PICKENS COUNTY SCHOOLS

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

(Must be completed by Parent/Legal Guardian)

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 COURT APPOINTED GUARDIAN (RELATION)_____

*SOCIAL SECURITY NUMBER (voluntary)_____

PARENT(S)/GUARDIAN NAME: **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 CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN…VERY IMPORTANT!!!)

EMERGENCY CONTACT #1_____ EMERGENCY CONTACT #2_____

Relation_____ Phone_____ Relation_____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

1._____ Relation_____ Phone_____

2._____ Relation_____ Phone_____

3._____ Relation_____ Phone_____

4._____ Relation_____ Phone_____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

_____

PARENT 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.

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 INDICIAN 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:

MILITARY

Student connected to an Active Duty Military parent: □ Yes □ No

PRESCHOOL

Please mark one:	
Head Start □ Yes □ No	First Class Funded Preschool □ Yes □ No
Centered Based Child Care □ Yes □ No	Home Based Child Care □ Yes □ No
Home Visitation Program □ Yes □ No	Other Preschool □ Yes □ No
No Preschool □ Check if no Preschool	Special Education Funded □ Yes □ No

SPECIAL EDUCATION SERVICES

Student currently receiving special education services: □ Yes □ No

PCHS STUDENT REGISTRATION DATA SHEET
2017-2018

STUDENT INFORMATION

LAST NAME _____ TODAY'S DATE _____

FIRST NAME _____ MIDDLE NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

GRADE LEVEL _____ DATE OF BIRTH _____ MALE _____ FEMALE _____

ETHNIC GROUP _____ TRANSPORTATION TO/FROM SCHOOL: BUS# _____ WALK ____ PARENT ____

GUARDIAN INFORMATION

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

MAILING ADDRESS (IF DIFFERENT FROM STUDENT) _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ SECONDARY PHONE _____

OTHER PHONE NUMBERS _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP TO STUDENT _____

PHONE _____

NAME _____ RELATIONSHIP TO STUDENT _____

PHONE _____

MEDICAL ALERTS/CONDITIONS/ALLERGIES

_____

_____

Yes ___ No ___ I give consent for my son/daughter to participate in activities through the Pickens County High School Counseling Department. This may involve group activities and/or individual sessions.

PARENTS SIGNATURE _____

Principal's Checkout Initials _____

PICKENS COUNTY HIGH SCHOOL

PHOTO/VIDEO/WEBSITE RELEASE FORM

Dear Parent/Guardian,

On occasion our school or representative/employees of the Alabama State Department of Education wish to photograph, videotape, and/or interview individuals in connection with a school activity or project. One of the primary purposes of this photograph, videotape and/or interview is to enhance student learning, encourage excellence in teaching or recognize students that are excelling. Although the videotapes involve both the teacher and various students, the primary focus is on the instruction of or recognition of students.

In order to release photographs, video footage and/or comments that are posted on district school websites, we need written permission. To give your consent, please complete the form below.

I, _____ parent/guardian of _____,
(Parent/Guardian Name) (Student's Name)

Give permission for my child to be photographed, videotaped and/or interviewed by our school or representatives/employees of the Alabama State Department of Education for educational or public relation purposes. I authorize the use and reproduction of any and all photographs and/or videotapes of my child, without compensation to me or my child. All of these photographs or video recordings shall be the property, solely and completely of Pickens County High School. I waive any right to inspect or approve the finished photographs/videotapes, the soundtrack, script or printed matter that may be used in conjunction with them.

Parent/Guardian Signature: _____

Address: _____

Date: _____

Pickens County High School

2017-2018 Cell Phone Policy

Cell Phone Usage:

- *Students will be allowed to bring cell phones to school.*
- *Phones may be used only with permission of school personnel.*
- *Phones must be out of sight and powered off unless directed by school personnel to do otherwise.*
- *Cameras, videos, text messaging, or any other function available on a cell phone that invades the privacy of another individual is expressly prohibited on school grounds at any time.*

Consequences for Cell Phone Usage:

- *1st offense: Phone will be confiscated and locked up in the office and student will be written up. Parents will be allowed to pick up the phone at the end of the school day, after 3:11 pm.*
- *2nd offense and any other offense: Phone will be confiscated and locked up in the office. Student will be written up and will be subject to suspension (in and/or out of school).*
  Parents will be allowed to pick up the phone at the end of the school day, after 3:11 pm.

School Personnel will NOT be responsible for replacing lost or stolen cell phones

_____ _____

Parent Printed Name **Student Printed Name**

_____ _____

Parent Signature **Student Signature**

Pickens County High School
205 4th Ave SE
Reform, Alabama 35481
Telephone: (205) 375-2344; Fax: (205) 375-8151

Shemia Wilson - Principal

INTERNET ACCEPTABLE USE POLICY

Dear Parents and Students:

The Pickens County High School Internet Acceptable Use Policy is designed to provide guidelines for using Internet in the classrooms, school media center, and computer labs of the school. Please take the time to read this policy. If you have any questions about it, please be sure to contact me at (205) 375-2344.

This policy must be read and signed by the student and a parent/guardian at the time of registration. Please return the signed form as soon as possible, since your child will not be given access to the Internet until you agree to this policy.

Please note that if you violate the terms of this policy, you may lose privileges or receive punishment as defined in the Pickens County Board of Education Student Code of Conduct. It is your responsibility to read and ask questions about this policy.

Your teacher is planning an in-class discussion of this policy after you have had a chance to become familiar with it.

Thank you,

Shemia Wilson, Principal

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE

I acknowledge that I have read, understand and agree to all terms as outlined in the Internet Acceptable Use Policy. I further understand that this agreement will be kept on file at the school.

☐ My child may use the email and Internet while at school according to the rules outlined.

☐ I would prefer that my child not use email and Internet while at school.

DATE: _____

_____ STUDENT'S NAME (PRINTED)

_____ PARENT/GUARDIAN NAME (PRINTED)

_____ STUDENT'S NAME (SIGNATURE)

_____ PARENT/GUARDIAN NAME (SIGNATURE)

PICKENS COUNTY HIGH SCHOOL

NOTARIZED CHECK OUT FORM

2017-2018

Student's Name: _____ First Period Teacher: _____

The following person(s), including parents may check the student listed above, out of Pickens County High School. No one will be allowed to check out a student if his/her name does not appear on this list.

**** A VALID ID MUST BE PRESENTED EACH TIME A STUDENT IS CHECKED OUT ****

NAME	RELATIONSHIP	TELEPHONE NUMBER

_____

Parent/Guardian Signature

Witnessed this _____day of_____ SEAL

_____ _____

Notary Signature Commission Expires

PICKENS COUNTY HIGH SCHOOL
VEHICLE REGISTRATION FORM

Student Name: _____

Student Contact Number: _____

Parent / Guardian Name: _____

Parent Contact Number: _____

Grade: _____

VEHICLE # 1:

Vehicle Make: _____ Model: _____

Year: _____ Tag Number: _____

VEHICLE # 2:

Vehicle Make: _____ Model: _____

Year: _____ Tag Number: _____

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: _____-_____

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 □ 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

Signature of parent(s) or guardian:_____ **Date:**_____

Signature of school nurse: _____ **Date:**_____

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____