

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 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 _____

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

EMERGENCY #1 CONTACT _____ EMERGENCY #2 CONTACT _____

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 SIGNATURE _____

*Disclosure of your child's social security number (MN) 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.

**ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY**

SCHOOL SYSTEM: Limestone County

SCHOOL YEAR: _____

SCHOOL: Creekside Elementary

GRADE _____ : _____

Dear Parents or Guardians;

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last 3 years to work or to seek work even if it was for a short period of time? **YES** **NO**

2. Are you or your spouse working or have you worked, in an activity directly related to some of the following? Please, check all applicable:
 - The production or process of harvests, milk products, poultry farms, poultry plants or cattle farms
 - Fruit farms
 - The cultivation of cutting of trees
 - Work in nurseries or sod farms
 - Worm farms
 - Catching or processing seafood (shrimp, oysters, crabs, fish, etc...)

3. From what city, state or country did you come from?

4. What type of work did you or your spouse do before coming here?

Blackboard (automated calling system) Student Information Sheet

Parents,

The district utilizes a company that provides notification services for emergency broadcasts and parental outreach for K-12 Education.

The system is programmed to call up to 5 phone numbers of parents, grandparents, neighbors, etc for a variety of reasons that impact the safety and academic performance of your students. Blackboard will be used to complement our emergency preparedness procedures and to inform parents of upcoming school events such as statewide testing.

This system will not replace current modes of school communication. Principals and teachers are still accessible for live visits. Acquisition of the Blackboard system is intended to reinforce the district's commitment to remain personally connected to parents.

Please list up to 5 numbers (only direct numbers for the people you list) to be called in case of emergency or general announcements. Blackboard allows two types of phone calls: general information calls and emergency calls. Only the first telephone number listed below will be called for general information. General information calls may include but are not limited to athletic events, PTO meetings, awards day, school closings (when time permits), etc. All numbers will be called in case of an emergency. Emergency calls may include but are not limited to evacuations, emergency weather-related school closings and other situations when time is limited.

- Cell phones, direct lines to you at work, home phone, neighbors, grandparents, etc. are all acceptable.
- Make sure you notify the people you have listed to inform them that they will get calls.

Student Name: _____

Grade Level: _____

<u>Name:</u>	<u>Will be used for:</u>	<u>Phone number:</u>
1. _____	Student Primary	_____
2. _____	Emergency Only	_____
3. _____	Emergency Only	_____
4. _____	Emergency Only	_____
5. _____	Emergency Only	_____

*** This document does not serve as a student contact listing for the local school (those with permission to pickup or check-out students).**

Limestone County Schools HOME LANGUAGE SURVEY

Date _____ School: **CREEKSIDE ELEMENTARY** Grade _____
 Child's name _____ Age _____
First Name Middle initial Last Name
 Parent or Guardian's name _____
First Name Middle initial Last Name
 Address _____
Street City State Zip Code
 Phone Number _____
Home Work

1. What is the first language your child learned to speak?
 English _____ Spanish _____ Other _____
2. What language does your child most often speak at home?
 English _____ Spanish _____ Other _____
3. What language do you most frequently speak to your child?
 English _____ Spanish _____ Other _____

 Parent or Guardian Signature

 Date

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Escuelas del Condado de Limestone ENCUESTA DEL IDIOMA DEL HOGAR

Fecha _____ Escuela _____ Grado _____
 Nombre del menor _____ Edad _____
Primer nombre bum' de Segundo nombre Apellido
 Nombre del padre o tutor _____
Primer nombre Inicial del segundo nombre Apellido
 Direccion _____
Calle Ciudad Estado CODigi PO5U1
 Numero de telefono _____
Hogar Trabajo

1. Cuid es el idioma que su hijo/a aprendio a hablar primero?
 Ingl6s _____ Espaniol _____ Otro _____
2. Cual es el idioma que su hijo/a habla mas frecuentemente en el hogar?
 Ingles _____ Espanol _____ Otro _____
3. En quo idioma le habla con mas frecuenria a su hijo/a?
 Ingles _____ Espanol _____ Otro _____

 Firma del padre/madre o tutor

 Fecha

Appendix A

Student Residency Questionnaire

School Name: _____ Student Name: _____

For the purpose of identifying homeless children and youth, the Limestone County School System shall use the McKinney-Vento Act's definition of homeless children and youth. The act defines homeless children and youth (twenty-one years of age and younger) as:

Children and youth who lack a fixed, regular, and adequate nighttime residence are considered homeless. Examples: Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason (sometimes referred to as double-up), living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations, living in emergency or transitional shelters, abandoned in hospitals, and awaiting foster care placement.

Based on the information provided above, please answer the following question:

I consider my child homeless. Yes No

If you answer yes to this question, please complete the Referral for Homeless Student Services form.

TRANSPORTATION

Name: _____

Address: _____

Teacher: _____ Grade: _____

Student will ride bus in morning . YES NO Bus # _____

Student will ride bus in afternoon YES NO Bus # _____

Car Rider in Afternoon YES NO

Extended Day YES NO

Peaches & Cream Daycare YES NO

Directions to Home or Name of Subdivision:

I certify that the information above is true and correct.

Parent/Guardian Signature

Date