

Pike County Elementary School Requirements for Registration 2008-2009

Birth Certificate

Social Security Card

Alabama Immunization Card

2 Residency Verifications – You may choose from the following

- Property Tax Records
- Mortgage Documents/Property Deeds
- Apartment or Home Lease
- Utility Bills
- Driver's License
- Voter Precinct Identification
- Automobile Registration
- Homeowner's Insurance Policy

****A legal guardian/foster care parent of a student must provide a court decree declaring the district resident to be the legal guardian or the foster care parent of the student.**

For School Use Only

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Internet Policy |
| <input type="checkbox"/> Blue Card | <input type="checkbox"/> Indian Education Form |
| <input type="checkbox"/> 2 Proofs of Residence | <input type="checkbox"/> Medicine Form |
| <input type="checkbox"/> Registration/Residency Affidavit | <input type="checkbox"/> Bus Request Form |
| <input type="checkbox"/> Employment Survey | <input type="checkbox"/> Check-Out Authorization |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Lunch Form |
| <input type="checkbox"/> Compact for Learning | |

MEAL AND A-LA-CARTE PRICES 2008-09

<u>ITEM NAME</u>	<u>STUDENT</u>	<u>ADULT</u>	<u>VISITOR</u>
Breakfast	\$0.75	\$1.25	\$2.00
Lunch	\$1.50	\$2.25	\$3.00
Entrée	\$1.50	\$1.50	\$1.50
Pie/pudding	\$0.75	\$0.75	\$0.75
Vegetables/Fruit	\$0.75	\$0.75	\$0.75
French Fries	\$0.75	\$0.75	\$0.75
Salad Bar/Entrée	\$1.50	\$2.25	\$3.00
Ice Cream	\$0.50	\$0.50	\$0.50
Cake	\$0.75	\$0.75	\$0.75
Cookie	\$0.35	\$0.35	\$0.35
Gatorade	\$0.75	\$0.75	\$0.75
Bottled Water	\$0.75	\$0.75	\$0.75
Condoment	\$0.10	\$0.10	\$0.10
Cup/Ice	\$0.10	\$0.10	\$0.10
*Milk	\$0.35	\$0.35	\$0.35
Juice/4 Oz.	\$0.30	\$0.30	\$0.30
Juice/6oz.	\$0.40	\$0.40	\$0.40
Fresh Fruit	\$0.35	\$0.35	\$0.35
Roll	\$0.30	\$0.30	\$0.30
Rice Krispy Treat	\$0.75	\$0.75	\$0.75
Second Meal - Lunch	\$2.00	\$3.00	\$3.50
Second Meal - Breakfast	\$1.25	\$1.75	\$2.50

Grade _____
Teacher _____
Bus No. _____

**Pike County Schools
Student Data-Registration
Residing Affidavit Form
2008-2009**

**Documents Needed for
Enrollment (Must be
originals):**
____ Birth Certificate
____ Social Security Card
____ Immunization Form
____ 2 Proofs of Residency
____ Academic Standing
from Sending School

Race

- Asian/Pacific Islander
- African American
- Caucasian
- Hispanic
- Native American
- Other _____

Sex: Male _____ Female _____

Date of Birth _____ **Age** _____

Social Security Number _____ - _____ - _____

Student Name _____
(Last) (First) (Middle)

Complete Mailing Address _____
Address City State Zip

911 Address _____
(Mandatory)

City State Zip

- I am declaring Homeless status.

Child lives with:

- Father
- Mother
- Grandparent
- Foster Parent
- Stepfather
- Stepmother
- Other relative
- Other guardian

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Employer _____ **Work Phone** _____

Anyone Else With Legal Rights Not Living with Child:

Relationship to the child

- Father
- Mother
- Grandparent
- Foster Parent
- Stepfather
- Stepmother
- Other relative
- Other guardian

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Employer _____ **Work Phone** _____

Date of Entry _____ **Date Withdrawn from Sending School** _____

Name of School Transferring From _____

City _____ **State** _____ **Zip** _____

Phone Number () _____ **Fax Number ()** _____

**Please list important names and phone numbers to be used as an emergency contact.
These are the people you authorize to check out your child!**

1. **Name** _____ **Relationship** _____ **Phone** _____

2. **Name** _____ **Relationship** _____ **Phone** _____

3. **Name** _____ **Relationship** _____ **Phone** _____

4. **Name** _____ **Relationship** _____ **Phone** _____

List other children who attend a Pike County School

Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To better insure the health of your child, we are requesting the following medical history:

1. List all past medical problems. Include any surgery(ies) _____

2. List all current medical problems (allergies, diabetes, etc) _____

3. Is there a history of heart problems or seizures? Please explain _____

4. Has your child ever had a physical education or sports related injury? If yes,
Please explain and list any restrictions to physical activity as ordered by a
physician _____

5. Does your child take any medication(s)? Please list all prescriptive and non-
prescriptive drugs he/she takes _____

6. Is he/she allergic to any medication? _____

7. Has he/she ever had a broken bone? If yes, which bone _____

8. Please include any additional information you feel would be helpful to the school nurse
and/other personnel _____
9. If necessary, school nurse and/other school personnel have permission to
refer my child to the hospital/ambulance service for emergency aid
_____ Yes _____ No
10. Is your child covered under a health insurance policy? ____ Yes ____ No
11. Doctor's Name _____ Phone Number _____

PARENT/LEGAL GUARDIAN/FOSTER CARE

DATE

**STATE OF ALABAMA
COUNTY OF PIKE**

RESIDENCY AFFIDAVIT

I, _____, am the _____
PARENT/LEGAL GUARDIAN/FOSTER CARE PARENT/LEGAL GUARDIAN/FOSTER CARE OF
(PRINT FULL NAME)

CHILD'S FULL NAME SCHOOL ATTENDING GRADE

DO HEREBY CERTIFY, THAT OUR RESIDENCE AND DOMICILE IS PRESENTLY WITHIN THE COUNTY LIMITS OF PIKE COUNTY; THAT WE HAVE OUR PERMANENT ADDRESS IN THE COUNTY LIMITS OF PIKE COUNTY, ALABAMA; AND THAT SAID PERMANENT ADDRESS IS

I FURTHER CERTIFY, UNDER PENALTY OF PERJURY, THAT MY CHILD SPENDS WEEKDAYS, WEEKNIGHTS, AND WEEKENDS AT THE ABOVE PERMANENT ADDRESS, AND THAT I HAVE NOTIFIED THE PIKE COUNTY SCHOOL SYSTEM IF MY CHILD SPENDS THE NIGHT DURING THE WEEK OR WEEKENDS OUTSIDE OF PIKE COUNTY WITH ANY REGULARITY. I UNDERSTAND THAT THE PURPOSE OF THIS AFFIDAVIT STATING THE CORRECT ADDRESS IS TO INDUCE THE PIKE COUNTY BOARD OF EDUCATION TO ALLOW MY/OUR CHILD TO ATTEND THE PUBLIC SCHOOLS IN THE COUNTY OF PIKE. I FURTHER CONSENT AND AGREE THAT THE PIKE COUNTY BOARD OF EDUCATION SHALL HAVE THE RIGHT TO VERIFY THIS AFFIDAVIT AS TO OUR RESIDENCE AND THAT THIS AFFIDAVIT MAY BE SUBMITTED TO A FEDERAL COURT OR OTHER AUTHORITY AS PROOF OF OUR RESIDENCE. I CONSENT TO THE USE OF THIS AFFIDAVIT BY THE PIKE COUNTY BOARD OF EDUCATION AS PROOF OF OUR RESIDENCE. I UNDERSTAND FULLY AND COMPLETELY THAT THE EXECUTION OF A FALSE AFFIDAVIT WILL RESULT IN THE REMOVAL OF MY/OUR CHILD FROM SCHOOL ROLLS. I FURTHER HEREBY AGREE THAT IF THERE IS ANY CHANGE WHATSOEVER IN MY RESIDENCE OR THE RESIDENCE OF THE ABOVE NAMED CHILD, I WILL NOTIFY THE PIKE COUNTY BOARD OF EDUCATION IMMEDIATELY AND WILL SIGN A NEW AFFIDAVIT STATING THE CORRECT RESIDENCE.

PARENT SIGNATURE

DATE

Pike County Elementary School
186 Hillcrest Court * Brundidge, Alabama 36010
Phone: (334) 735-2683

2008-2009

SCHOOL CHECKOUT AUTHORIZATION

Students will not be allowed to leave school unless they are picked up by a parent, guardian, or other authorized adult. This written permission form is to be signed by the parent or guardian of the child. This form will stay on file in the principal's office. The principal may make exceptions only in emergency situations.

The persons listed below have my permission to check out my child from school in the event that I am unable to come in person:

_____	_____
_____	_____
_____	_____
_____	_____

NOTE: If the above information should change, the school should be notified in writing.

Student Name: _____ **Grade:** _____

Parent/Guardian Signature: _____

PIKE COUNTY ELEMENTARY SCHOOL
School – Parent – Student
Compact for Learning
2008-2009
Grades K-6

Parent's/Family's Responsibilities

I will:

- Make sure my child attends school on a regular basis and is on time.
 - Send my child to school with needed materials and completed homework.
 - Be familiar with the skills taught to my child on a daily basis.
 - Encourage positive attitudes towards school.
 - Communicate on a regular basis with my child's teacher about progress and ways to help at home.
 - Make sure my child eats breakfast at home or encourage my child to eat breakfast at school
-

Student's Responsibilities

I will:

- Attend school on a regular basis.
 - Pay attention in class everyday.
 - Come to class prepared to learn with needed materials.
 - Ask questions when I need help or do not understand.
 - Complete all assignments in a timely manner.
 - Strive to comply with school rules.
 - Promote positive conflict resolution skills among peers.
 - Make sure I eat breakfast at school or home
 - I need: _____
-

Teacher's Responsibilities

I will:

- Provide quality teaching and leadership to my students and their families.
- Communicate frequently with parents about student performance and ways to help.
- Hold students accountable for every assignment.
- Assign a reasonable amount of homework to my students.
- Demonstrate professional behavior and a positive attitude.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

Teacher Signature _____ **Date** _____

HOME LANGUAGE SURVEY

Date: _____ School: _____

Schools are required to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.

Please answer the following questions:

Name of Student _____ Grade _____ Age _____

1. Which language did your child learn when he/she began to talk? _____

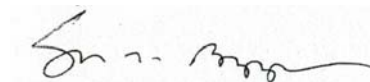
2. What language does your child most frequently use at home? _____

3. What language do you use most frequently to speak to your child? _____

4. Name the language most often spoken by adults at home. _____

Signature of Parent or Guardian

Thank you,



Superintendent
Pike County Schools

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Pike County Schools SCHOOL YEAR: 2008-09

SCHOOL: _____

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, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing sea food (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? _____

PIKE COUNTY SCHOOLS INTERNET AND INSTRUCTIONAL TECHNOLOGY USE POLICY

The Pike County School System provides Internet connections and other instructional technology programs with the goal of improved learning and teaching. With great potential for education through this technology also comes potential for abuse. Every Internet user has the responsibility to respect and protect the rights of every other user and must act in a responsible, ethical, and legal manner. The Pike County Schools will not be liable for the actions of anyone connecting to the Internet. Every user will assume full responsibility for his/her actions and activity. In addition, the Pike County School System shall have no responsibility for and will not be liable for the transmission or receipt of any information or material through the Internet. The Pike County School System reserves the right at all times to examine and remove or edit all data stored in any computer within the school system.

The purpose of the Internet connections in the schools is educational. It is essential that every user of the Internet understand and abide by that purpose. All students in the Pike County School System will be required each school year to sign an Internet Usage Contact, which must be co-signed by the parent or legal guardian of that student.

Improper and/or illegal use of the Internet in the Pike County Schools is strictly prohibited. Improper use shall include, but shall not be limited to, any of the following:

1. Any use which violates any state, federal, or local law/or regulation, including, but not limited to, all such laws and/or regulations relating to obscenity and/or pornography.
2. Any use for financial or commercial gain, without prior written approval of the Superintendent of the Pike County Schools.
3. Degrading, disrupting, or damaging equipment and/or software thus affecting system performance.
4. Vandalizing any data.
5. Use of abusive language.
6. Transmission of any threatening material or language.
7. Transmission of any material protected by trade secret.
8. Transmission of any copyrighted material without obtaining all necessary prior authorization.
9. School professional staff members may use the Internet to contact legislators, professional organizations, or individuals concerning issues related to education and education funding. However, use of the Internet for other political lobbying or political purposes is prohibited.
10. Wasteful use of resources.
11. Gaining unauthorized access to resources.
12. Using an account owned by another user without prior written permission.
13. Posting personal communications without permission of an instructor.
14. Posting anonymous messages.
15. No purchase of any kind shall be made.

Every user must understand that electronic mail is not guaranteed to be private. Persons who operate the system may have access to all mail. Transmissions relating to illegal activities may be reported to the proper authorities and will result in the loss of use privileges and/or other disciplinary action.

To make the Internet access available to further educational goals will also make possible the access of other materials as well. Pike County Schools assume no responsibility for the content of any material received or transmitted through the Internet connection, or any cost, liability, or damages caused by any user.

Any violation of this policy will subject the violator to disciplinary action, which shall include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for the Student Code of Conduct and Board of Education Policy Manual and; in addition, prohibition of further use of the Internet by the violator.

PIKE COUNTY SCHOOLS INTERNET USAGE CONTRACT

I, _____, hereby certify that I have receive a copy of the Pike County Schools Internet and Instructional Technology Use Policy and that receipt of said Policy serves as a notice to me and my parents and/or legal guardian of the policy and its provisions. I understand and agree that it is my responsibility to fully inform myself of the provisions of this Policy, and I understand and agree that I will fully comply with and abide by all provisions of this Policy. I understand and agree that any violation of this Policy may result in disciplinary action against me which can include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for in the Student Code of Conduct up to and including expulsion, and, in addition, prohibition of use of the Internet. I hereby release and agree to hold harmless the Pike County Schools, the Pike County Board of Education and all other organizations and persons from any liability, loss, expense, claims, or damages, whether to person or property, arising from my use of the Internet. In addition, I hereby agree to accept full responsibility and liability for the consequences of my use of the Internet.

(Date)

(Signature of student)

(Witness)

I, _____, the parent/guardian of the above student, hereby certify that I have read the Pike County Boards Internet and Instructional Technology Use Policy. I agree and acknowledge that it is the responsibility of the above student to fully inform him/herself of the provisions of this Policy, and I agree with the requirement that the above student must fully comply with and abide by all provisions of this Policy. I understand and agree that any violation of this Policy by the above student may result in disciplinary action against him/her which can include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for in the Student Code of Conduct up to and including expulsion, and, on addition, prohibition of use of the Internet by that student. I hereby covenant and agree that I accept full responsibility for the use of the Internet by the above student, and I hereby agree to be responsible for all financial and legal liabilities and consequences which may result from the above student’s use of the Internet and other technology services provided by the Pike County Schools. I hereby release and agree to indemnify and hold harmless the Pike County Board of Education, and all other organizations and persons from any liability, expense, loss, claims or damages, whether to person or property arising from the use of the Internet by the above student.

(Date)

(Signature of parent/guardian)

(Witness)

**CERTIFICATION OF RECEIPT
PIKE COUNTY BOARD OF EDUCATION
STUDENT CODE OF CONDUCT**

I certify that I have received and read a copy of the Student Code of Conduct.

School attending: Pike County Elem School **Grade:** _____

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

If you should have any questions or comments pertaining to the contents of The Code, please contact your child's principal.

**Pike County Board of Education
Transportation Request**

Date: _____

Parent/Guardian Name: _____

Are you the Parent Guardian

Names/Grades of children needing transportation:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Name of School if known: _____

Telephone Number with Area Code:

Home

Work

Cellular

E911 Address: _____

City: _____

Directions to your residence:

Description of residence:

Check all that apply:

- Wood Vinyl Sided
 Brick Mobile Home

Alabama education law (16-213-233) the Alabama State Board of Education (290-2-1-.03) establish a minimum distance between stops. Minimum distance helps assure a safe distance for bus drivers to leave one stop, move into traffic, and correctly signal their intention to stop again. Stops that are located too close together create unsafe conditions for students on the bus, students at the stops, and traffic around the school bus. Additionally, stops must be located at sites where there is a minimum of 500 feet of visibility in both directions. Also, stops for students at stop signs, bridges, curves, hills and at a four-way intersection will not be approved.

I certify that the information given is correct and that I have read the above statement.

Signature: _____

Student's Name: _____ **Date of Birth:** _____

School: _____ **Grade:** _____ **Teacher:** _____

The following is a list of non prescription medicines that may be given to your child for minor complaints while in school. There are parents who may not wish some, or all, of these items given to their child. If you approve of any of these medications please indicate in the appropriate space below and return to school as soon as possible. If you have any questions, please contact your school nurse.

All medication must be provided by parent/guardian

**No adult medication will be accepted for children less than 12 years old.*

**Medication will not be administered for over three consecutive days; without the child being assessed by his/her physician.*

**All medication dosages and time intervals will be based on weight/age as provided by the manufacturer.*

_____ Tylenol (Acetaminophen)
-Fever, Headache, Pain, Muscle Aches/Sprains

_____ Motrin (Ibuprofen)
-Fever, Headache, Pain, Muscle Aches/Sprains

_____ Children's Pepto (Calcium Carbonate 400mg)
-Heartburn, Sour Stomach, Acid indigestion, overindulgence in food/drink

_____ Pepto Bismal Regular Strength *No children under 12*
-Diarrhea, upset stomach, heartburn, acid indigestion

_____ Benadryl (Diphenhydramine HCl)
-Runny nose, sneezing, itchy eyes, allergic reaction

_____ Diphenhydramine HCl/Hydrocortisone Cream
-Minor skin irritations, insect bites, poison ivy, poison oak

_____ Other (Name of Medication): _____

Reason for Use: _____

I authorize the School Nurse, the registered nurse (RN), to delegate to unlicensed school personnel the task of assisting my child _____ in taking the above medication. Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, name of medication, dosage, strength, time interval, route of administration, and the date of drug expiration when appropriate. I shall release and hold harmless the school, the agents of the school, and the local board of education against any claims, injuries, and all liability that may arise as a result of this request.

Signature of Parent

Date

Phone

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION			
Student's Name _____	Date of Birth _____		
School _____	Grade _____	Teacher _____	School Year _____
List any known drug allergies/reactions _____	Height (inches) _____	Weight (lbs) _____	

PRESCRIBER AUTHORIZATION			
Name of Medication _____	Reason for Taking _____		
Dosage _____	Route _____	Frequency/Time(s) to be given _____	
Begin Medication _____	Stop Medication _____		
Date	Date		
Special Instructions:			
Does medication require refrigeration? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the medication a controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is self-medication permitted and recommended for this student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by the student? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Potential Side Effects/Contradictions/Adverse Reactions _____			
Treatment Order in the event of an adverse reaction: _____ <i>(Attach additional sheet or use the back of this form if necessary)</i>			
Signature of Prescriber _____	Date _____	Phone _____	Fax _____

PARENT AUTHORIZATION			
I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.			
Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original container and be properly labeled with the student's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
I give permission for my child _____ to receive: _____ Tylenol _____ Pepto—Bismol			
Signature of Parent/Guardian _____	Date _____	Phone _____	Cell _____

SELF-ADMINISTRATION AUTHORIZATION			
I authorize and recommend self-medication by my child for the above medication.			
Signature of Parent/Guardian _____	Date _____	Phone _____	Work _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____