

SOUTHSIDE HIGH SCHOOL
REQUIREMENTS FOR ENROLLMENT

The following items are required for a student to complete the enrollment process at Southside High School:

1. Withdrawal form from last school, transcript, records, and/ or last report card
2. Immunization form (in Alabama, Blue Form)
3. Certified copy of Birth Certificate
4. Copy of Social Security card
5. Completed Dallas County Zone Form signed by parent or legal guardian
6. Two of the following items for **address verification** –
 - ✓ Copy of power bill
 - ✓ Copy of lease or deed
 - ✓ Copy of water bill
 - ✓ Copy of gas bill
 - ✓ Copy of driver's license

**** Southside High School participates in the McKinney-Vento Homeless Education Assistance Act.**

APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian

DATE _____ SCHOOL _____ GRADE _____
LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE HOME PHONE _____
STREET ADDRESS _____ CITY _____ ZIP CODE _____
RACE: (Circle) ASIAN or BLACK AM or INDIAN or WHITE or PACIFIC ISLANDER Hispanic: (Circle) Yes or No
CHILD LIVES WITH: (Circle) BOTH PARENTS or MOTHER or FATHER or GUARDIAN Relation _____
SOCIAL SECURITY NUMBER _____

PARENT(S)/GUARDIAN NAME: If guardian, a copy of the guardianship papers must be provided to the school.
Give the first name, middle initial, and last name.

Give the full name below (no nicknames)	
MOTHER/GUARDIAN _____	ADDRESS _____
Email Address _____	CELL PHONE _____
EMPLOYER _____	WORK PHONE _____

Give the full name below (no nicknames)	
FATHER/GUARDIAN _____	ADDRESS _____
Email Address _____	CELL PHONE _____
EMPLOYER _____	WORK PHONE _____

Special information about custody: _____

EMERGENCY CONTACTS: List persons other than yourself.

Emergency Contact #1 _____ Relationship _____ Phone _____
Emergency Contact #2 _____ Relationship _____ Phone _____

THESE PERSONS HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

1. _____ Relation _____ Phone _____
2. _____ Relation _____ Phone _____
3. _____ Relation _____ Phone _____
4. _____ Relation _____ Phone _____

NAME AND ADDRESS OF FORMER SCHOOL _____

PARENT/GUARDIAN SIGNATURE _____

Disclosure of your child's social security is voluntary. Your child's social security number is being requested in conjunction with enrollment in school as provided in Ala. Admin. Code 290-2-1-.02(2)(b)(2) and will be used as a means of identification in the student management system so the records will not be duplicated.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Other children in your household who attend a Dallas County school:

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX: (Circle) MALE or FEMALE

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:

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:

DSC DALLAS County Schools

Enhancing Data, Dollars, and Discipline

HOME LANGUAGE SURVEY

Date 08/02/2011 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	

Name _____

Grade _____

Homeroom _____

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military family	Circle One: YES NO
Student connected to a Guard or Reserve Military family	Circle One: YES NO

PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Center-Based Child Care -	Circle One: YES NO	Home-Based Child Care – Circle One: YES NO
Home Visitation Program –	Circle One: YES NO	Other Preschool – Circle One: YES NO
No Preschool – Check if no Preschool	<input type="checkbox"/>	Special Education Funded – Circle One: YES NO



**State of Alabama Department of Education
Health Assessment Record
School Year: _____ - _____**



Part II – Medical History

NO KNOWN HEALTH PROBLEMS

(If no, please go directly to the bottom of the page and provide parent/guardian signature.)

<input type="checkbox"/> Attention Deficit Disorder (ADD) OR <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Requires medication? <i>(Requires medication authorization from physician)</i> <input type="checkbox"/> To be given while at school?
<input type="checkbox"/> Allergies: <i>Please Specify :</i> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____	<input type="checkbox"/> Hives/rash? <input type="checkbox"/> Breathing difficulty? <input type="checkbox"/> Epi-pen? <i>(Requires medication authorization from physician)</i>
<input type="checkbox"/> Asthma:	<input type="checkbox"/> He/She uses an inhaler at school? <i>(Requires authorization from physician)</i> <input type="checkbox"/> He/She uses an inhaler at home?
<input type="checkbox"/> Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)	<input type="checkbox"/> Requires medication? Please explain: <i>(Requires medication authorization from physician)</i>
<input type="checkbox"/> Cancer/Leukemia:	Please explain:
<input type="checkbox"/> Cerebral Palsy:	Please explain:
<input type="checkbox"/> Cystic Fibrosis:	Please explain:
<input type="checkbox"/> Dental Problems:	<input type="checkbox"/> Braces? OR Please explain:
<input type="checkbox"/> Diabetes: <i>(Requires medication and procedure authorization from physician)</i> <input type="checkbox"/> Type 1 Diabetic <input type="checkbox"/> Type 2 Diabetic	<input type="checkbox"/> Monitors Blood Sugars while at school? <input type="checkbox"/> Requires Insulin at school? <input type="checkbox"/> Glucagon order? <input type="checkbox"/> Insulin pump? <input type="checkbox"/> Managed with diet?
<input type="checkbox"/> Emotional/Behavioral/Psychological: <i>Please explain:</i>	
<input type="checkbox"/> Gastrointestinal/Stomach Problems: <i>Please explain:</i>	
<input type="checkbox"/> Genetic Disorder: <i>Please explain:</i>	
<input type="checkbox"/> Headaches: <i>Please explain:</i>	
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Tubes <input type="checkbox"/> Hearing loss? <input type="checkbox"/> Hearing aid? <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Heart Condition: <i>Please explain: Are there any activity restrictions? Any medications taken at home only?</i>	
<input type="checkbox"/> Hypertension (High Blood Pressure):	
<input type="checkbox"/> Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>	
<input type="checkbox"/> Kidney Problems: <i>Please explain:</i>	
<input type="checkbox"/> Scoliosis:	<input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery
<input type="checkbox"/> Seizures/Convulsions: <i>Please explain:</i>	Type of seizure: _____ <input type="checkbox"/> Diastat order
<input type="checkbox"/> Sickle Cell Anemia:	
<input type="checkbox"/> Spina Bifida:	
<input type="checkbox"/> Special Diet: <i>Please explain:</i>	
<input type="checkbox"/> Vision Problems:	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other, _____
<input type="checkbox"/> Other Medical Conditions: <i>Please include any medications taken at home only.</i>	

Part III – 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 | |

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____



**State of Alabama 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 strictly confidential.

To be completed by parent/guardian.

PLEASE PRINT. Return to the School Nurse.

Name of Student (Last, First, Middle)		Birth Date	Sex
Address (Street)		Race/Ethnicity	
(City and Zip code)		<input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other	
Home Telephone Number	Cell Telephone Number	School	Grade
Name of Parent/Guardian (Last, First, Middle)			
Transportation			
<input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School Program			

Part I - Health Information

Place where your child receives regular health care: <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> Private Doctor/HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> No regular place	Place where your child receives regular dental care: <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> Private Doctor/HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> No regular place	Type of Insurance your child has: <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> ALLKIDS <input type="checkbox"/> Other: _____
Physician's Name: _____	Dentist's Name: _____	
Address: _____	Address: _____	
Tel: _____	Tel: _____	

Authorizations:

- I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.
- I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.
- I authorize for my child to participate in all school health screenings, such as vision, hearing and scoliosis.
- I authorize the yearly review of my child's Certificate of Immunization (Blue Slip) by the local Public Health Department.

FOR OFFICE USE ONLY
Acuity Scale:

Level A Nursing Dependent	Level B Medically Fragile	Level C Medically Complex	Level D Health Concerns
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ALABAMA STATE DEPARTMENT OF EDUCATION

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year: _____

STUDENT INFORMATION

Student's Name: _____

School: _____

Date of Birth: ____/____/____ Age: _____

Grade: _____ Teacher: _____

No known drug allergies---if drug allergies list: _____

Weight: _____ pounds

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name: _____

Dosage: _____ Route: _____

Frequency/Time(s) to be given: _____

Start Date: ____/____/____ Stop Date: ____/____/____

Reason for taking medication: _____

Potential side effects/contraindications/adverse reactions: _____

Treatment order in the event of an adverse reaction: _____

SPECIAL INSTRUCTIONS:

Is the medication a controlled substance? Yes No

Yes No

Is self-medication permitted and recommended? Yes No

Yes No

If "yes" I hereby affirm this student has been instructed

On proper self-administration of the prescribe medication.

Do you recommend this medication be kept "on person" by student? Yes No

Yes No

Printed Name of Licensed Healthcare Provider: _____ Phone: () _____ - _____ Fax: _____ - _____

Signature of Licensed Healthcare Provider: _____ Date: _____

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up with the medication.

Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature: _____ Date: ____/____/____ Phone: () _____ - _____

SELF-ADMINISTRATION AUTHORIZATION

(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent: _____ Date: ____/____/____ Phone: () _____ - _____

Dallas County Board of Education Responsibilities of Transported Students

The School Bus code is a supplement to the Dallas County Board of Education's Code of Student Conduct and has been adopted to enhance safety for all students, board staff, and the general public. The school bus is considered an extension of the classroom and all Dallas County Board of Education rules apply while being transported and while waiting and getting off at the bus stops. The violation of any school bus rule may result in suspension from the bus in addition to any other disciplinary action prescribed in the Dallas County Code of Student Conduct.

1. Transportation services are a privilege, not a right.
2. Transportation is available to all Dallas County students who live beyond the legally prescribed two mile walking Distance from their zoned school. Transportation is not provided for students who are on approved transfers.
3. Students will be assigned to a particular school bus by the Transportation Director or his designee. Students are not permitted to ride any bus other than their regularly assigned bus without written permission from a school administrator.
4. Each student will ordinarily be transported to or from a bus stop in proximity to his/her residence. If a student is to be transported from school to an address other than his/her residence, he/she must go to that same address every day.
5. There will be no transportation provided for students wishing to go to another address for occasional visits, parties, extracurricular activities, or other social events except upon written request by the student's parent or guardian and specific written permission from a school administrator.
6. The location of bus stops shall be determined at the sole discretion of the Director of Transportation or his designee. All requests for a new/changed bus stop location must be made in writing to the school principal and then forwarded to the Transportation Department. The Transportation Director or his designee will make the final decision after conferring with the local school principal.
7. Only students living along a bus route will be assigned to the bus serving that route. Other students will not be allowed to ride unless written permission is obtained from the Transportation Director.

Video cameras may be placed on school buses to be used as an aid to monitor behavior, and shall not limit the driver's authority or the discretion of school officials in implementing and enforcing the provision of the Dallas County Code of Student Conduct and this School Bus Code.

Any carry-on equipment (i.e. book bags, band instruments or uniforms, sports equipment, science projects, school fundraiser items, etc.) must be held by the student owner or placed under the seat and must not interfere with either seating or the safety of other students on the bus.

Citations given for bus offenses can result in suspension from the bus or school.

These procedures are necessary for the safe operation of our transportation system. Students and their parents must understand that the privilege to ride a Dallas County school bus also comes with responsibility which must be shared with our drivers.

We have read the above School Bus Code and understand the policies. We will abide by this Code while transportation is provided to the student this school year.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

DALLAS COUNTY SCHOOLS ACCEPTABLE NETWORK & INTERNET USE POLICY

I understand that my child, as a user of the Dallas County Schools' technology resources, accepts responsibility for his/her actions and conduct in using these electronic resources. The purpose of any electronic resource is to support research and education and will be consistent with the educational objectives of the Dallas County School System. The use of all electronic devices and networks is a privilege, not a right. Violations of proper use include:

- Inappropriate, unauthorized or unlawful use of any electronic resources over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, online activities, or other forms of direct electronic communications;
- unauthorized online disclosure, use, or dissemination of personal identification information or images of minors;
- violating the security of any electronic resource or undermining its integrity;
- transmission of material, information, or software in violation of any law via any electronic resource;
- any other activity that does not comply with the Children's Internet Protection Act [Pub. L. No. 106 - 554 and 47 USC 254(h)].

Access to Objectionable Material

Practical, technology protection measures (or "Internet filters") shall be used to block or filter Internet, or other forms of electronic communications, and access to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors. The school principal, teachers, and staff are ultimately responsible for monitoring the use of technology with students.

Technology Uses

All uses of computers, Internet, e-mail programs, and technology applications are subject to monitoring by electronic means. Any device (regardless of ownership) suspected to be used inappropriately on school grounds is subject to immediate inspection in order to determine the contents and utilization of the device. The devices subject to inspection and required to comply to this Acceptable Use Policy include, but is not limited to, desktops, laptops,

handhelds, cell phones, telecommunication devices, gaming devices, iPod--like devices, iPhone- like devices, Blackberry- type devices, digital cameras and video, recording devices, calculators, or any other device that can be used to communicate electronically. Devices that support electronic resources are also covered under this policy including servers, network ports, routers, hubs, cabling systems, network access points, software, software applications, web applications, etc.

Technology Regulations

The following regulations will also apply:

- (a) All use of the Internet must be in support of education and research and consistent with the purpose of the Dallas County School System.
- (b) It is not permitted to create, send, or forward electronic chain letters.
- (c) Use of the Internet that results in any copyright violation is prohibited.
- (d) Use of the Internet to access or transmit materials likely to be considered obscene or pornographic is prohibited.
- (e) Hate mail, harassment, cyber bullying, discriminatory remarks, spam, and other antisocial communications using local area networks, wide area networks, or the Internet is prohibited.
- (f) Personal information such as names, addresses, telephone numbers, images or likeness should not be revealed on the Internet.
- (g) Use of the Internet for product advertisement, political lobbying, commercial, for profit, buy/sell/trade/order goods, or services, or illegal activity is prohibited. Fraudulent copying, communicating, or modifying of materials in violation of law is prohibited and will be referred to appropriate authorities.
- (h) Malicious use of technology or the Internet to develop programs that harass other users or infiltrate a computer system and or damage the software components of a computer or system is prohibited.
- (i) Installing, downloading or uploading of unauthorized games, programs, files, or other electronic media (including music and movies), Internet filter "work arounds", anonymous proxies, etc. is prohibited.
- (j) Technology or the Internet shall not be used to disrupt the work of others.
- (k) The hardware, software, or programs of the Dallas County Board of Education shall not be destroyed, modified, or abused in any way.
- (l) Hacking is prohibited. Use of technology, local area networks, wide area networks, or the Internet to intentionally browse, see information about, obtain copies of, or modify files, passwords, or data belonging to other users is prohibited.

Supervision and Monitoring

It shall be the responsibility of all members of the Dallas County School's Staff to supervise and monitor usage of the online computer network and access to the Internet in accordance with this policy and the Children's Internet Protection Act. Pursuant to the State of Alabama law, any unauthorized access or attempted unauthorized access may be subject to criminal prosecution.

_____ Check here to indicate your understanding so your child can use the computers or available technology at school

_____ Check here to indicate you DO NOT WANT your child to use computers or available technology at school.

School: _____

Student: _____

Name of Parent of Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____

CELL PHONE POSSESSION AND USE

The Dallas County Board permits students to bring cell phones to school. However, cell phones brought to school must be stored appropriately, either in the student's backpack, locker, personal vehicle, and/or a designated place assigned by the administrator. Cell phone use is prohibited during the school day (which is usually the time students arrive at school until dismissal) and anytime students are being transported on a school bus.

Should a cell phone be either seen or heard, the phone will be taken from the student, and placed in an appropriate location until the parent reclaims it. A parent may reclaim any cell phone so taken during the hours specified by the school administrator. The school system, which includes the school, administrator, teacher or staff member, shall not assume responsibility for theft, loss, or damage to any personal/wireless communication device, even for cell phones that are taken. If the phone is suspected to contain illegal or inappropriate material, the administrator has the right to inspect the contents of the phone. Any illegal or inappropriate material found on the phone may lead to further disciplinary action.

Violation of the rules regarding cell phone possession will be considered a Class I infraction (possession during the school day), Class II infraction (use during the school day or on a school bus), or Class III infraction (where context or manner of the use falls properly in the Class III infraction category), depending on the nature of the rule violated.

NOTICE OF RECEIPT

Please Print

Grade/Section: _____ Homeroom Teacher: _____
_____, a student enrolled in Southside High School and
Name of Student

Name of Parent/Guardian(s)

USER

I understand and will abide by the Internet Use Agreement and Cell Phone Possession Use Agreement. I further understand that a violation of the agreement and corresponding Board policies may result in revocation of access privileges, disciplinary action, or other legal consequences.

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Internet Use Agreement and Cell Phone Possession Use Agreement. I understand that the access to the Internet afforded by the Board is designed for educational purposes and I agree to assist the Board in enforcing the terms of the agreement and its objectives.

(Student Signature) _____

(Parent Signature) _____

Digital Media Consent Form

In the case of a minor, please provide the name of the minor:

Provide the name of the minor's parent or legal guardian:

I, _____, hereby consent to the use of the photographs or intellectual property to be used staff of a the Dallas County Schools (DCS) and/or the Alabama Department of Education (ALSDE) in official publications, websites, and other media, for any and all advertising, informational, trade, publicity, and art purposes.

I also hereby grant to the LEA (Dallas County Schools) or ALSDE the rights to copyright or otherwise protect any matter in which said photographs, prints, pictures, reproductions, intellectual property hereof and/or testimonial appear.

I also hereby grant to the LEA (Dallas County Schools) or ALSDE the right to publish/or link Directory Information on the website in conjunction with articles, publications, announcements, or advertisements written about Classroom Achievements, Contest Results, Sporting Events, Playbills, Rosters, etc.

Description of Directory Information.

Student Name, Grade Level, School, Age, Homeroom

Teacher, Awards, Honors, Diplomas

Description of photographs:

Promotional material (school system brochures, annual report, etc.) in support of the LEA or ALSDE. Photographs of the student in any school related activities, or accomplishments.

Description of intellectual property:

To include but not limited to: classroom work, blog content, formal papers used for promotion or in support of the LEA or ALSDE

_____ I release the LEA (Dallas County Schools) or ALSDE from any liability in connection with the use, reproduction and publication of any of the photographs, intellectual property, or directory information.

Parent/Guidance Signature Witness

Address

City, State, ZIP

Phone Number _____

*Please Note that Signing this form takes precedence over any Directory Information Opt Out Designation Signed Prior to completion of this form

NAME: _____

TEXTBOOK RULES

FROM: Southside High School

TO: Parent or Guardian

SUBJECT: Rules under which are issued to students of Dallas County Schools

- I. All textbooks are the property of the State of Alabama.
- II. Textbooks must not be damaged.

Some of the damages to textbooks are as follows:

- A. One or more pages missing
- B. Water-soaked, causing backs and pages to be swollen or molded
- C. Physically marked with any kind of pencil, pen or crayon, etc., on outside of backs inside of backs, on ends, or on any pages
- D. Defaced or marred, such as broken, cut or smeared backs or pages, etc.

III. Penalty for lost or damaged textbooks:

A. The student will pay as follows:

1. Full price, if new when issued
2. Half price, if used when issued

B. No textbooks will be issued to any student while the payment for lost or damaged textbooks is outstanding.

IV. All textbooks must be returned to the teacher by the student when promoted or transferred.

I certify that I have read and understand the above rules and agree to comply with them.

Date

Parent or Guardian

SOUTHSIDE HIGH SCHOOL DRESS CODE

*****The dress code is subject to change at any time at the principal's discretion.*****

Uniform Item	Females	Males	Special Notes
Shirts	Solid Color White, Black, and Gray Polo-type or Button Down Solid Red- Senior Females ONLY	Solid Color White, Black, and Gray Polo-type or Button Down Solid Red- Senior Males ONLY	NO tight-fitting, see through or revealing shirts permitted. NO sleeveless shirts or blouses permitted. Shirts are to be tucked in at all times.
Pants	Solid Color Khaki, Black, White, Gray	Solid Color Khaki, Black, White, Gray	NO capris, shorts, skorts, leggings, jeggings, form fitting, or stretchy pants NO sagging pants. Pants must be worn at the waist with a belt. NO tight-fitting clothing permitted.
Shorts	Not Allowed	Solid Color Khaki, Black, White, Gray	NO sagging pants. Pants must be worn at the waist with a belt NO oversized pants are permitted.
Skirts	Solid Color Khaki or Black	N/A	Knee-length or longer. NO Form Fitting or Tight-skirts (clothing) permitted.
Shoes	Any Color	Any Color	No sliders, flip-flops, or house shoes.
Socks	Any Color	Any Color	Socks any color
Sweaters, Vests, Coats Jackets, Hoodies	Any Color	Any Color Absolutely NO Hoodies or Jackets with Hoods attached	Absolutely NO Denim shirts may be worn as a jacket Absolutely NO Hoodies or Jackets with Hoods attached
Belts	Any Color	Any Color	NO excessively long belts are permitted. No exceptions!
Hats	Not permitted	Not permitted	No exceptions!
Hair Accessories (headbands, clips, bands, etc.)	Not permitted	Not permitted	NO night hair wraps and bonnets/bandanas, do-rags permitted.
SHS Athletic and Extra Curricular Attire	Permitted on Game Day Only	Permitted on Game Day Only	Permitted on Game Day Only For athletes, extracurricular, and cheerleaders participating only
Book Bags	Any color mesh or see-through plastic	Any color mesh or see-through plastic	Any color See-through mesh or Plastic book bags.

***No clothing with holes in them above the knee on Out of Uniform days**