

# Satsuma City Schools

## 2024-2025 Student Enrollment Packet

Please complete the forms in their entirety as outlined below.

### **Alabama Application for Student Enrollment**

Parents, please note that you MUST provide both a physical and mailing address. P.O. Boxes will NOT be accepted as physical addresses. In addition, ALSDE now requires that all addresses include a zip code+4, therefore this information must be included on your registration forms. If you do not know your zip code+4, please visit the USPS website (<https://tools.usps.com/go/zip-code-lookup.htm>) and select Look up a Zip Code.”



### **Health Assessment Record**

- Required to be submitted yearly for each student
- Please be sure to thoroughly and accurately complete the health assessment form. It is ESSENTIAL that all health related information be included on this form.

**Ethnicity and Race Form** Required to be submitted yearly for each student

**Home Language Survey** Required to be submitted for each newly enrolled student

**Employment Survey** Required to be submitted for each newly enrolled student

**Child Nutrition Meal Application** Required to be submitted yearly but one application can be submitted for a family Satsuma City Schools uses an online lunch application system. The new CNP application will be available in July. We will share the information electronically with parents at that time.

**The following REQUIRED DOCUMENTS must be presented in person by a parent or legal guardian at the school your child will attend:**

### **Parent/Legal Guardian Photo ID**

Photo ID may include a driver's license, a state identification card, a passport, or other official photo identification, such as an ID card obtained through an official government agency or consulate.

### **Birth Certificate**

The parent is requested to provide a birth certificate for documentation to serve as age verification for the student.

\*To enter kindergarten, a child must be 5 years old on or before September 1.

\*To enter first grade, a child must be 6 years old on or before December 31.

### **Social Security Card**

A copy of the social security card is highly recommended but a student will NOT be denied enrollment or admission to school due to a failure to provide a social security card.

### **Current Immunization Record**

The Alabama School Immunization Law requires all students to be in compliance with age-appropriate required vaccines. Prior to a student entering school, an Alabama Certificate of Immunization (COI) or an Alabama Certificate of Religious Exemption is required. Only an Alabama county health department can issue an Alabama Certificate of Religious Exemption. Religious exemption certificates are expired if your child has received vaccines after the date on the Certificate.

For students moving to Alabama: Current out-of-state vaccine records must be transferred to the Alabama Certificate of Immunization by an Alabama county health department or an Alabama physician.

For more information on vaccine requirements, you may contact your Alabama physician, the Mobile County Health Department 251-690-8889 or visit <https://www.alabamapublichealth.gov/immunization/schedules.html>

### **Proof of Residency**

The parent or guardian who owns or rents the property is required to provide two current valid documents as proof of residence.

- A utility bill (power, water, or gas) dated within 30 days of registration is required
- A mortgage statement, notarized lease, or tax assessment dated within 30 days of registration is required

Non-resident students must provide receipt of tuition payment in lieu of proof of residency.

### **Proof of Legal Custody**

If legal custody of a child is split between two parents, a certified copy of the most recent court order identifying each parent's respective award of physical custody is required. The parent is responsible to immediately inform the school of any changes to the court order.



Grade for the 2024-2025 School Year: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**SATSUMA CITY SCHOOLS**  
Application for Student Enrollment  
*Must be completed by Parent or Legal Guardian*

In District: \_\_\_\_\_

Out of District: \_\_\_\_\_

**STUDENT INFORMATION – PLEASE PRINT**

Last Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Middle Name \_\_\_\_\_ Social Sec # (Voluntary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name to be Called \_\_\_\_\_ Child Lives With Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Home Address \_\_\_\_\_ Guardian \_\_\_\_\_ (Relation: \_\_\_\_\_)

City \_\_\_\_\_ Special Information About Custody: \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MOTHER/GUARDIAN		FATHER/GUARDIAN	
Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
Middle Name	_____	Middle Name	_____
Home Address	_____	Home Address	_____
Mailing Address	_____	Mailing Address	_____
City	_____	City	_____
State	_____ Zip _____	State	_____ Zip _____
Daytime Phone	_____ - _____ - _____	Daytime Phone	_____ - _____ - _____
Alternate Phone	_____ - _____ - _____	Alternate Phone	_____ - _____ - _____
Email Address	_____	Email Address	_____
Employer	_____	Employer	_____
Employer Address	_____	Employer Address	_____
Employer Phone	_____ - _____ - _____	Employer Phone	_____ - _____ - _____

**Additional Contact Information** – Persons to be contacted only if parents cannot be reached (use back of page if needed)

Name	Relation	Phone	Lives With	School Pickup	Emergency Contact

Name of former school: \_\_\_\_\_

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

Signature of Person Completing Form \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**\*\* If custodial parent or custodian, please provide a copy of custody paper or guardianship papers.\*\***

**ADDITIONAL STUDENT INFORMATION**

Has your child ever attended Satsuma City Schools? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which school(s)? \_\_\_\_\_

Did child attend Pre-K/Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_ Excluding Pre-K/K, how many years has the child been in school? \_\_\_\_\_

Has child repeated any grade level? Yes \_\_\_\_\_ No \_\_\_\_\_

Was child receiving Special Education, Gifted, or 504 services at their previous school? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please circle one.)

Does child have any pending disciplinary issues from his/her previous school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Will the student be a bus rider? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have access to internet at home? Yes \_\_\_\_\_ No \_\_\_\_\_

**SIBLINGS** – Does the child have brother(s) or sister(s) currently enrolled or requesting enrollment in Satsuma City Schools? Yes \_\_\_\_\_ No \_\_\_\_\_

Currently Enrolled		Requesting Enrollment	
Name	Grade	Name	Grade

Thank you for applying for your child's enrollment into Satsuma City Schools. All non-resident student applications will be notified by mail regarding acceptance into Satsuma City Schools. Non-resident students, who are granted acceptance, will not be enrolled or placed in a class until tuition is paid **and** the following documents are received and verified:

1. **Certificate of Immunization.**
2. Certified **Birth Certificate.**
3. Custody **Papers** (if applicable).
4. Photo **ID of Parent or Guardian.**

Any non-resident student who has not paid tuition and turned in all enrollment documents by July 18th will forfeit their enrollment acceptance. Providing false information is grounds for no acceptance in Satsuma City Schools.

It shall be the policy of the Satsuma City School System to provide nondiscriminatory basis educational opportunities for children. No person shall be denied the benefits of any education program or activity based on race, color, disability, creed, national origin, age, or sex. Pursuant to the requirements of the No Child Left Behind Act (2001) and the McKinney-Vento Homeless Assistance Act, all homeless children, migrants, and English language learners must have equal access to the same free appropriate public education other children and youth. All programs offered by schools within the school system shall be open to all students in compliance with statutory and judicial requirements. The enrollment of homeless, immigrant, migrant, and limited English proficient children shall not be denied due to any of the following barriers: lack of birth certificate, lack of school records or transcripts, lack of immunization records, lack of residency, lack of transportation, unaccompanied, or no guardian.

For Official Use Only

Approved for Enrollment: \_\_\_\_\_ Date: \_\_\_\_\_ Tuition Pd: \_\_\_\_\_

Denied Enrollment: \_\_\_\_\_ Date: \_\_\_\_\_



**ALABAMA STATE DEPARTMENT OF EDUCATION**  
**HEALTH ASSESSMENT RECORD**



**School Year: 2024-2025**

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)		City		State	Zip
Home Phone	Cell Phone	Additional Phone		Grade	Teacher/Homeroom
Name of Parent/Guardian				Work Phone	
Transportation <input type="checkbox"/> Bus Rider Bus Number <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School					
<b>Part I – Health Information</b>					
Place your child receives health care:		Your child's insurance information:		Place your child receives dental care:	
Physician's Name: _____		<input type="checkbox"/> ALL KIDS		Dentist's Name: _____	
Address: _____		<input type="checkbox"/> Medicaid		Address: _____	
Phone: _____		<input type="checkbox"/> No Insurance		Phone: _____	
<input type="checkbox"/> Community Health Center		<input type="checkbox"/> Other _____		<input type="checkbox"/> Community Health Center	
<input type="checkbox"/> Health Department		<input type="checkbox"/> Private Insurance		<input type="checkbox"/> Health Department	
<input type="checkbox"/> Hospital Clinic				<input type="checkbox"/> Hospital Clinic	
<input type="checkbox"/> No Regular Place				<input type="checkbox"/> No Regular Place	
<input type="checkbox"/> Private Doctor/HMO				<input type="checkbox"/> Private Dentist/HMO	
Preferred Hospital:					
<b>Part II – Medical Equipment &amp; Procedures Required at School</b>					
<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: 2024-2025

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

<b>Part III – Medical History</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>KNOWN HEALTH PROBLEMS</b> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ATTENTION DEFICIT DISORDER (ADD)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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"/> Hives/Rash <input type="checkbox"/> Insects _____ <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Medications _____ <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"/> Required medication (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>FREQUENT NOSE BLEEDS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CANCER/LEUKEMIA</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CEREBRAL PALSY</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CYSTIC FIBROSIS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DENTAL PROBLEMS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DIABETES</b> <input type="checkbox"/> Monitors blood sugar at school <input type="checkbox"/> Requires insulin at school <input type="checkbox"/> Type 1 <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Type 2 <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>EMOTIONAL/BEHAVIORAL/PSYCHOLOGICAL</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>GASTROINTESTINAL/STOMACH PROBLEMS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>GENETIC/RARE DISORDERS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HEADACHES</b> (Please explain)
<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 (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HYPERTENSION</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>JUVENILE ARTHRITIS/BONE-JOINT PROBLEMS</b> (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>KIDNEY/BLADDER/URINARY PROBLEMS</b> (Please explain)
<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"/> Medications taken at home <input type="checkbox"/> Other _____ (Please explain)
<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 (Please explain)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPINA BIFIDA</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIAL DIET</b> (Please explain)
<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> (Please include <u>any</u> medications taken at home only)

**Required Signatures**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# ETHNICITY & RACE

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

\_\_\_\_\_  
Grade

## 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.

Additional requested information:

### **MILITARY**

Student connected to an Active Duty Military family

- Yes
- No

Student connected to a Guard or Reserve family

- Yes
- No

### **PRESCHOOL**

- Head Start
- Center-Based Child Care
- Home Visitation Program
- No Preschool
- First Class Funded Preschool
- Home-Based Child Care
- Other Preschool
- Special Education Funded

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

\_\_\_\_\_  
Date

### **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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## HOME LANGUAGE SURVEY

Name of Student (Last, First Middle)	Grade	Birth Date	Sex	School <input type="checkbox"/> Lee Elementary <input type="checkbox"/> Satsuma High	
Address (Street)	City			State	Zip
Name of Parent/Guardian				Date	

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling.

1. What language did your child learn when he/she first began to talk?

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2. What language does your child most frequently speak at home?

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3. What language is spoken by you and your family most of the time at home?

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If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

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

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

\_\_\_\_\_  
Date



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM
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SCHOOL NAME
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### DIRECTIONS









Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.

### RELOCATION HISTORY

Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other work you have done that is not shown in a picture below: \_\_\_\_\_

<b>Fruit or Tomato Farms</b> <input type="checkbox"/> Yes 	<b>Fish or Shrimp Farms</b> <input type="checkbox"/> Yes 	<b>Nursery, greenhouse, sod farm</b> <input type="checkbox"/> Yes 	<b>Planting / Harvesting Crops</b> <input type="checkbox"/> Yes 
<b>Cattle Farms; Milk Products</b> <input type="checkbox"/> Yes 	<b>Hatchery; feeding, processing chickens, gathering eggs</b> <input type="checkbox"/> Yes 	<b>Working on a worm farm</b> <input type="checkbox"/> Yes 	<b>Growing, tending, felling trees</b> <input type="checkbox"/> Yes 

### PARENT INFORMATION

<b>PARENT / GUARDIAN</b>			
ADDRESS	CITY	STATE	ZIP
<b>PHONE NUMBER</b>	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		





## DIGITAL EQUITY & LEARNING PREFERENCES

Please provide the following information relating to digital equity and learning preferences as required by the Elementary and Secondary Education (ESEA) Act.

### Internet in Residence

- Yes - Internet Access in Residence
- No - Not Available
- No - Not Affordable
- No - Other

### Internet Access

- Residential Broadband (DSL, Cable, Fiber)
- Cellular Network
- Satellite
- Dial-Up
- Other
- None

### Internet Performance

- Yes - No Issues
- Yes - But Not Consistent
- No

### Device Access

- Personal - Dedicated (One person per machine)
- Personal - Sharing (Sharing with others in home)
- School Provided - Personal
- School Provided - Shared
- None

### Device Type

- Desktop/Laptop
- Tablet
- Chromebook
- Smartphone
- Other
- None

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Student Name (Print)

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Grade

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Parent Signature

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Date