



Thompson High School

100 Warrior Drive
Alabaster, AL 35007
Main Office Phone 205-685-6700
Main Office Fax: 205-620-9608



Please check our website at <http://ths.alabasterschools.org/> for information!

Counselors:

Brookie Harbison	brookie.harbison@acsboe.org	205-685-6730	9 th Grade Counselor
Dr. Tonya Mosley	ratonya.mosley@acsboe.org	205-685-6731	10 th Grade Counselor
Traci McGee	traci.mcgee@acsboe.org	205-685-6733	11 th Grade Counselor
Heather Myles	heather.myles@acsboe.org	205-685-6732	12 th Grade Counselor
Pam Vickers	pam.vickers@acsboe.org	205-685-6734	College & Career Counselor

Sue Dennis, Registrar sue.dennis@acsboe.org 205-685-6740 Fax: 205-685-6741

Lynn Hicks, Student Services Secretary lynn.hicks@acsboe.org 205-685-6704

You will need to make an appointment with a counselor to register your child for Thompson High School. You may call the school between 8:00 am and 3:00 pm to set up an appointment.

Things to bring when you meet with counselor:

- Up-to-date "Blue" Alabama Immunization Form
- Copy of Social Security card (optional)
- Proof of Age: Birth Certificate, valid passport, or other official document listing date & place of birth.
- Two **current** proofs of residence (see description below)
 - 1) One must be a Primary Proof: Utility bills or Deposit receipts, Apartment or Home Lease which lists the occupants, or a monthly mortgage statement
 - 2) Secondary Proof: Insurance bill, tax records, US Gov't correspondence, bank records
- Unofficial transcript or last report card
- Mailing address, phone number, and fax number of previous school
- Divorce/Guardianship papers if applicable

"The enrollment of **homeless, migrant, immigrant, and limited English proficient** children shall not be denied due to any of the following barriers: lack of birth certificate; lack of school records or transcripts; lack of immunization records; lack of proof of residence; lack of transportation; unaccompanied; no guardian."

Contents of New Student Packet

1	New Student Information Sheet (This sheet)	
<input type="checkbox"/>	2-4	Application for Student Enrollment Form
<input type="checkbox"/>	5	Residence Form - 2 Proofs of Residency should accompany this form
<input type="checkbox"/>	6	Online Registration Info Sheet - FYI
<input type="checkbox"/>	7	Home Language Survey - Must be completed
<input type="checkbox"/>	8	Request For Records Form - Please list school you are transferring from
<input type="checkbox"/>	9	Athlete Transfer Form - If Applicable
<input type="checkbox"/>	10	Employment Survey - Must be completed

Things you should receive during summer enrollment

McKinney-Vento Application - If applicable (Please ask for form)
 Course Request Form – To be filled out with counselor
 Summer Information Sheet - School Calendar - Summer Reading List for English Classes

Things you should receive for enrollments after school has started

McKinney-Vento Application - If applicable (Please ask for form)
 Course Request Form – To be filled out with counselor

Alabaster City Schools Enrollment Form

STI ID: S _____

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

DATE _____

SCHOOL Thompson High 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) BOTH PARENTS MOTHER FATHER GUARDIAN-RELATION: _____

*SOCIAL SECURITY NUMBER (voluntary-see below) _____ - _____ - _____

*Disclosure of your child's Social Security Number (SSN) is voluntary. If you elect not to provide a SSN, a temporary 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.

PARENT(S) / GUARDIAN(S) (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 _____	EMERGENCY #2 CONTACT _____
Relation _____ Phone _____	Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL
In additional to Parent/Guardians listed above.
(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 SIGNATURE: _____

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 America, or other Spanish culture of 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:

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

First class 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



Alabaster City Schools

Alabaster, Alabama 35007



School Name: Thompson High School

Student Residence Form

This form must be completed prior to enrollment of any student.
A form must be completed on each child in a family.

Please attach a minimum of 2 current documents verifying this as your legal residence.

Student Information

Student's Name: _____ Date of Birth: _____ Age: _____
Physical Address: _____
PO Box if applicable _____
City _____ State: Alabama Zip Code _____

Please list below all students who reside at this address with name of school attends:

Parent/Guardian Information

Name: _____
Home Phone: () _____ - _____ Work Phone: () _____ - _____ Ext: _____
Cell Phone () _____ - _____
Check One: Parent Legal Guardian
If Legal Guardian, are papers on file at the school? Yes No
Do you have a legal residence in this school zone? Yes No
If not, have you been approved for Out-Of Zone attendance? Yes No

I do hereby affirm and agree, by applying my signature to this document, that I have established a legal residence in the school zone in which my child has been enrolled or that out-of-zone attendance has been approved for my child, and this information is subject to investigation by the Alabaster City School System, and its authorized agents or representatives. I understand that misrepresentation of any information on this form may lead to a referral for prosecution.

Parent/Guardian Signature: _____ Date: _____

For School Use Only:

Has Residence Been Documented? Yes _____ No _____
Verified by: _____ Date: ____/____/____

On-Line Registration

You will either be given a “Snap-Code” at registration
or
by email if you give us an email address.
This will allow you to complete your On-Line Registration.
This is MANDATORY!

Snapcode: _____

If you are given a snapcode, you may go to the ACS Webpage at:

<http://www.alabasterschools.org/>

and select the Online Registration Portal
(On the left under “Logins”)

Use the “Snapcode” you were given.

You will have to create an account using an email address or a phone number and
create a password.

Please keep this information handy for next year.
Follow instructions on screen and submit.

If you prefer to have a snapcode emailed to you, it will come from
the following address, NOT Thompson High School:

noreply@noreply.infosnap.com

Please check your spam and junk mail folders if you do not
receive this email.

For ALL summer enrollments:

There are summer reading requirements required for all levels of English.
Please ask for a list of books required for your child’s grade.

ALABASTER CITY SCHOOLS

6919 Highway 119, Suite 100
Alabaster, Alabama 35007

HOME LANGUAGE SURVEY

This form must be completed upon enrollment of any student. A form must be completed on each child in a family.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED.

School: Thompson High School

STUDENT INFORMATION

Student's Name _____ Grade: _____

Date of Birth: _____ Age: _____ Gender (male or female): _____

I.D. Number: _____

Street Address (PO Box or Route IS NOT acceptable) _____

City: _____ State: ALABAMA Zip Code: _____ County: SHELBY

What date did the child enter the United States? _____ / _____ / _____

In what country was student born? _____

Is a language other than English most often spoken in your home? Yes ___ No ___

If yes, what language? _____

What language did your child first learn to speak? _____

Does the child most frequently speak a language other than English? Yes ___ No ___

If yes, what language? _____

Signature _____ Date _____



Alabaster City Schools
Alabaster, Alabama 35007



OFFICIAL REQUEST FOR STUDENT RECORDS

To: (List Former School's Address) Date of Request:
Name Phone #

Attn: Registrar/Records

Fax #

Mailing Address

City/State/Zip

Alabaster City Board of Education and Thompson High School request that you transmit the following student records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school. [Alabama Administrative Code, Chapter 290-8-9.08(2) (e) effective 07-19-07].

Last Name First Name MI Grade

Please include all of the following information if applicable:

- Withdrawal Grades
Transfer Grades
Official Transcript w/grade scale
Standardized Tests
Psychological Testing
Discipline and Attendance Records
Special Education Placement and I.E.P. (if applicable)
ELL Plan & Language Proficiency Assessment Scores (if applicable)
Other
All of the above!

PLEASE FAX OR MAIL TO:
Thompson High School
Attn: Sue Dennis, Registrar
100 Warrior Drive
Alabaster, AL 35007
Email: sue.dennis@alabastercityschools.org
Phone: 205-685-6740
FAX: 205-685-6741

ALABASTER CITY SCHOOL ATHLETE TRANSFER FORM

The intent of this form is to protect the eligibility of all athletes by informing families who transfer into Alabaster City Schools (ACS) of the rules and regulations of the AHSAA.

In order for any transfer student to be eligible, **ALL principle members** of the family must move into a residence zoned for ACS. Additionally, the previous residence must be caveated and sold, rented or disposed of and not used by the family.

The family also must live in the ACS zone for 9 months in order to establish permanent eligibility at ACS. Any move out of the ACS zone before 9 months will cause an athlete’s eligibility to end the day the family moves out of ACS zone.

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A student whose parents make a bona fide move completely out of one school zone into another may transfer all his/her rights and privileges to the member school that serves the area where his/her parents reside.

If the change of school preceded the bona fide move on the part of the parents, the student is ineligible until the parents make a bona fide move.

Determining a Bona Fide Move- Sometimes it is very difficult to determine what constitutes a bond fide move. Family and home conditions differ and must be considered. The following factors are based guidelines for determining a bone fide move.

- a. The household furniture of the family must be vacated into an unoccupied house or apartment.
- b. All principal members of the family must reside in the new place of residence.
- c. The original residence should be closed, rented or disposed of and not used by the family.
- d. Nine months at the new residence will be required to make a move bona fide.

Someone from ACS will check both the new residence and the previous residence in order to confirm that the transferring family has moved out of the old residence and into the new residence.

NEW RESIDENCE ADDRESS: _____ AL
Street City State Zip

OLD RESIDENCE ADDRESS: _____
Street City State Zip

OWN/RENT: _____ IF RENT, LENGTH OF LEASE: _____

The parents of the transferring student agrees to inform ACS if a move is made out of the ACS zone that may interfere with an athlete’s eligibility.

Parent/Guardian Name Printed Parent/ Guardian Signature Date

Parent/Guardian Name Printed Parent/ Guardian Signature Date

Athlete Name Printed Graduation Year Athlete Signature Date

PLEASE RETURN COMPLETED FORM TO THE ACS ATHLETIC DIRECTOR. COMPLETED FORMS WILL BE PLACED IN THE ATHLETE’S ELIGIBILITY FOLDER.

DATE OF RESIDENCE CHECK: _____

CHECKED BY: _____

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Alabaster City Schools SCHOOL YEAR: 2017-2018

SCHOOL: Thompson High School

Dear Parent or Guardian;

Please, complete the following survey. The results of this survey will be used in determining possible eligibility for the **Migrant Education Program**.

Student Name: _____

Parent or Guardian's Name: _____

Address: _____

Telephone: _____

1. Have you or your spouse moved in the past three years to work or to seek work in any activity directly related to the following?

- (1) The production or processing of crops, dairy products, poultry, or livestock
- (2) Fruit orchards
- (3) The cultivation or harvesting of trees
- (4) Fish farms
- (5) Worm farms
- (6) The catching or processing of seafood

Yes _____ **No** _____

2. From where (city, state, country) did you move? _____

3. What type of work did you do before moving here? _____
