Lawrence County School Pre-K-12 Enrollment Form

Date: _____ School Name: _____ Grade Level: _____

Student Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Social Security Number: _____-_____-_____ Sex (Circle One): Male Female

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address: _____ City: _____ Zip Code: _____

Phone: ( )_____ Type (Mobile/Home/Work/Other): _____

Race and/or Ethnicity (Check all that apply-Choose at least one):

_____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, Marsha/lese, etc.)

_____White
(For Example: English, German, Irish, Italian, Polish, Scottish, etc.)

Family Information

Guardian #1

Name: _____

Relationship to Student: _____

Phone Number: _____

Type (Mobile/Home/Work/Other): _____

Email Address: _____

Do you consent to receiving SMS messages? Yes or No

Guardian #2

Name: _____

Relationship to Student: _____

Phone Number: _____

Type (Mobile/Home/Work/Other): _____

Email Address: _____

Do you consent to receiving SMS messages? Yes or No

Emergency Contacts: Please list two people other than what is listed above.

Emergency Contact #1

Name: _____

Relation: _____ Phone: _____

Type (Mobile/Home/Work/Other: _____

Emergency Contact #2

Name: _____

Relation: _____ Phone: _____

Type (Mobile/Home/Work/Other: _____

Please list other individuals who have permission to check your child out of school.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

School History

Please Check One:

☐ Student has attended a school in Lawrence County. ☐ Student has **not** attended a school in Lawrence County.

Last School Attended: _____ Previous Grade Level: _____

Siblings Attending School in Lawrence County: _____

Services

Has your child received any of the services listed below within the past year? Circle One. Yes No

If yes, please circle all that apply. Special Education Speech Gifted ESL 504 Heath Care Plan

Last Name: _____ First Name: _____ Middle Name: _____

Other Student Information

What is your student's primary nighttime residence?

1. _____Shelter (Homeless shelter, emergency shelter or domestic violence shelter, etc.)
2. _____Transitional Housing (Temporary home due to loss of housing, economic hardship, etc.)
3. _____Doubled Up (Sharing the housing of other persons due to loss of housing, economic hardship, etc.)
4. _____Unsheltered (Car, park, campground, travel trailer, abandoned building, substandard housing, etc.)
5. _____Hotel/Motel
6. _____Unaccompanied Youth (Not in custody of parent or legal guardian)
7. _____None of the Above

If numbers 1-6 are marked, please have the guardian complete the McKinney Vento Program Analysis and Application for Services.

Digital Equity

Internet in Residence - Do you have internet access in the place of residence/home?
_____(1) Yes- Internet Access in Residence
_____(2) No- Not Available
_____(3) No- Not Affordable
_____(4) No- Other

Internet Access - What type of internet do you have in the residence/home?
_____(1) Residential Broadband (DSL, Cable, Fiber, etc.)
_____(2) Cellular Network
_____(3) School Provided Hotspot
_____(4) Satellite
_____(5) Dial up
_____(6) Other
_____(7) None

Internet Performance - Does the internet perform well in the residence/home?
_____(1) Yes- No Issues
_____(2) Yes- but Not Consistent
_____(3) No

Device Access- For primary access to a device for the student to complete schoolwork at home, which is most accurate?
_____(1) Personal - Dedicated (one person per machine owned by the child/family)
_____(2) Personal- Shared (device shared among others in the household)
_____(5) None

Device Type- What type of device does the student use most often to complete schoolwork at home?
_____(1) Desktop/Laptop
_____(2) Tablet
_____(3) Chromebook
_____(4) Smartphone
_____(5) Other
_____(6) None

Military

Student is connected to an Active Duty Military Family. Yes No

Student is connected to a Guard or Reserve Miliary Family. Yes No

Verification of Residency

The Lawrence County Board of Education is under a court order requiring all students who attend public school in the Lawrence County School System attend in the school attendance zone as determined by their residence. The following documentation must be submitted to verify residency at the address provided on the previous sheet.

1. A copy of the deed to my property or a copy of my lease.
2. A copy of the utility bill showing the account in my name and the address of the property.

Office Use Only: _____ **Deed/Lease** _____ **Utility Bill** _____ **Residency Verified**

By signing below, I certify I am the legal guardian of the student listed on the form and have the authority to enroll the student in school. I also certify that all information is correct. I affirm that the child whose name appears on this form, lives at the address noted on the previous sheet. I will notify the school if any information changes.

Guardian Signature: _____ Phone: _____Date: _____

It shall be the policy of the Lawrence County Board of Education to provide educational opportunities for children on a non discriminatory basis. No person shall be denied the benefits of any education program or activity on the basis of race, color, disability, creed, national origin, or sex. All programs offered by the Lawrence County School System shall be open to all students in compliance with statutory and judicial requirements. The enrollment of homeless, migrant, and limited English proficient children shall not be denied due to barriers.

Lawrence County School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ❑ Male ❑ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? ❑ Yes ❑ No If yes, in which state? _____ If no, in what other country? _____

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 language is spoken by you and your family most of the time 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. What language did your child learn when he/she first began to talk? _____ 8. What language does your child most frequently speak at home? _____ 9. What language do you most frequently speak to your child? (Father) _____ (Mother) _____

10. Please describe the language <u>understood by your child</u>. (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	

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

LAWRENCE COUNTY SCHOOLS
MENTAL HEALTH SERVICES
ANNUAL NOTIFICATION & OPT-IN FORM

(Students under 16)

Lawrence County Schools offer mental health services for your child(ren) in a variety of ways. In compliance with Alabama law, parents and/or guardians must give written permission (opt-in) for their children to receive on-going mental health services each school year. You may choose for your child to receive all, some, or none of the available services.

Opt-In Options for Mental Health Services

If your child is under the age of 16, please identify, by checking the box below, which mental health services that you want available to your child. **If you do not select any options below, then your child will not receive on-going mental health services.**

Option 1: If you want all services available, check the following "Opt-In to All Mental Health Services" box.

☐ **Opt-In to All Mental Health Services**

Option 2: Alternatively, you may individually select services by checking multiple boxes.

☐ **Small Group Counseling** - includes small group of students meeting with a school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc on an on-going basis.

☐ **Mentoring** – mentors from community agencies (e.g. The Rotary Club, Big Brothers/Big Sisters, etc.) that work with students in one-on-one or group setting on topics such as academic success, making good choices, character development, etc.

☐ **Assessments/Surveys** – assessments and surveys to help students increase their understanding of social behaviors, feelings, etc. and effective ways of coping with stress and negative emotions.

☐ **Crisis Intervention** – on-going counseling or mental health support by a school counselor or professional to address a crisis need of the student.

☐ **Mental Health Counseling** - on-going mental health therapy services provided at school by clinically trained mental health professionals on a referral basis.

☐ **Mental Health Guidance Counseling** – on-going counseling or mental health support provided by a school counselor.

☐ **Counseling Related to Bullying** – on-going counseling, programming, or mental health support by a school counselor or professional related to bullying prevention.

☐ **Suicide Counseling** – on-going counseling, programming, or mental health support by a school counselor or professional related to a student's suicidal thoughts and suicidal ideation.

This is document shall not be interpreted to require parent or guardian consent beyond what is expressly required by applicable state or federal law.

Please complete both sides.

LAWRENCE COUNTY SCHOOLS
MENTAL HEALTH SERVICES
ANNUAL NOTIFICATION & OPT-IN FORM

(Students under 16)

Exceptions to Opt In Requirement

Under guidance from the Alabama State Department of Education, general instruction, academic advisement, and occasional support provided by school counselors do not require parent or guardian consent. By law, mental health services may be provided without consent if there is an immediate threat to the health of the student or others; suspected abuse, neglect, or exploitation; or when there is an immediate necessity for immediate grief counseling

Review of Materials

You may request to review any materials used in the counseling programs available to students by contacting the student's principal.

Effective Date and Revocation

This form becomes effective on the day it is received by your student's teacher/school counselor and, unless rescinded in writing, will remain effective for that school year.

Parent of Students with Disabilities

Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

Parental Acknowledgement

I understand that the legal age of consent in Alabama is 16 years, and that my consent is not required for my child 16 years or older to participate in school-based mental health services should they so choose. I also understand that by opting-in for mental health services, the counselor providing the services to my student shall keep me fully informed regarding diagnosis, recommended counseling, or treatments, and that I have the authority to make final decisions regarding counseling and treatments of my child.

_____ _____

Parent/Guardian Signature *Date*

_____ _____

Parent/Guardian Printed *Date*

Student Information

_____

Student Name ***Grade*** ***Age*** ***School***

Please complete both sides.

ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students

SCHOOL SYSTEM	STUDENT NAME
SCHOOL NAME	

DIRECTIONS

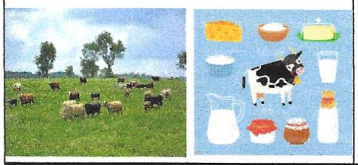
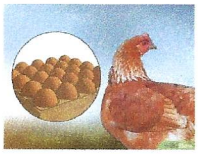
Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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