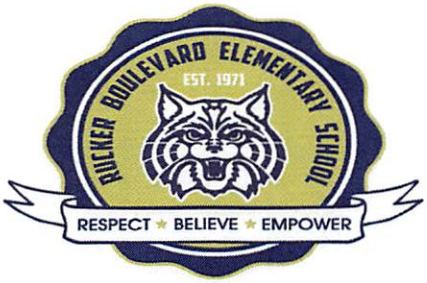
Rucker Boulevard Elementary School



Student Name_____ **Grade**_____

_____ Alabama Application For Student Enrollment

_____ Home Language Survey

_____ Student Residency Questionnaire

_____ Employment Survey

_____ Completed Records Request Filled Out

_____ School-Parent Compact (not applicable during summer enrollment)

_____ 2 Proofs of Residence

_____ Immunization Record for the State of Alabama (Immprint)

_____ Birth Certificate or Other Form of Documentation of Age Verification

_____ Student's Social Security Card (Optional)

_____ Powers of Attorney and/or Delegations of Parental Authority

_____ Does your child have a current IEP for Special Education Services? Yes/No

_____ Does your child have a current IEP for Speech Services? Yes/No

_____ Does your child have a current 504 plan? Yes/No

_____ Does your child have a current Gifted plan? Yes/No

<u>* If you marked yes for any of the above services please provide his/her most recent evaluation and current plan of services.</u>

ENTERPRISE CITY SCHOOLS

PLEASE CHECK ALL THAT APPLY

- ☐ OUT OF DISTRICT
- ☐ CIVILIAN or GOVERNMENT CONTRACTOR (WORKING ON FEDERAL PROPERTY)
- ☐ PARENT/GUARDIAN UNIFORMED SERVICES (ACTIVE DUTY ONLY)
- ☐ PARENT/GUARDIAN FOREIGN MILITARY
- ☐ HOME ADDRESS IS ON FEDERAL PROPERTY

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT *(in ink)* **Must be completed by Parent/Legal Guardian** **PLEASE PRINT** *(in ink)*

DATE_____ **SCHOOL**_____ **GRADE**_____

LAST NAME_____ **FIRST NAME**_____ **MIDDLE NAME**_____

DATE OF BIRTH_____ **SEX-Circle One:** MALE FEMALE **HOME PHONE**_____

PHYSICAL ADDRESS _____ **CITY**_____ **ZIP CODE**_____

MAILING ADDRESS _____ **CITY**_____ **ZIP CODE**_____

STUDENT LIVES WITH – Circle One PARENTS MOTHER FATHER GUARDIAN:RELATION_____

***SOCIAL SECURITY # (voluntary)** _____ **LAST SCHOOL ATTENDED**_____

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

MOTHER/GUARDIAN _____ Address _____

Email Address_____ Cell Phone _____

EMPLOYER _____ Work Phone _____

FATHER/GUARDIAN _____ Address _____

Email Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

_____

EMERGENCY CONTACT: (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 _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

_____

PARENT SIGNATURE _____

*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.

Additional Requested Information:

OTHER

Student's cell number: (   ) ______________________

Native language:______________________

Name and phone number of family physician: ______________________

Any known medical/health conditions: ______________________

Will you give permission for your child to be transported to the nearest clinic for Emergency Treatment?

Circle One: YES NO

Is student eligible for services? **Special Education/with IEP: ☐ YES ☐ NO** **504 ☐ YES ☐ NO**
ESL (English as a Second Language): ☐ YES ☐ NO

Will student ride a bus? Circle One: YES NO Car Rider: YES NO Daycare:______________

Has the child previously attended a school in the Enterprise City Schools, if yes which one? ______________

Release of Directory Information Allowed? ***(Information that is generally not considered harmful or an invasion of privacy if released.)*** **YES____ NO___**

Additional people who may check your child out:

Name:______________	Relationship:______________	Phone:______________
Name:______________	Relationship:______________	Phone:______________
Name:______________	Relationship:______________	Phone:______________
Name:______________	Relationship:______________	Phone:______________
Name:______________	Relationship:______________	Phone:______________
Name:______________	Relationship:______________	Phone:______________

Office Use Only: S.S. Card Verification, S.S. # ______________ Date of Enrollment ______________
Name as appears on S.S. card ______________ Teacher ______________
Birth Certificate ______ Immunization Certificate ______________ Residency Verification (2) ________
Custody Verification______________ Next School______________

ENTERPRISE CITY SCHOOLS

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? 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 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.

Office use only:	
Ethnicity – Choose only one: _____ NOT Hispanic/Latino _____ Hispanic/Latino	Race – Choose one or more: _____American Indian or Alaska Native _____Asian _____Black or African American _____Native Hawaiian or Other Pacific Islander _____White
Date:	Staff Signature:

ENTERPRISE CITY SCHOOLS

HOME LANGUAGE SURVEY

(To be completed for all students enrolling)

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F □ M □
Address:		Phone Number:	
City and Country of Birth:	Date first enrolled in **any** U.S. School (month/year):_____ School where enrolled:_____	Has the student received ESL services previously? Yes □ No □ If yes, where_____	
School Information			
Current School: School Year:	Homeroom Teacher:	Current Grade:	

Questions for Parents/Guardians	**Response**
What is the native language of the student?	___English ___Spanish Other (Specify)_____
What is the predominant language of the student?	___English ___Spanish Other (Specify)_____
Which language is most often spoken by the student at home?	___English ___Spanish Other (Specify)_____
Is the student attending the school as a foreign exchange student?	___Yes ___No

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey and other pertinent information, students will be assessed for their level of English proficiency and services, if eligible. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once the determination of possible eligibility has been made, the following must occur:

- English proficiency assessment/screener, upon enrollment and annually thereafter, to assess level (1-6) of proficiency and measure growth annually.

_____ _____

Parent/Guardian Signature Date

ENTERPRISE CITY SCHOOLS

ENCUESTA DEL LEGUAJE HABLADO EN EL HOGAR

(Este formulario deben contestarlo todos los estudiantes que deseen matricularse)

Información del Estudiante			
Nombre:	Apellido:	Fecha de Nacimiento:	Sexo: F □ M □
Dirección:		Número de Teléfono:	
Ciudad y Pais de Nacimiento:	Fecha de la primera matricula en **cualquiera** escuela de los E. U. (mes/año):_____ Escuela donde estuvo matriculado:____	¿Ha recibido servicios de ESL anteriormente? Si □ No □ If yes, where_____	

Información de la Escuela			
Escuela Presente: Año escolar:		Maestro(a) del salón de clase:	Grado que cursa:

Preguntas para los Padres/Guardianes	**Respuesta**
¿Cual es el lenguaje nativo del estudiante?	___Ingles ___Español Otra(especifique)_____
¿Cual es el lenguaje predominante del estudiante?	___Ingles ___Español Otro (Especifique)_____
¿Cual es el lenguaje que mas habla el estudiante en casa?	___Ingles ___Español Otro (Especifique)_____
¿Está el estudiante asistiendo a la escuela como estudiante extranjero de intercambio?	___Si ___No

El propósito de este formulario es el de identificar los estudiante que necesitan los servicios del lenguaje del ingles. Basados en los resultados de esta encuesta, a los estudiantes se les evaluará según el conocimiento del ingles y se les proveerá el servicio que necesiten. Si la respuesta a las preguntas del leguaje es otro que no sea ingles, se le considera al estudiante como minoria con respecto al lenguaje. Una vez que se determine esta informacion, los pasos siguientes deberan realizarse:

- Evaluacion del Conocimiento del Ingles/screener al matricularse y otras evaluaciones anuales, hasta alcanzar el nivel (1-6) de maestria del ingles y asi medir su progreso anualmente.

_____ _____

Firma del Padre/Guardian Fecha

Revised 6/19

Enterprise City Schools
STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address requirements of the McKinney-Vento Act (Title IX, Part C Every Student Succeeds Act - EESA). Your answers will help to determine residency documents and assist in meeting the needs of the student.

Homeless Liaison: Sheree Hardrick
E-mail: shardrick@enterpriseschools.net

School_____ Grade_____

Name of Student_____ Male_____ Female_____
First Middle Last

Date of Birth_____/_____/_____ Age_____

List of non school aged children:

Name	Age	Birth Date

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

Address_____

Home Phone_____ Work Phone_____ Cell_____

E-mail_____ Emergency Contact #_____

1) At present, where does the student stay at night? Check one box:

Section A	Section B
Response ☐ Shelters, transitional housing ☐ Unsheltered (e.g., cars, parks, campgrounds, temporary trailer, or abandoned buildings) ☐ Doubled-up (e.g., living with another family), loss of housing due to economic hardship, or similar reason ☐ Hotels/Motels **Continue: If you checked a box in Section A, sign and date below (do not complete Section B).**	Response ☐ The choices in Section A do not apply. **Stop: If you checked this section, you do not need to complete the remainder of this form.** **Please sign here:** _____ Return form to school. Thank you.

2) The student lives with (check one box): ☐ 1 parent ☐ 2 parents ☐ 1 parent and another adult

☐ a relative, friend(s) or other adult(s) ☐ alone with no adults

☐ an adult who is not the parent or the legal guardian

_____ _____
Signature of Parent/Legal Guardian Date

Unaccompanied Youth address_____

_____ _____
Signature of Unaccompanied Youth Date

Revised 6/19

Escuelas de la Ciudad de Enterprise
ENCUESTA DE RESIDENCIA DEL ESTUDIANTE

Este cuestionario está destinado a verificar los requisitos de la Ley McKinney-Vento (Título IX, Parte C Cada Estudiante Triunfa - EESA). Sus respuestas ayudarán a determinar los documentos de residencia y ayudar a satisfacer las necesidades del estudiante.

Homeless Liaison: Sheree Hardrick
E-mail: shardrick@enterpriseschools.net

Escuela_____ Grado_____

Nombre del Estudiante_____ Masculino_____Femenino_____
Primer Nombre Segundo Nombre Apellido

Fecha de Nacimiento_____/_____/_____ Edad_____

Lista de niños menores que no asisten a la escuela:

Nombre	Edad	Fecha de Nacimiento

Nombre del Padre(s) o Guardian Legal(es)_____

Dirección_____

Telefono de la casa_____ Telefono del Trabajo_____ Celular_____

E-mail_____ Contacto de Emergencia #_____

1) En la actualidad, ¿dónde se queda el alumno por la noche? Marque una casilla:

Sección A	Sección B
Respuesta ☐ Refugios, viviendas de transición, a la espera de hogares sustitutos. ☐ Desprotegido (Ejemplo: vivir dentro de un carro, en un parque, capamento, remolque temporal, edificios abandonados) ☐ Vivienda Compartida (Ejemplo: Viviendo con otra familia), perdida de vivienda por razones economicas, o una razon similar ☐ Hoteles/Moteles **Continue: Si usted marco una casilla en la Seccion A, complete la pregunta #2 que aparece abajo y el resto de este formulario.**	Respuesta ☐ Las opciones en la Sección A no aplican. **Pare: Si marcó esta sección, no necesita completar el resto de este formulario.** **Por favor firme aquí:** _____ Devuelva el formulario a la escuela. Gracias.

2) El estudiante vive con (marque una casilla): ☐ 1 padre o madre ☐ 2 padres (padre y madre)
☐ 1 padre o madre y otro adulto ☐ un familiar, amigo(s) u otro adulto(s) ☐ solo sin adultos
☐ un adulto que no es el padre o madre o guardian legal

_____ _____
Firma de los Padres/Guardian Legal Fecha

Direccion del Joven sin compañia de adultos _____

_____ _____
Firma del Joven sin compañia de adultos Fecha

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: _____

Telephone Number: _____

1. Have you moved during the last three years **to work or to seek work** even if it was for a short period of time? **YES** ____ **NO** ____

2. Are you or your spouse **working or have you worked** in an activity directly related to some of the following? Please, check (√) all applicable:

   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.)

3. From what city, state, or country did you come from? _____

   _____

4. What type of work did you or your spouse do before coming here?

   _____

Revised: 4/1/18

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA
ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO DE LA ESCUELA:_____

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: _____

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

2. ¿Usted o su cónyugue **trabajan o han trabajado** en una actividad directamente relacionada an algunas de las siguientes? Por favor de marcar (√) 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.)

3. ¿De que ciudad, estado o país se mudaron? _____

   _____

4. ¿Que tipo de trabajo hizo usted o su cónyugue antes de mudarse aquí?

   _____

Rucker Boulevard Elementary School

209 Regency Drive, Enterprise AL 36330
Phone: (334) 347-3535
Fax: (334) 347-0610

NAME & ADDRESS OF PREVIOUS SCHOOL ATTENDED

_____

_____

_____

PHONE:_____

FAX:_____

Please send all grades, transcripts, special education/504/gifted, and any other records that you may have for the following students who have enrolled in our school:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you!
Lindsay Harvin, School Counselor
lharvin@enterpriseschools.net