

**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.)

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 _____

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

MOTHER/GUARDIAN _____ Address _____

Email Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

FATHER/GUARDIAN _____ Address _____

Email Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

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

EMERGENCY #1

CONTACT _____

Relation _____ Phone _____

EMERGENCY #2

CONTACT _____

Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL

(In accordance with school system check-out procedures)

1. _____ Relation _____ Phone _____

2. _____ Relation _____ Phone _____

3. _____ Relation _____ Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

PARENT SIGNATURE _____

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: _____

OFFICE USE ONLY

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 a Jasper City school: _____

Name of last school attended: _____ City _____ State _____

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.

Date

Signature of Parent or Legal Guardian

RACE AND/OR ETHNICITY

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

What is the student's race and/or ethnicity? SELECT ALL THAT APPLY:

☐ **AMERICAN INDIAN OR ALASKA NATIVE**

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ **ASIAN**

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

☐ **BLACK OR AFRICAN AMERICAN**

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

☐ **HISPANIC OR LATINO**

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

☐ **MIDDLE EASTERN OR NORTH AFRICAN**

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

☐ **WHITE**

For example, English, German, Irish, Italian, Polish, Scottish, etc.

Office use only:

Race – Choose one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Hispanic or Latino

_____ Middle Eastern or North African

_____ 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 - ☐

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

SCHOOL NAME

DIRECTIONS

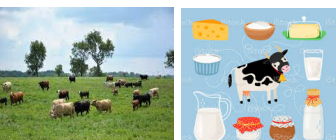
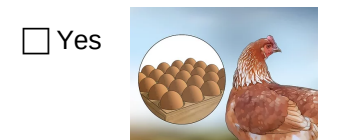
Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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