JMS

PLEASE PRINT

Clarke County Board of Education

APPLICATION FOR STUDENT ENROLLMENT

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: *(please provide court order if applicable)*

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY CONTACT #1_____ EMERGENCY CONTACT #2 _____

Relation:_____ Phone: _____ 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/GUARDIAN 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.*

Clarke County Board of Education

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 students 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 origina l 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:

Clarke County Board of Education

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	• FirstClass 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	❑			• Special Education Funded	Circle One:	Yes	No

CLARKE COUNTY SCHOOL DISTRICT
STUDENT INFORMATION FORM

Student:

Last Name _____ First Name _____ Middle Name _____

Bus # _____ Car Rider # **(if applicable)** _____

Please list only brothers and sisters that attend this school and grade level.

1. _____ 2. _____ 3. _____

Parent/Guardian: (Please provide copy of court order if applicable)

Name(s) of Person(s) **With whom Student is Living** _____

Living with: ☐Both Parents ☐ Mother Only ☐ Father Only ☐ Grandmother ☐ Grandfather Other (Specify):

Mother/Guardian's Last Name _____ First Name _____

Father/Guardian's Last Name _____ First Name _____

Emergency:

Medical Alert (Any medical problems, current medication, allergies, special diet, etc…) _____

_____

Physician _____ Telephone _____

School History: (if applicable)

Previous School _____ School Address _____

School's Telephone # _____ Withdrawal Date _____ Grade Enrolled _____

Was the student receiving special services such as; Gifted, Speech, LD, Academic/Remediation, etc? ☐ Yes ☐ No

If yes, please explain: _____

Does the student have a current IEP? ☐Yes ☐ No If yes circle grade(s) K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/guardian signature: _____ **Date:** _____

OFFICE USE ONLY: (Student Enrollment after initial start of school)

Birth Certificate (Needed for Athletics)	☐ Yes	☐ No
Social Security Card (Voluntary)	☐ Yes	☐ No
Blue Slip	☐ Yes	☐ No
Records Requested	☐ Yes	☐ No
Parent/Guardian(s) Drivers License	☐ Yes	☐ No
Two Forms -Verification of Residency	☐ Yes	☐ No
Health Assessment Record	☐ Yes	☐ No

No barriers will prevent Homeless, Migrant, Immigrant, English Language, or Foster students from enrolling

The Clarke County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries regarding non-discrimination policies, please contact Anna Traweek or Angie Jordan at the Clarke County Board of Education office at 251-250-2155 – Clarke County Board of Education, 155 W. Cobb Street, Grove Hill, AL 36451

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:** □ **Food** _____ □ Hives/rash □ Medications □ **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:** _____

Home Language Survey

Student's Last Name: _____

Student's First Name: _____ **Middle Name:** _____

Survey Date: _____ **Date of Birth:** _____

1. **Was your child born in the United States?** _____**Yes** _____**No**

   If yes, what state were they born? _____

   If no, what is the country of origin? _____

2. **Has your child attended any school in the United States for any three years during their lifetime?**
   _____Yes _____No

   If yes, please list the name of the school, state, and approximate dates of enrollment:

School	State	Start Date	End Date

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

   Home Language:

4. **Do you require written translation or oral interpretation of district-level and school-level communications?**
   _____Yes _____No

   If yes, what language(s)?

5. **Is your child's native language anything other than English?** _____Yes _____No

   If yes, what is your child's native language?

6. **What is the language the student first acquired?**

If we have questions about the Home Language Survey responses, what is the best way to contact you?

Parent or Guardian Name: Phone number and/or email address:

ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students

SCHOOL SYSTEM
Clarke County Board of Education

SCHOOL NAME

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?	☐ **Yes**	☐ No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	☐ Yes	☐ No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	☐ Yes	☐ No

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

Fruit or Tomato Farms ☐ Yes 	Fish or Shrimp Farms ☐ Yes 	Nursery, greenhouse, sod farm ☐ Yes 	Planting / Harvesting Crops ☐ Yes 
Cattle Farms; Milk Products ☐ Yes 	Hatchery; feeding, processing chickens, gathering eggs ☐ Yes 	Working on a worm farm ☐ Yes 	Growing, tending, felling trees ☐ Yes 

PARENT INFORMATION

PARENT / GUARDIAN

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

Student Residency Questionnaire
Clarke County Public School System

Name of School _____

Name of Student _____ Sex: □ Male □ Female
Last First Middle

Birth Date _____/____/_____ Age:_____ Social Security #:_____
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

□ In a motel
□ In a shelter
□ With more than one family in a house or apartment
□ Moving from place to place
□ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

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

Address_____ Zip_____ Phone_____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for costs incurred. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian_____ Date_____

Please send a copy to Jackie Daffin, Federal Programs Director at the Central Office.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____
Date McKinney-Vento Liaison Signature

Jackson Middle School

School-Parent Compact

Jackson Middle 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), 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.

This school-parent compact is in effect during school year 2026-2027.

School Responsibilities

Jackson Middle School will:

1. **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 as follows:**

   All teachers will provide high quality curriculum and instruction as required by the Alabama Course of Study and Alabama College and Career Readiness Standards. Classroom strategies will reflect an environment conducive to learning. All teachers will differentiate instruction based on student need. This will include whole-group, small group, and individualized instruction.

2. **Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.** Specifically, those conferences will be held:

   Parent-teacher conferences will be held at least annually at a time that is mutually convenient for the parent and the teacher. Parent conferences to discuss school compact will be held during the fall.

3. **Provide parents with frequent reports on their children's progress.** Specifically, the school will provide reports as follows:

   Progress Reports will be sent home every three weeks. Report cards will be sent home each nine weeks. Conduct reports will be sent home as needed.

4. **Provide parents reasonable access to staff.** Specifically, staff will be available for consultation with parents as follows:

   Parents will be made aware of teachers' planning times. Teachers will also be available after school for scheduled appointments. Wednesday is designated for Parent Conferences, but they may be scheduled at any time.

5. **Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities**, as follows:

   Parents are welcomed and encouraged to make classroom visits at Jackson Middle School. Parents are also encouraged to volunteer at book fairs or other school sponsored events, as well as with school clubs and organizations as appropriate

6. **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.**

   All written communication sent home will be in the student's home language. All EL students will receive all written communication in their home language as well.

Parent Responsibilities

As a parent, I will support my child's learning in the following ways:

- Help my child to be physically and emotionally healthy, including proper hygiene
- Make sure that homework is completed
- Monitor amount of screen time my child watches
- Volunteer in my child's classroom and the school as appropriate
- Participate, as appropriate, in decisions relating to my child's education
- Promote positive use of my child's extracurricular time
- Stay informed about my child's education and communicate with the school and respond as appropriate
- Serve, to the extent possible, on advisory groups, such as Title I Advisory Committees and parental involvement committees
- Provide support in school expectations for appropriate student conduct
- Monitor attendance and making sure that my child gets to school on time
- Provide my child with all necessary materials and supplies as needed throughout the year
- Monitor Powerschool to check on my child's grades on a weekly basis

Student Responsibilities

As a student, I will share the responsibility to improve my academic achievement and achieve the state's high standards in the following ways:

- Do my homework every day and ask for help when I need to
- Give my best effort at school and be responsible
- Read every day outside of school time
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day
- Notify school personnel of any needs or problems I may have

School Representative Signature	Parent Signature(s)	Student Signature
Date	Date	Date

Clarke County Schools
Student/Parent
Chromebook/Digital Device Agreement

Student Name: _____ Grade: _____ Homeroom: _____

School: _____ Home Address: _____

Acceptable Use Policy Agreement

I have read the Internet Safety and Internet Acceptable Use Practices, available at clarkecountyschools.org. I understand if my child violates this policy, his/her access privileges may be revoked and is subject to disciplinary action. I understand that the Internet is a worldwide group of hundreds of thousands of computer networks. I agree that Clarke County Schools does not control the content of these Internet networks. I understand if my child violates the Acceptable Use Practices, his/her access privilege to the District Internet may be revoked and is subject to disciplinary action. Clarke County Schools has my permission to give Internet access to my child. I understand that my child will maintain this privilege as long as the procedures described in the CCBOE Code of Student Conduct of Conduct are followed.

Terms of Agreement

Clarke County Schools grants permission to the student to have limited use of the Chromebook described in this agreement. The student is responsible at all times for the care and appropriate use of this Chromebook. The Chromebook remains the property of Clarke County Schools and cannot be loaned, sold, bartered, leased, rented or given to any other person or persons without the express, written consent of Clarke County Schools. **Any damage not covered by Accidental Protection insurance will be the responsibility of the parent/guardian.** CCBOE devices will be tagged with an asset number. At no time should this tag be tampered with or removed. When the device is not being actively used, store the device in the provided protective sleeve. Devices MUST BE transported to and from school in the district provided protective sleeve at all times. The district insurance AND permission granted to the student ceases on the last calendar day of the current school year, unless terminated earlier by Clarke County Schools. Failure to return the said Chromebook and charger on or before that date to the campus principal or designee will result in criminal charges being sought against the student and/or the person who has the Chromebook. Clarke County Schools reserves the right at any time to demand return of the Chromebook forthwith.

Signatures:

Parent/ Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

(FOR OFFICE USE ONLY)

Fixed Asset Number: _____