Carbon Hill Elem.-Jr. High School
STUDENT ENROLLMENT

- **Birth Certificate**

- **Proof of Residence** with Name and **CURRENT** Address
  (Examples: Utility Bill, Lease or Rental Agreement, or Driver's License)

- Proof of Custody - *If Applicable*

- Valid ***ALABAMA* Certificate of Immunization**

- **Student Enrollment Forms:**
  - ☐ Background Verification (Parent Completes Top Portion Only)
  - ☐ Application for Student Enrollment
  - ☐ Ethnicity and Race
  - ☐ SPED/Section 504 Assurance
  - ☐ Military/Pre-School
  - ☐ Home Language Survey
  - ☐ *McKinney-Vento Act* Housing Information
  - ☐ *Smitherman Act*
  - ☐ ASDE Employment Survey
  - ☐ Health Assessment Record (2 pages)
  - ☐ School-Parent Compact
  - ☐ Student Handbook Acknowledgment
  - ☐ Lunch Application Information

Background Verification Form *(p.31 handbook)*

Roy Martin 205-387-9984 Fax: 205-387-0639/Email-martinr@wcslive.com

This Section To Be Completed By Parent/Legal Guardian

Walker County School Enrolling: CARBON HILL ELEM.-JR. HIGH **Date: _____**

Student Name: _____ Date of Birth: _____ Soc Sec #: _____

Phone: _____ Home Address: _____

Previous School: _____ Previous School #: _____

Previous School System: _____ *Parent/Legal Guardian: _____

To be completed by administration at withdrawn school **and faxed back to 205-387-0639, or an email attachment to martinr@wcslive.com (Enrolling school doesn't enroll until this is completed, returned, & signed)**

INFORMATION ABOUT PREVIOUS ENROLLMENT To Be Completed By Previous School Administration:

Date of Last Attendance_____ Grade Last Attended_____ Grade Entering_____

Any pending or past discipline matters at previous schools or settings (Check all that apply):

Attendance Problems_____ Weapons Violations _____

Drug Violation_____ Bullying _____

Threats to students/personnel_____ Behavioral Class _____

Violent Acts_____ Alternative School _____

Gang Related_____ Suspension _____

Other_____ Expulsion _____

****504*_____ **IEP* _____**

Pending Legal Issues (be specific) _____

The above information is accurate and true: Signed_____

Any false information or exclusion of information is a violation of Walker County Board of Education policies and may result in the student being immediately removed from the Walker County School System.

WALKER COUNTY SCHOOLS
APPLICATION FOR STUDENT ENROLLMENT

(PLEASE PRINT)

Must be completed by Parent/Legal Guardian

DATE: _____ CARBON HILL ELEM.-JR. HIGH SCHOOL GRADE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SEX: ☐ MALE ☐FEMALE HOME PHONE: _____

PHYSICAL ADDRESS: _____ City: _____ Zip Code: _____

MAILING ADDRESS: _____ City: _____ Zip Code: _____

STUDENT LIVES WITH: ☐PARENTS ☐MOTHER ☐FATHER ☐GUARDIAN - RELATION: _____

PARENT(S)/GUARDIAN(S) (Verification shall be in accordance with local school board policy)

MOTHER/GUARDIAN: _____ Address: _____

E-mail Address: _____ Cell Phone: _____

EMPLOYER: _____ Work Phone: _____

FATHER/GUARDIAN: _____ Address: _____

E-mail Address: _____ Cell Phone: _____

EMPLOYER: _____ Work Phone: _____

SPECIAL INFORMATION ABOUT CUSTODY: Do you have a court order? ☐YES ☐NO **If yes, CHEJHS must have a copy.**

EMERGENCY CONTACTS (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1

CONTACT: _____

Relation: _____ Phone: _____

EMERGENCY #2

CONTACT: _____

Relation: _____ Phone: _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL

(In accordance to school system check-out procedures)

1._____ Relation: _____ Phone: _____

2._____ Relation: _____ Phone: _____

3._____ Relation: _____ Phone: _____

HAS THIS STUDENT **EVER** ATTENDED A **WALKER COUNTY SCHOOL?** ☐Yes ☐No **SCHOOL NAME:** _____

NAME AND ADDRESS OF **LAST SCHOOL** STUDENT ATTENDED: _____

_____

PARENT/GUARDIAN SIGNATURE: _____

ETHNICITY AND RACE

STUDENT'S NAME: _____ GRADE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please answer BOTH Question 1 AND Question 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 American, or other Spanish culture or origin, regardless of race)

The above question is about ethnicity, not 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?

☐ **AMERICAN INCIAN OR ALASKA NATIVE.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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 Islands, 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.

SPECIAL EDUCATION / SECTION 504 ASSURANCE ENROLLMENT FORM
WALKER COUNTY SCHOOLS

CURRENT SCHOOL: Carbon Hill Elem.-Jr. High School

Student Name: _____ Parent/Guardian: _____

Primary Phone: _____-_____-_____ (☐ cell ☐ landline ☐ work)

Name of Previous School: _____ School Phone: _____-_____-_____

School Address: _____

☐ Walker County Schools ☐ Private/Christian School ☐ In State System ☐ Out-of-State System

Name of School System: _____

SUPPORT SERVICES

My Child has been determined **eligible/received services for Special Education** ☐ Yes ☐ No

My Child has been determined **eligible/received services for Section 504** ☐ Yes ☐ No

If checked **YES** for Special Education or 504 Plan, check the appropriate box(es) and provide the information:

☐ Academic ☐ Speech ☐ Attendance (Truancy Filed ☐ Yes ☐ No) | Court Involved (☐ Yes ☐ No)

☐ Behavior (Behavior Plan/Goals ☐ Yes ☐ No) | Discipline at previous school ☐ Yes ☐ No

☐ Medical _____

☐ Other _____

SCHOOL PERSONNEL ONLY -- Previous School/System Contact Verification

Date of Initial Contact: _____

Contact Person: _____ *Position:* _____

First Attempt: _____ *Second Attempt:* _____ *Third Attempt:* _____
Date *Date* *Date*

Notes/Comments: _____

Completed by: _____ *Position:* _____ *Date:* _____

WALKER COUNTY SCHOOLS STUDENT INFORMATION FORM

STUDENT'S NAME: _____ **GRADE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MILITARY

Student connected to an Active Duty Military family?	· **YES**	·**NO**
Student connected to a Guard or Reserve Military family?	· **YES**	·**NO**

PRESCHOOL

Attended HeadStart?: □No □Yes, Less than 1 year □Yes, 1 Year □Yes, More than 1 year

Attended Preschool? □No □Yes, Less than 1 year □Yes, 1 Year □Yes, More than 1 year

Attended center based childcare program (daycare)?: □ No □Yes, Less than 1 year □Yes, 1 Year □Yes, More than 1 year

Attended home based childcare program?: □ No □Yes, Less than 1 year □Yes, 1 Year □Yes, More than 1 year

Please list any other students living at the same Physical Address as entered for the enrolling student:

Name	School	Grade	Relation

Walker County Board 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
   B. ❑ Alaska Native
   C. ❑ Native Pacific Islander
   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	

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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: Carbon Hill Elem.-Jr. High 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*

WALKER COUNTY BOARD OF EDUCATION

IT'S THE LAW

This letter is to make all parents aware of the "Smitherman Act," passed by the **Alabama State Legislature** in July of 2000.

"(b) Each child who is enrolled in a public school shall be subject to the attendance and truancy provisions of this article except that any parent, parents, guardian or guardians who voluntarily enrolls their child in public school, who feels that it is in the best interest of that child shall have the right to withdraw the child at anytime prior to the current compulsory attendance age."

What this law is stating is that children in the State of Alabama do not have to attend school until the age of 6. However, if you enroll your child in an Alabama public school, your child has to abide by the attendance policies. This information is especially important for Kindergarten parents.

I have read and understand the Alabama "Smitherman Act" and how it affects my child.

_____ _____

Name of Parent or Guardian Child's Name

_____

Date

ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE:_____

Dear Parents or Guardians:

Complete the following survey. The information in this survey will be used to determine if you might be eligible for the Migrant Education Program.

Student Name: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Cell Phone: _____ Other Phone: _____

1. Have you **traveled** during the last 3 years to work in **agriculture or fishing** or to look for work in agriculture or fishing?

YES _____ **NO** _____

2. Where did you travel from?

_____

3. What type work are you or your spouse doing now?

_____

4. Check any activities below that you or your spouse have worked in during the last 3 years.

Check (√) all that apply:

_____ Poultry plants, poultry farms, or cattle farms
_____ Production or processing of milk products
_____ Catching or processing seafood or fish
_____ Cultivation or cutting of trees
_____ Harvesting of crops
_____ Nurseries or sod farms
_____ Fish or shrimp farms
_____ Worm farms
_____ Fruit farms

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: _____-_____

Name of Student

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:** □ Hives/rash □ Medications □ **Food** _____ □ **Insects** _____ □ Breathing difficulty □ Epi-pen □ **Environmental** _____ □ **Medications** _____ □ Other:
□ 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 □ **Type 2 Diabetes** □ Managed with diet □ Oral medication
□ 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

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____

CARBON HILL ELEMENTARY AND JUNIOR HIGH SCHOOL

283 Bulldog Boulevard - Carbon Hill, AL 35549
Phone: (205) 924-4101 Fax: (205) 924-4199

2021-2022 SCHOOL-PARENT COMPACT

Carbon Hill Elementary and Junior High 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.

School Responsibilities

Carbon Hill Elementary and Junior High School will:

- 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 by providing adequate professional development for teachers, a safe environment for students in which to learn and maintain proper documentation of standards taught, provide rigorous curriculum aligned to the State's standards, use of scientifically based research methods, differentiated instruction to meet needs of all learners, and use of technology including Chromebooks
- Hold parent-teacher conferences annually/periodically as needed during which this compact will be discussed as it relates to the individual child. These will be conducted, as needed, via email, telephone, and/or video conferencing.
- Provide parents with frequent reports on their child's progress by providing progress reports every 4.5 weeks as well as report cards every 9 weeks. Parents will also have access through PowerSchool to view their child's progress.
- Provide parents reasonable access to staff by being available at certain planning times throughout the day. Parents will be provided reasonable access to staff during staff planning time or at scheduled appointments via Remind 101, email, telephone, and/or video conferencing.
- Parents and families will be provided opportunities to engage in student activities depending on the continual recommendations of the Alabama Department of Public Health's Covid-19 guidelines for school safety. If and when needed, participation may be done virtually and by appointment
- 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. This is provided by our school website and social media outlets. We also utilize a parent call out system and Remind 101to keep them informed. All above mentioned, are also available in different languages.

Parent Responsibilities

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

- Monitoring attendance or participation of a hybrid learner.
- Provide a time for completing and reviewing homework /classwork with my child regularly
- Participating, as appropriate, in decisions relating to my child'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 via phone, mail/email, social media, and/or 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 in PowerSchool.

Student Responsibilities (revise as appropriate to grade level)

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 learning.
- 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
Date	Date	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.

Free & Reduced Meal Applications

Apply online now!

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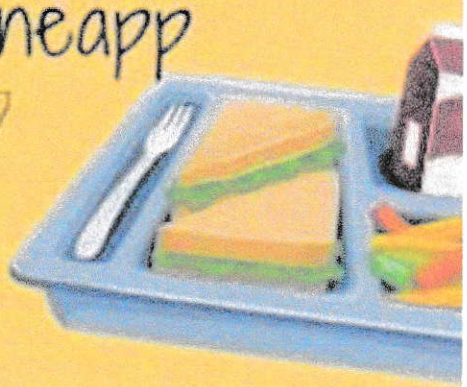
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