENT(S) / GUARDIAN INFORMATION (verification shall be in accordance with local school board policy)

\*\*\*\*\*Please circle the preferred phone number for school call outs\*\*\*\*\*

MOTHER/GUARDIAN \_\_\_\_\_ Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ Work Phone \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ Work Phone \_\_\_\_\_

**Military:** Is the student connect to Active Duty Military ☐ Yes ☐ No Guard / Reserve Military ☐ Yes ☐ No

**Transportation:** ☐ Car ☐ Bus Bus Number \_\_\_\_\_

**THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL OR BE CONTACTED FOR EMERGENCIES**  
(In accordance to school system check-out procedures)

Name	Phone	Relation

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.

Updated 7/29/2021



**Siblings-** List any siblings that are attending Walker County Schools

Name	School

**MEDICAL INFORMATION**

Name of Regular Doctor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Does the student have any medical problems, physical limitations, or take special medication? \_\_\_\_\_

If so, please explain \_\_\_\_\_

I grant permission for school personnel to take my child to a physician in case of an emergency, accident, or sudden illness if the parent/guardian cannot be reached. Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY DISMISSAL PLAN**

There are times when it is necessary to dismiss school early due to bad weather or other emergency situations. Please indicate below which procedure you would prefer the school to follow in the event of early dismissal.

☐ I will pick up my child at the school.

☐ My child will ride in a car as usual.

☐ My child will ride the bus as usual. (Parents, please make sure someone is at home or make arrangements for your child to have a way to get into the house if you are not there.)

Bus number if different from the bus the child usually rides: \_\_\_\_\_

☐ My child may go home with someone else.

Name of person \_\_\_\_\_

Telephone Number \_\_\_\_\_

**NOTE: If any information listed on this form changes during the school year, please notify the school immediately. PLEASE UPDATE PHONE NUMBERS IMMEDIATELY IF THERE IS A CHANGE.**



# 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:
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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

- |   |                                       |   |  |                                       |
|---|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Catheter                     | <input type="checkbox"/> Gastric Tube | <input type="checkbox"/> Nebulizer Treatments | <input type="checkbox"/> Oxygen Supplement | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Vagal Nerve Stimulator (VNS) | <input type="checkbox"/> Ventilator   | <input type="checkbox"/> Wheelchair           | <input type="checkbox"/> Walker            |                                       |
| <input type="checkbox"/> Other Please explain: _____  |                                       |   |  |                                       |

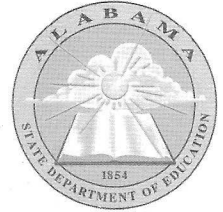
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

**Please Complete Back of Form (Signature Required)**





# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_ - \_\_\_\_\_

Name of Student \_\_\_\_\_

### Part III – Medical History

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

### Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Electronic or Written) School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WALKER COUNTY SCHOOLS STUDENT HANDBOOK

- Parental Notification of Civil Liabilities and Criminal Penalties
- Dress Code
- Student Surveys
- Attendance Requirements
- Parental Permission for School Personnel to Verify All Medical Excuses  
(as required by the Health Information Privacy Act)
- Picture Release
- Field Trips
- Technology Usage Policy for Internet Access
- Health Services
- Cell Phone Policy

### ACKNOWLEDGMENT FORM

I grant permission for my child's full name, work/projects, statements, photographs, audio, and video taken during the 2021-22 academic school year to be used in publicizing, advertising, or promoting Walker County Schools on the internet, print, or via televised broadcasts. Please refer to the directory on page 4. *Yes*\_\_\_*No*\_\_\_

I grant permission for my child to participate in health related screenings. *Yes*\_\_\_*No*\_\_\_

I acknowledge that I have read, understand, and agree to all terms as outlined in the Technology Usage Policy. I shall not hold the District or its representatives responsible for materials/information acquired via the Internet by my child, for violations of copyright restrictions, users' mistakes or negligence or any costs incurred by my child. I further understand that this agreement will be kept on file at the school.

I, \_\_\_\_\_, enrolled in  
NAME OF STUDENT

\_\_\_\_\_ School, and my parents or guardian  
have received and read the foregoing Student Handbook.

SIGNED \_\_\_\_\_ (Student)

SIGNED \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_

NOTE: The student and his/her parent(s) or legal guardian(s) **must sign** the statement above and **return this form to school**. It will be filed in the Principal's office for future reference.

Parents should contact the administrator of your child's school if you have any questions about any of the releases listed above.



## Walker County Schools/Bankhead STUDENT CHROMEBOOK CHECKOUT & USER AGREEMENT

### PLEASE PRINT ALL INFORMATION:

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

School: Bankhead

Parent Name: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

In this agreement, “we,” “us,” or “our” means Walker County Schools or “the District.” “You” or “your” means the parent/guardian of student enrolled in the District. The “property” is a laptop owned by the District with the following serial/asset tag numbers:

This box is for WCS office use only. Place serial number/asset number here.

- Policy Compliance:** You will comply at all times with the District’s Student Conduct Policy and Internet Safety and Use Policy incorporated herein by reference and made a part hereof for all purposes. Any failure to comply with these policies may terminate your rights of possession effective immediately and the District may repossess the property.
- Title:** Legal title to the property is vested in the District and shall at all times remain in the District. Your right of possession and use is limited to and conditioned upon your full and complete compliance with this Agreement.
- Loss or Damage:** If the property is deliberately damaged, lost, or stolen, you are responsible for the reasonable cost of repair or its fair market value on the date of loss. You must report loss or theft of the property to the District by the next school day after the occurrence.
- Repossession:** If you do not fully comply with all terms of this Agreement in a timely manner, including the timely return of the property, the District shall be entitled to declare you in default and take any and all measures reasonably necessary to take possession of the property.
- Terms of Agreement:** You have the right to use and possess the property from August 2021 through May 2022 (the “Possession Period”). At the end of the Possession Period, you are required to return the property to the District by the date and time designated by the District at the location designated by the District.
- Appropriation:** Your failure to return the property in a timely manner and/or the continued use of it for non-school purposes without the District’s consent may be considered unlawful appropriation of the District’s property.

I, the undersigned parent/guardian, acknowledge that I have reviewed and understand the terms and conditions of this Student Chromebook Checkout Agreement and agree to the terms and conditions contained in this agreement.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# WALKER COUNTY SCHOOLS HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Is this address Temporary or Permanent? (circle one)

Where do you sleep at night? Please check all that apply.

- ☐ Staying temporarily with friends, relatives or other people ("couch-surfing") WITH a parent
- ☐ Staying temporarily with friends, relatives or other people ("couch-surfing") NOT with a parent
- ☐ At a shelter, WITH a parent
- ☐ At a shelter, NOT with a parent
- ☐ In transitional housing or an independent living program, WITH a parent
- ☐ In transitional housing or an independent living program, NOT with a parent
- ☐ At a motel or in a camper or 5th wheel, WITH a parent
- ☐ At a motel or in a camper or 5th wheel, NOT with a parent
- ☐ In a car, tent, park, bus or train station, abandoned building, shed, chicken coop, or other public place, WITH a parent
- ☐ In a car, tent, park, bus or train station, abandoned building, shed, chicken coop, or other public place, NOT with a parent
- ☐ At my home, in my bed

Are you a student under the age of 18 and living apart from your parents or guardians? Yes  
No

\_\_\_\_\_  
Signature of Parent/Guardian/Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date



# **Bankhead Middle School**

## **SCHOOL-PARENT COMPACT**

The Bankhead Middle School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during school year 2021-2022.

### **School Responsibilities**

The Bankhead Middle School will:

1. **Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**
  - *provide rigorous curriculum aligned to the State's standards*
  - *use of scientifically based research methods*
  - *differentiated instruction to meet needs of all learners*
  - *use of technology including Chromebooks, Schoology*
2. **Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.**
  - *Via email, telephone, video conferencing*
3. **Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:**
  - *minimum every 4.5 weeks*
  - *parents will also have access through INOW/Chalkable to view anytime*
4. **Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:**
  - *Parents will be provided reasonable access to staff during staff planning time or at scheduled appointments via Remind 101, email, telephone, video conferencing*
5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:**
  - *Due to Covid-19, participation and observations may be done virtually and by appointment.*
6. **Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand.**
  - *Remind 101*
  - *Social media*
  - *telephone/virtual meetings*
  - *mail/email*

**Parent Responsibilities:** We, as parents, will support our children's learning in the following ways:

- *Monitoring attendance or participation if a remote learner.*
- *Provide a time for completing and reviewing homework /classwork with my child regularly*
- *Participating, as appropriate, in decisions relating to my children's education.*
- *Promoting positive use of my child's extracurricular time.*
- *Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district received by my child, phone, mail/email, social media, Remind 101.*
- *Participating and serving, to the extent possible, on advisory groups, such as Title I advisory committees and parent and family engagement committees.*
- *Monitor student progress on INOW portal.*

**Student Responsibilities:** We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:

- *Complete classwork and homework assignments on time and ask for help when needed.*
- *Monitor my own progress through INOW/Chalkable*
- *Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school, social media, or Remind 101 every day.*



School Representative Signature

Parent Signature(s)

Student Signature

8/12/2021

Date

Date

Date



**Walker County Schools**  
 FOSTERING CREATIVITY THROUGH  
 EDUCATION AND INNOVATION

Dr. Dennis R. Willingham-Superintendent  
 Brad Ingle- Chairman  
 Trent Kennedy-District 1  
 Todd Vick- District 2  
 Dr. Vonda Beaty-District 3  
 Lee Ann Headrick-District 4

*\*Please complete \*  
 Online*

## FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Walker County Board of Education offers healthy meals every school day. Breakfast costs \$.00; lunch costs \$.00. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.00 for breakfast and \$.00 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

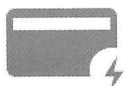
### 1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Alabama SNAP, the Food Distribution Program on Indian Reservations (FDPIR) or Alabama TANF**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2021-2022			
Household size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589
Each additional person:	\$8,399	\$700	\$162

2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Dr. Tanya Guin** [wchoe@walkercountyschools.com](mailto:wchoe@walkercountyschools.com) or 205-387-0555.

# Pre-pay School Meals at [www.paypams.com](http://www.paypams.com) or using the PayPams Mobile App



Pay Now



Account Balance



Automatic Payments



Email Notifications



Add/Remove Students



Payment History



Cafeteria Purchases

## CURRENT USERS TIPS FOR THE BEGINNING OF THE SCHOOL YEAR

**Login to the site at least one week before the beginning of the school year.** Check that your credit/debit card on file has not expired, your email address is updated, and that your automatic payment plan's stop date has not expired.

**Forgot Password:** If you previously registered with PayPAMS but forgot your password, go to PayPAMS.com, click 'Login' then click on the 'Forgot Password' link. If you were unable to retrieve your password through the 'Forgot Password' link, contact customer support from the 'Contact Us' page. Do not register again. Note: passwords are case sensitive.

**Balance Transfer from Year to Year:** Any remaining student meal account balance will automatically transfer to the next school year.

**Important note:** If your child moved from one school to another within the same school district, it may take a day or two from the beginning of the school year to transfer the remaining balance from the old school to the new school. During that time period, the balance on PayPAMS may show as \$0.00. If you are not sure if your child's account had a remaining balance from the previous school year, we recommend you make a payment.

**Refunds:** PayPAMS processes refunds only for the exact payment amount. If the student has already used some of the money, or has graduated, please contact the school district.

**Moved to a different school district:** If you moved to a different school district, you can keep the same username and password information. Login to your account, go to 'Contact Us' and select subject 'Moved from District'. Do not register again. Note: PayPAMS cannot transfer money from one school district to another. Contact your previous school district for refunds.



## NEW USERS SIGN UP NOW

1. Go to PayPAMS.com and click on the '**Sign Up Now!**' button on the home page.
2. Select **your state**, then select your **school district**.
3. **Create a username and password** and enter your contact information.
4. **Add children** to your account.
5. **Make payments or set up automatic payments** based on low balance.

## HELPFUL TIPS WHEN REGISTERING

1. **Username:** Create a unique username. If the system indicates that the username is taken, select a different username.
2. **Duplicate Accounts:** If the system indicates that an account already exists with the same phone number or email address, contact customer support from the 'Contact Us' page.
3. **Meal Account Balance and Cafeteria Purchases:** It takes 1-2 school days before balances and cafeteria purchases information for new registrants can be displayed. However, you can make payments immediately upon registration. If you cannot view balances two days after you added the student to the account, contact customer support from the 'Contact Us' page.



# Helpful Tips for using [www.paypams.com](http://www.paypams.com)

## PAYMENTS

- Posting Payments:** It takes one to two school days for a payment to replenish your child's account at the school cafeteria. Your balance on PayPAMS website will reflect your recent payment only after the school cafeteria confirms receipt of payment.
- Payment Confirmation:** When a payment is processed, a confirmation number will be displayed and an email will be sent verifying that the payment was processed. If a confirmation number is not displayed, the payment was not processed.
- Declined Payments:** If your payment is declined, verify that all billing information is correct. If all information is correct and payment is still declined, contact the issuing credit card company for further information. Reasons a card can be declined: insufficient credit/funds in account, incorrect billing information entered, closed credit card account, or credit card expiration date.
- Payments for the same student from two separate accounts:** To prevent duplicate accounts, PayPAMS allows associating a student to only one account. If both parents/guardians cannot share the same username and password, contact customer support from the 'Contact Us' page.
- Convenience Fees:** Depending upon the school district, a nominal convenience fee may be charged to cover the cost of processing payments and maintaining the website. To check if your school district charges a convenience fee, please click '**Sign Up Now!**' on the PayPAMS homepage, then select your state and school district.
- Credit Card Types:** PayPAMS accepts both credit and debit cards. When registering, please check which cards your district accepts.
- Credit Card / Bank Statement:** PayPAMS payments will show up on your credit card/bank statement as payments to 'PayPAMS.com', or 'PAMS-<your school district> CO'
- Payments at the School Cafeteria:** For questions regarding cash or check payments submitted directly at the school cafeteria, please contact the school cafeteria directly. Do not contact PayPAMS.

## LOW BALANCE EMAIL NOTIFICATIONS

- Email Notifications:** To make sure emails from PayPAMS are not blocked, add [customerservice@paypams.com](mailto:customerservice@paypams.com) to your address book and safe list.
- Change of Email address:** If you change your email address be sure to update your user profile on PayPAMS.

## LOW BALANCE AUTOMATIC PAYMENTS

- Low Balance Automatic Payments Trigger:** PayPAMS recommends triggering automatic payments when the student meal account balance falls below \$12.00. Having a lower 'minimum balance' when setting up Automatic Payments may not allow enough time to replenish your child's account.
- Automatic Payment Confirmation:** If you sign up for Automatic Payments, you will receive an email confirmation of the payment, including current balance.
- Declined Automatic Payment:** Your automatic payment will not be processed if the card was updated, declined, expired, or if the 'Stop Date' that was set initially has passed.

## CAFETERIA PURCHASES

While PAMS displays cafeteria purchases, we do not regulate what the children are purchasing or eating. For questions regarding purchases at the cafeteria, contact the school cafeteria directly. Student Activity is only displayed from the day the student was added to PAMS. Data is available for 90 days.

This institution is an equal opportunity provider.

## COMO REGISTRARSE

- En PayPAMS.com haga clic el botón de '¡Inscríbete Ahora!' en la Pagina de Inicio.
- Seleccione su estado y distrito escolar
- Cree un Usuario y contraseña e introduzca su información de contacto
- Añadir niños a su cuenta

### ¿PREGUNTAS?

Haga clic en 'Help' en la página inicial de PayPAMS.com

## NEED ASSISTANCE?

Please visit  
PayPAMS.com and  
click 'Help' to navigate  
to PayPAMS Help Center!



## KEEP THIS FOR REFERENCE

USERNAME \_\_\_\_\_

PASSWORD \_\_\_\_\_



## Student Transportation Card

A.M. Stop \_\_\_\_\_  
approx time

School \_\_\_\_\_

P.M. Stop \_\_\_\_\_  
approx time

Bus # \_\_\_\_\_ Grade \_\_\_\_\_

Bus Driver \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents Name & Phone: \_\_\_\_\_

Other Contacts: \_\_\_\_\_

Names and addresses of persons nearby student's residence who have parental permission to care for the student if the parents are not available:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Please check if any of the following applies to your child: \_\_\_\_\_ Asthma \_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes

\_\_\_\_\_ Chronic Respiratory Problems \_\_\_\_\_ Blind \_\_\_\_\_ Deaf \_\_\_\_\_ Non-Verbal \_\_\_\_\_ Bee Sting \_\_\_\_\_ Hemophiliac

\_\_\_\_\_ Allergies- to what? \_\_\_\_\_ Seizures: How long does it last? \_\_\_\_\_

How often do they occur? \_\_\_\_\_ Action needed, if any: \_\_\_\_\_

Is your child on medication? \_\_\_\_\_ Yes \_\_\_\_\_ No; If yes, what medication, what dosage, and when given:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_

Doctor's Phone# \_\_\_\_\_ Family Designated Hospital: \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_

(OVER)



# Don't Lose Your Riding Privilege

## FOLLOW THESE RULES

1. Do not play on the road while waiting for the bus.
2. Be at the bus stop 5-10 minutes before stop time. **The bus cannot wait.**
3. While on the bus, you must obey the driver.
4. The bus driver is authorized to assign seats.
5. Stay in your seat while bus is in motion.
6. Help keep the bus clean and sanitary.
7. Do not eat, drink, or smoke on the bus.
8. Do not write or mark on bus, seats or windows.
9. Riders must pay for damages done to the bus.
10. Be courteous, use no profane language.
11. Observe classroom conduct on the school bus.
12. Talk only in normal tones. No yelling or name calling.
13. Keep your feet on the floor and off the seats.
14. Keep your head, hands and feet inside the bus.
15. Do not hold seats or place books on the seats.
16. Musical Instruments and Large School Projects are not allowed on the bus.
17. No use of chewing or smokeless tobacco permitted.
18. No standing in step well or against the emergency door.
19. Do not talk to the driver while the bus is moving.
20. Cross the road in front of the bus.
21. Your school principal is in charge of bus discipline.
22. Principal approval is required to get off the bus at a stop other than your assigned stop or to visit with other students on a different bus.
23. Your principal has authority to refuse you transportation for violation of these rules. When this happens you and your parents must see the principal and solve the problem with him in order to re-instate your riding privileges.
24. "Do unto others as you would have them do unto you"
25. Do not throw anything on or off the bus.
26. Do not throw anything at the school bus.

COMMENTS:

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**I HAVE READ THE SCHOOL BUS RIDING RULES AND EXPLAINED THEM TO THE LIST OF STUDENTS ON THIS SHEET:**

Parent's Signature \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone # \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student (s) Ride Bus # \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

# **Bankhead Middle School**

## **Attendance and Tardy Regulations**

### **ATTENDANCE**

No more than two (2) absences per nine weeks will be excused by parent notes.

All absences after that will be unexcused, unless medical, legal, etc.

After 2 Unexcused Absences a referral will be made to the Truancy Program.

Unexcused Absences accumulate all year and DO NOT start over each 9 weeks.

Parents or guardians shall send a note of explanation, i.e., court notes, doctor's notes, or parent excuses, to the school within two (2) days of returning to school.

Failure of the parent/guardian to send a note will result in the absence being marked unexcused.

#### **DO NOT TURN IN ANY FORGED OR ALTERED EXCUSES.**

This could result in referral to the Early Warning/Truancy Program.

- Check-outs and check-ins shall be considered an absence for the classes missed. This has an effect on semester exams when applicable.
- A note of explanation for the absence will be required.
- If a student is absent for a reason that is excused, he/she will be expected to make up all work missed.
- If a student is absent for a reason that is unexcused, teachers are not required to give make-up work.

Students will not be allowed to participate or attend a school function if they are not in school for at least one half of the instructional day of the event.

**\*\*Please see our new Anticipated Absence Request Form**

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### **TARDIES/CHECKINS/CHECKOUTS**

Student are allowed 2 parental excuses per nine weeks.

This includes tardies, check-ins and outs- combined.

Unexcused checkins/outs accumulate year long.

Discipline Procedures: Unexcused Tardies/Check-In/Check-Out

1st time – Break Detention/Administrative Discretion

2nd time – Break Detention/Note Home/Administrative Discretion

3rd time – Phone Call to Parent/ Administrative Discretion

4th time – Before or After School Detention/Corporal Punishment/Admin Disc.

5th time – In-school Detention/Remove Parking Pass (High School)/Admin Disc

6th time – Probation at 180° Program/Administrative Discretion

7th time -- 5 Day Placement 180° Program/Administrative Discretion

8th time – 10 Day Placement 180° Program/Administrative Discretion

9th time -- 20 Day Placement 180° Program/Administrative Discretion

**\*\* Administrative Discretion could include loss of cell phone privileges\*\***

# ATTENTION

## Corporal Punishment Form

This provides the administration at Bankhead Middle School permission to administer corporal punishment to your child in the event that he/she commits an offense warranting such punishment. Although this form of punishment is *never* our first choice, in instances of chronic misbehavior it is sometimes necessary. Please remember:

**We never do this as a first offense punishment.**

**We will always try to call and inform you if corporal punishment is necessary.**

**The decision to administer corporal punishment is left up to the administration. Professional judgment will always be used to ensure this is in the best interest of the student. Discipline is a means to change an inappropriate behavior.**

**Please indicate on the BMS Acknowledgment Form if you do or do not grant permission.**

Mrs. Amber Freeman  
Principal

**Bankhead Middle School**  
110 School Road  
Cordova, AL 35550

Jonathan Morrison  
Asst. Principal

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## BMS COPPA Compliance form

Dear Parents of school-aged children under the age of 13,

In order for Bankhead Middle School to continue to be able to provide your student with the most effective web-based tools and applications for learning, they need to abide by federal regulations that require a parental signature as outlined below.

Our school utilizes several computer software applications and web-based services, operated not by this school, but by third parties. These include Google Apps for Education (GAFE), Prezi, Animoto, Shelfari, Custom Typing, code.org, tinkercad, kami, wevideo and similar educational programs. A complete list of the programs with the privacy policy for each can be found on our school website: <https://www.walkercountyschools.com/bms>. In order for our students to use these programs and services, certain personal identifying information -- generally the student's name and email address -- must be provided to the web site operator. Your student has a Google email account to participate in the Google Apps for Education program used by GPPSS. Under federal law entitled the Children's Online Privacy Protection Act (COPPA), these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. For more information on COPPA, please visit:

<https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

This notification will constitute consent for our schools to provide personal identifying information for your child consisting of first name, last name, an email address and username. If you do not want your student to participate in these programs, select the OPT-OUT box below.

If you do not wish to OPT-OUT of this, no action is needed.



# Anticipated Absence Form

Thank you for recognizing that attendance at school is vitally important if students are to be successful in their studies. If your child must be absent for a reason other than those listed as approved by the Walker County Schools Code of Conduct, you may request that the days missed be coded as excused. Please be aware of the following important information:

- Approval of your request is not guaranteed.
- Anticipated Absence(s) are considered parent notes (may not exceed 8 per year).
- Days requested cannot be excused if they will occur during state/district testing days, or if the allowable number of absences for the year has already been accumulated, or they will be accumulated due to the requested absence.
- Principals may advise against your child missing school due to low grades or prior attendance record.
- Parents and students are responsible for all missed work, and teachers have the authority to determine deadlines for missed work.
- **A completed Anticipated Absence Form MUST be submitted to the school office at least three (3) days in advance of the absence.** This form is to be used for full day or partial day absences.

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
Full Day Absence: \_\_\_Yes \_\_\_No Dates of Absence: \_\_\_\_\_  
Partial Day Absence: \_\_\_Yes \_\_\_No Date and Time of Partial Day Absence: \_\_\_\_\_

**# Days Requested: \_\_\_\_\_ + Current Absent Count: \_\_\_\_\_ =<15**

***Reason for Requesting an Anticipated Absence be Excused (You may attach explanation if necessary) .***

I have other children for whom I am requesting an anticipated absence (If yes list below) ☐ YES ☐ NO

Student(s)/Name(s)/School(s) \_\_\_\_\_

*My signature verifies that I understand the information provided regarding Anticipated Absences.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
DATE

- \*\*\*\*\*
- ☐ YES Approved
- ☐ YES Approved with Reservations due to: \_\_\_\_\_ Grades \_\_\_\_\_ Prior Attendance \_\_\_\_\_ Length of Absence
- ☐ NOT Approved (Absences will be unexcused) \_\_\_\_\_ Exceeds Allowable # Absences for Year \_\_\_\_\_ Other (See Below)

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
DATE

**\*Teachers' Homework/Assignments:**

Period	Subject	9 Week Grade to Date	Comments/Assignments	Teacher Signature
0				
1				
2				
3				
4				
5				
6				
7				
8				

*\*Teachers may opt to assign makeup work once the student returns to school.*

## **Mission:**

To Develop the Whole Child to Ensure Success.

## **Vision**

To provide meaningful learning experiences while meeting the highest educational standards in a caring, collaborative learning community.

## **Values**

### **\*Excellence from our Educators**

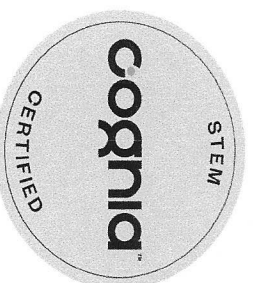
Every educator facilitates purposeful, data-driven instruction and leadership.

### **\*Equity for our Students**

Every student has access to high-quality, technology embedded education and extracurricular activities.

### **\*Empowerment in our Community**

All stakeholders are engaged with and in the community through industry partnerships, community service projects, citizen science, and expert speakers



Google



A National Math and Science Initiative Program

**A+ COLLEGE READY**

A Division of the A+ Education Partnership



## **Bankhead Middle School Title I Brochure**



## **Our Purpose:**

Educating Today to Lead Tomorrow

Believing in Myself ensures Success



## Parent-School Compact

You will receive the parent-school compact at the beginning of the school year. The compact states the goals and responsibilities of both parents and schools.

## **The School's and Parents' Responsibilities Include:**

- setting a good example.
- making learning fun and relevant.

- taking advantage of resources.
- reading to your child.

- asking your child to read.

- asking questions.
- praising effort.



**Alabama Department of Education**  
**HOME LANGUAGE SURVEY**

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Home Work

1. Child's date of birth: \_\_\_\_\_ (Month/Date/Year)  
Was your child born in the United States? ☐ Yes ☐ No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_  
If no, date child entered the United States: \_\_\_\_\_ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:  
A. ☐ Native American Indian C. ☐ Native Pacific Islander  
B. ☐ Alaska Native D. ☐ Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? \_\_\_\_\_
8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
9. What language does your child most frequently speak at home? \_\_\_\_\_
10. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
11. Please describe the language understood by your child. (Check only one)  
A. ☐ Understands only the home language and no English.  
B. ☐ Understands mostly the home language and some English.  
C. ☐ Understands the home language and English equally.  
D. ☐ Understands mostly English and some of the home language.  
E. ☐ Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Student ID #	Date Distributed	Date Received	

# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ 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 to seek work** even if it was for a short period of time? YES \_\_\_\_\_ NO \_\_\_\_\_

**If so, what type work are you or your spouse doing now:**

\_\_\_\_\_

2. If you marked "**yes**" on question number 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 **check (✓)** 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, fish, etc.....)

# SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

## ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: \_\_\_\_\_ AÑO ESCOLAR: \_\_\_\_\_

ESCUELA: \_\_\_\_\_ GRADO: \_\_\_\_\_

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: \_\_\_\_\_

Nombre del padre o guardián: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Celular: \_\_\_\_\_

1. ¿Se ha **mudado** usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** \_\_\_\_\_ **NO** \_\_\_\_\_

**Si marcó Sí. ¿Que tipo de trabajo hace usted o su esposa(o) ahora?**

\_\_\_\_\_

2. Si marcó **Sí** en la pregunta número 1. ¿De que ciudad, estado o país vinieron?

\_\_\_\_\_

3. ¿Usted o su esposa(o) **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) todos los aplicables:

- ☐ La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- ☐ Huertas de frutas.
- ☐ La cultivación o corte de árboles.
- ☐ Trabajo en Invernaderos o granjas de Césped
- ☐ Granjas de pescados o camarones
- ☐ Granjas de gusanos
- ☐ La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)