

**These items are REQUIRED before your child/children may be enrolled in Jasper City Schools:**

**All Students**

1. Completed Student Registration Forms
2. Completed Parent Student Handbook Forms
3. Completed Employment Survey
4. Two Proofs of City-Limit Residence. (Utility bill, cable bill, lease or mortgage document with YOUR name.) **NO P.O. BOXES.** Residency will be verified.

**New Students Only**

5. Birth Certificate
6. Social Security Card (or document from Social Security Office showing SSN)
7. Valid Immunization Record (Blue Slip) from the State of Alabama
8. Valid Picture Identification (driver's license, etc.)

# JASPER CITY SCHOOLS – Student Registration Form

## ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Please Print

Must be completed by Parent/ Legal Guardian

Please Print

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 NUMBER (voluntary) \_\_\_\_\_

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

EMERGENCY #2

CONTACT \_\_\_\_\_ CONTACT \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

\*IF PARENT/ GUARDIAN OR EMERGENCY CONTACTS CANNOT BE REACHED, I HEREBY AUTHORIZE THE SCHOOL TO ACT IN THE BEST INTEREST OF MY CHILD SHOULD AN EMERGENCY ARISE.  YES  NO

If "No" is checked, what action should be taken? \_\_\_\_\_

I give my permission to the school to render emergency medical assistance if needed and/or contact emergency persons.  YES  NO

### 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 \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin Code § 290-3-1.01(2)(b)(2). It will be used as a means of identification in the statewide management system.

Updated May 2021

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

Siblings in Jasper City Schools? Circle one: Yes No

Number of children in your family being enrolled in JCS at this time: \_\_\_\_\_

List any Siblings that are in Jasper City Schools:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Approved By _____
Date _____
School Assigned _____
Inside City Limits _____
Verified By _____

**APPLICANTS MUST PROVIDE VALID PROOF OF RESIDENCY. NO P.O. BOXES.**

**Business addresses and temporary leases/rentals for the purpose of circumventing the residency requirement will not be accepted.**

Will the student ride a bus? (circle one) Yes No

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is your child allergic to any medication? Y N List: \_\_\_\_\_

Does your child have any unusual or serious health conditions? Y N

Describe: \_\_\_\_\_

Would this health condition interfere with any major life activities? Y N (Please provide a doctor's verification.)

Explain: \_\_\_\_\_

Will your child be able to participate in physical education? Y N If not, explain: (Please provide medical verification.)

**Names of any specific person(s) to whom my child MAY NOT be released:** \_\_\_\_\_

**HOME LANGUAGE SURVEY**

1. Was your child born in the United States? Circle Y or N

**If yes**, what State? \_\_\_\_\_ **If no**, what is the country of origin? \_\_\_\_\_

2. Has your child attended any school in the US for any three years during their lifetime? Y or N

**If yes**, please list the school, state, enrollment dates:

School \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

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

4. Do you require written translation or oral interpretation of district-level and school-level communications? Y or N

**If yes**, what translation language? \_\_\_\_\_

5. Is your child's native language anything other than English? Y or N If yes, what is the native language? \_\_\_\_\_

6. What is the language the student first acquired? \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Is student transferring from another school: (circle one) Y N

Reason student is transferring to Jasper City Schools: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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**Absence Excuses**

By law, a parent or legal guardian is responsible for sending a written note to school explaining the cause or causes of his/her child's absence from school. Such note must be sent to the school within three days following each absence or the absence will be counted as unexcused. The parent must assume responsibility for sending such notes to school officials.

**Change of Information**

In order for school personnel to have current and accurate information on your child, you must assume the responsibility of contacting the school office to add, delete, or correct any information on this form.

**I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT WHOSE NAME APPEARS ABOVE.**

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Date

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Signature of Parent or Legal Guardian

## 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:

**ADDITIONAL REQUESTED INFORMATION**

**SPECIAL SERVICES**

Please check any special services the student received at the last school they attended:

- Special Education    IEP    Speech/ Language Services    504 Plan    Gifted

**MILITARY**

Is the student connected to an Active Duty Military Family?    Yes    No

Is the student connected to Guard or reserve Military Family?  Yes    No

**PRESCHOOL (Please circle YES or NO below accordingly)**

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

**AUTOMATED EMERGENCY/ IMPORTANT INFORMATION NOTIFICATION**

The Jasper City Board of Education uses the School Cast Program to contact parents and/or guardians in the event of a school wide emergency or to provide important information to parents and/or guardians. The numbers you provide below will be used for the calling system. If no numbers are provided, the system will choose the first two numbers you have provided for enrollment purposes.

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM	STUDENT NAME
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SCHOOL NAME
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### DIRECTIONS






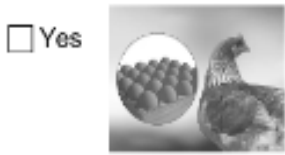


Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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