

Requirements for Registration 2019-2020

☒ Birth Certificate

☒ Social Security Card (Voluntary)

☒ Alabama Immunization Card (Shot Record)

☒ **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

☒ Driver's License or other picture ID

☒ Custody Papers (if applicable)

****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"/> Medical Form |
| <input type="checkbox"/> Registration/Residency Affidavit | <input type="checkbox"/> Bus Request Form |
| <input type="checkbox"/> Employment Survey | <input type="checkbox"/> Lunch Form |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Compact for Learning |

2019-2020 PIKE COUNTY SCHOOLS / ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

Please Print

DATE _____ SCHOOL _____ GRADE/TEACHER _____

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 _____

Relation _____ **Phone** _____

EMERGENCY #2

CONTACT _____

Relation _____ **Phone** _____

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 (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.

January 2015

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 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:

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 <input type="checkbox"/>	Special Education Funded - Circle One: YES NO

SPECIAL SERVICES INFORMATION:

Did your child receive Special/504/Gifted Services at a previous school? Circle one: YES NO
If yes, what type? _____

Has your child been **previously enrolled** in any Pike County School? If so, please **CIRCLE** one of the following:

Banks School Goshen Elementary Goshen High Pike County Elementary Pike County High

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

- List all current or past medical problems. Include any broken bone(s), surgery(ies) heart problems, or seizure .

- 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. _____

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

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

All information stated is true and correct to the best of my knowledge.

PARENT/LEGAL GUARDIAN/FOSTER CARE


DATE

Pike County Schools
STUDENT RESIDENCY QUESTIONNAIRE

This questionnaire is intended to address requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). Your answers help to determine residency status and assist in meeting the needs of the student.

Student Name: _____ **Grade:** _____ **School:** _____

1) At present, where does the student spend the night? Check one response in either Section A or B below:

Section A	Section B
<p style="text-align: center;">Response</p> <p><input type="checkbox"/> In a shelter; emergency or transitional housing designed to provide temporary living accommodations.</p> <p><input type="checkbox"/> In a motel/hotel, structure, car, RV, park, campsite, or similar setting due to lack of alternative accommodations.</p> <p><input type="checkbox"/> With more than one family in a house (doubled up), mobile home, or apartment due to loss of housing, economic hardship, or a similar condition.</p> <p><input type="checkbox"/> With an adult, family member, or friend (other than parent or guardian) due to loss of housing, economic hardship, or a similar condition.</p> <p><input type="checkbox"/> Awaiting foster care placement or in temporary foster settings awaiting permanent placement.</p> <p><input type="checkbox"/> Displaced by a natural disaster (tornado, hurricane, earthquake, etc).</p> <p>Continue: If you checked a box in Section A, also complete #2 below.</p>	<p><input type="checkbox"/> The choices in Section A do not apply.</p> <p>Please sign here:</p> <p>_____</p> <div style="display: flex; align-items: center; justify-content: center; margin-top: 20px;"><div style="text-align: center;"></div><div style="margin-left: 20px;"><p>If you checked this section, you do not need to complete the remainder of this form.</p></div></div>

2) The student lives with (check one box):

- ☐ **1 parent**
- ☐ **2 parents**
- ☐ **1 parent and another adult**
- ☐ **a relative, friend(s) or other adult(s)**
- ☐ **alone with no adults**
- ☐ **an adult who is not the parent or the legal guardian**

Parent/Legal Guardian Signature _____ **Date** _____

Office Use Only:

Meets McKinney-Vento Act Definition Yes ____ No ____ **Approved/Disapproved Date** _____ **By** _____

**Pike County Schools Preschool Survey
2019-2020**

Please indicate your child's preschool experience below.

Student Name: _____ **DOB** _____ **Age** _____

Address: _____
E911 Address

_____, _____
City State Zip Code

Phone Number: _____ (Cell) _____ (Other)

School Child is Zoned for: Please circle one

Banks

Goshen Elementary

Pike County Elementary

Preschool Types

Check One Choice	Type of Preschool	Definition
	Early Head Start or Head Start	Federally funded income based program for 3-5 year olds provided through local agencies.
	State Funded Preschool	Programs funded by AL Dept. of School Readiness. Full day service.
	Center Based Childcare Program	Daycare with a variety of ages that are supervised in a group setting. Full –time care, year round. 12 or more children.
	Home Based Childcare	Home based child care providers are licensed to care for no more than 6 children or two adults and 12 children. In home child care at your residence is part of this category.
	Home Visiting Program	Ex: Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT), Nurse Family Partnership (NFP). Programs where a trained home visitor provides assistance and support for families in the family home.
Please List Name: _____	Another Preschool Program	Any other preschool (school based Title 1, or locally funded preschool, part-time preschool, Mother's Day Out...)
	No Preschool Experience	Taken care of at home by relative

**STATE OF ALABAMA
COUNTY OF PIKE**

RESIDENCY AFFIDAVIT

I, _____, AM THE _____ OF
PARENT/LEGAL GUARDIAN NAME **PARENT/LEGAL GUARDIAN TYPE**
_____, WHO IS ATTENDING _____ IN GRADE _____,
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

<p style="text-align: center;">PIKE COUNTY SCHOOL SYSTEM RESIDENCE VERIFICATION FORM</p>

NAME OF STUDENT _____ DATE _____

SCHOOL STUDENT ATTENDS _____ GRADE _____

IF STUDENT LIVES WITH SOMEONE OTHER THAN PARENTS OR LEGAL GUARDIAN, PLEASE GIVE NAME
HERE: _____

Street or Box Number

CITY/TOWN _____ ZIP CODE _____

GIVE NARRATIVE DESCRIPTION OF WHERE STUDENT LIVES (Use landmarks such as county road numbers, mileage from intersections or crossroads, distance from well-known buildings, places, or things such as stores, churches, or water tanks).

TO VERIFY ADDRESS, ATTACH COPIES OF TWO (2) OF THE FOLLOWING DOCUMENTS:

- | | |
|--|--|
| 1. Property tax records | 6. Mortgage documents or property deed |
| 2. Apartment or home lease | 7. Utility (electric, gas, telephone) bills |
| 3. Driver's license | 8. Voter precinct identification |
| 4. Automobile registration | 9. Homeowners insurance policy |
| 5. Initial utility bill statement verifying start of service | 10. For legal guardians of students, the court decree declaring you to be the legal Guardian of the student. |

AFFIDAVIT OF PARENT OR GUARDIAN OF STUDENT:

By my signature affixed below, I hereby solemnly swear (or affirm) that all information provided on this form is a true and correct statement of the residence of the student herein named to the best of my knowledge.

Signed _____ Date _____
Parent/Guardian

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: **Pike County Schools**

SCHOOL YEAR: **2019-2020**

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? _____

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: 2019-20

ESCUELA: _____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____

1. ¿Se ha mudado usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

2. ¿Usted o su cónyugue **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) los aplicables:

- ☐ La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- ☐ Huertas de frutas.
- ☐ La cultivación o corte de árboles.
- ☐ Trabajo en Invernaderos o granjas de Césped
- ☐ Granjas de pescados o camarones
- ☐ Granjas de gusanos
- ☐ La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)

3. ¿De qué ciudad, estado o país se mudaron? _____

4. ¿Qué tipo de trabajo hizo usted o su cónyugue antes de mudarse aquí? _____

Pike County Use Agreement for Internet and Other Electronic Resources

The Pike County School District recognizes the value of computer and other electronic resources to improve student learning and enhance the administration and operation of its schools. To this end, the Pike County Board of Education encourages the responsible use of computers; computer networks, including the Internet; and other electronic resources in support of the mission and goals of the Pike County School District and its schools.

Because the Internet is an unregulated, worldwide vehicle for communication, information available to staff and students is impossible to control. Therefore, the Pike County Board of Education adopts this policy governing the voluntary use of electronic resources and the Internet in order to provide guidance to individuals and groups obtaining access to these resources on Pike County School District-owned equipment or through Pike County School District-affiliated organizations.

Pike County School District Rights and Responsibilities

It is the policy of the Pike County School District to maintain an environment that promotes ethical and responsible conduct in all online network activities by staff and students. It shall be a violation of this policy for any employee, student, or other individual to engage in any activity that does not conform to the established purpose and general rules and policies of the network. Within this general policy, the Pike County School District recognizes its legal and ethical obligation to protect the well-being of students in its charge. To this end, the Pike County School District retains the following rights and recognizes the following obligations:

1. To log network use and to monitor fileserver space utilization by users, and assume no responsibility or liability for files deleted due to violation of fileserver space allotments.
2. To remove a user account on the network.
3. To monitor the use of online activities. This may include real-time monitoring of network activity and/or maintaining a log of Internet activity for later review.
4. To provide internal and external controls as appropriate and feasible. Such controls shall include the right to determine who will have access to Pike County School District-owned equipment and, specifically, to exclude those who do not abide by the Pike County School District's acceptable use policy or other policies governing the use of school facilities, equipment, and materials. Pike County School District reserves the right to restrict online destinations through software or other means.
5. To provide guidelines and make reasonable efforts to train staff and students in acceptable use and policies governing online communications.
6. To the extent practical, technology protection measures (or "internet filters") shall be used to block or filter Internet (or other forms of electronic communications) access to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed (1) obscene, (2) child pornography, or (3) any material deemed harmful to minors.
7. Provide for the education of students regarding appropriate online behavior including interacting with other individuals on social networking websites and in chat rooms, and regarding cyberbullying awareness and response.

Staff Responsibilities

1. Staff members who supervise students, control electronic equipment, or otherwise have occasion to observe student use of said equipment online shall make reasonable efforts to monitor the use of this equipment to assure that it conforms to the mission and goals of the Pike County School District.
2. Staff should make reasonable efforts to become familiar with the Internet and its use so that effective monitoring, instruction, and assistance may be achieved.
3. Staff members will provide for the education of students regarding online behavior including interacting with other individuals on social networking websites and in chat rooms, and regarding cyberbullying awareness and response.

User Responsibilities

Use of the electronic media provided by the Pike County School District is a privilege that offers a wealth of information and resources for research. Where it is available, this resource is offered to staff, students, and other patrons at no cost. In order to maintain the privilege, users agree to learn and comply with all of the provisions of this policy.

Acceptable Use

1. All use of the Internet must be in support of educational and research objectives consistent with the mission and objectives of the Pike County School District.
2. Proper codes of conduct in electronic communication must be used. In news groups, giving out personal information is inappropriate. When using any electronic communication extreme caution must always be taken in revealing any information of a personal nature.
3. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
4. All communications and information accessible via the network should be assumed to be private property.
5. Faculty and student email will be monitored and maintained, and files will be deleted from the personal mail directories to avoid excessive use of fileserver hard-disk space.

6. Exhibit exemplary behavior on the network as a representative of your school and community. Be polite!
7. From time to time, the Pike County School District will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

Unacceptable Use

1. Giving out personal information about another person, including home address and phone number, is strictly prohibited.
2. Any use of the network for commercial or for-profit purposes is prohibited.
3. Excessive use of the network for personal business shall be cause for disciplinary action.
4. Any use of the network for product advertisement or political lobbying is prohibited.
5. Users shall not intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
6. No use of the network shall serve to disrupt the use of the network by others. Hardware and/or software shall not be destroyed, modified, or abused in any way.
7. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
8. Hate mail, chain letters, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network.
9. The unauthorized installation of any software, including shareware and freeware, for use on Pike County School District computers is prohibited.
10. Use of the network to access or process pornographic material, inappropriate text files or files dangerous to the integrity of the local area network is prohibited.
11. Participating in "hacking" activities or any form of unauthorized access to other computers, networks, or information systems.
12. The Pike County School District network may not be used for downloading entertainment software or other files not related to the mission and objectives of the Pike County School District for transfer to a user's home computer, personal computer, or other media. This prohibition pertains to freeware, shareware, copyrighted commercial and non-commercial software, and all other forms of software and files not directly related to the instructional and administrative purposes of the Pike County School District.
13. Downloading, copying, otherwise duplicating, and/or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except that duplication and/or distribution of materials for educational purposes is permitted when such duplication and/or distribution would fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC).
14. Use of the network for any unlawful purpose is prohibited.
15. Use of profanity, obscenity, racist terms, or other language that may be offensive to another user is prohibited.
16. Playing games is prohibited unless specifically authorized by a teacher for instructional purposes.
17. Establishing network or Internet connections to live communications, including voice and/or video (relay chat), is prohibited unless specifically authorized by the system administrator.

Disclaimer

1. Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. System administrators have access to all mail and will monitor messages. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
2. 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 the Pike County Board of Education Policy Manual and; in addition, prohibition of further use of the Internet by the violator.

Pike County School Internet Acceptable Usage Contract

User Agreement (to be signed by all adult users and student users above grade 4):

I, _____ (please print full name), hereby certify that I have received a copy of the Pike County Schools' Internet and Instructional Technology Acceptable 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.

User Signature & Date

Witness Signature

Parent Agreement (to be signed by parents of all students):

I, _____ (please print full name), the parent/guardian of the above student, hereby certify that I have read the Pike County Schools' Internet and Instructional Technology Acceptable 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.

For my student in grades 7 – 12, I understand the Pike County School System will issue him/her an email account provided by Gaggles.net. I understand that the Pike County School System has determined what features my child has access to, which may include email, homework drop boxes, message boards, chat rooms, blogs, and digital storage lockers. I understand that all email messages and postings will be automatically filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator or teacher can view my student's email account and digital locker at any time.

Parent Signature & Date

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:

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Wood | <input type="checkbox"/> Vinyl Sided |
| <input type="checkbox"/> Brick | <input type="checkbox"/> 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: _____

Please complete the form in its entirety and 1) fax to (334)566-6937, 2) turn it in to your local, or 3) turn it in to the Pike County Schools Operation Center at 317 Montgomery Street, Troy, AL 36081.

**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: _____ **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 Schools
HOME LANGUAGE SURVEY**

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

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district

. Please complete a survey for each child you are enrolling in the school district.

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

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

3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #

Date Distributed

Date Received

Ways to connect with Goshen Elementary Schools:

- 1) Please visit your child's school website. These sites hold valuable information about events at our school. The websites are:

www.goshenelem.com

- 2) NOTIFY ME is a feature on our school website that allows you to subscribe to the website for the purpose of receiving electronic news and announcements. You can select to receive emails or text messages from the school about upcoming school events, fundraisers, school pictures, testing, and more.



To sign up for NOTIFY ME:

- Click on the NOTIFY ME icon on the website
 - Enter your email address or cell phone number
 - Leave the checkbox – "Keep me informed about important school information"
 - Click the SUBMIT button
 - Check your inbox for confirmation and check the box to activate your subscription
- 3) Follow Pike County Schools on Twitter at @PikeCoSchoolsAL. This is another way Pike County Schools will communicate with parents, students, faculty, staff and the Pike County community!
 - 4) Download the free Pike County Schools app on your iPhone or Android device.
 - 5) See your school counselor to retrieve your parent portal login information. This is an online tool that you can use to check your child's grades, attendance and discipline.
 - 6) Finally – please keep your main home phone number updated with school office staff. Pike County Schools uses an automated telephone notification system to reach families quickly in the event of an emergency as well as normal home to school communications. Having accurate telephone numbers on record with the school will help us provide parents with real-time information.



**Pike County Board of Education
Health Assessment Record
School Year: 2019 - 2020**



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 strictly confidential.

To be completed by parent/guardian.

PLEASE PRINT. Return to the School Nurse.

Name of Student (Last, First, Middle)	Social Security Number	Birth Date	Sex
Address (Street)	Race/Ethnicity <input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		
(City and Zip code)			
Home Telephone Number	School Goshen Elementary School		Grade
Name of Parent/Guardian (Last, First, Middle)			
Transportation <input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School Program			

Part I – Health Information

Place where your child receives regular health care: <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> Private Doctor/HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> No regular place	Child has: <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> ALLKIDS <input type="checkbox"/> Other: _____
Local Physician's Name: _____ Telephone: _____	
Address: _____	

Authorizations:

- ☐ I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.
- ☐ I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.
- ☐ I authorize for my child to participate in all school health screenings.
- ☐ I authorize the release of my child's communicable disease information (chicken pox cases, etc...) to be released to the local Public Health Department.

FOR OFFICE USE ONLY			
Acuity Scale:			
Level A Nursing Dependent	Level B Medically Fragile	Level C Medically Complex	Level D Health Concerns

Part II – Medical History

➤➤➤➤➤ Check only those that apply. <<<<<<<

<input type="checkbox"/> NO KNOWN HEALTH PROBLEMS. Please go directly to the bottom of the page and provide parent/guardian signature.	
<input type="checkbox"/> Attention Deficit Disorder (ADD) OR <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Requires medication? <input type="checkbox"/> To be given while at school?
<input type="checkbox"/> Asthma:	<input type="checkbox"/> He/She uses an inhaler at school? <input type="checkbox"/> He/She uses an inhaler at home?
<input type="checkbox"/> Allergies: (severe) <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Environmental <input type="checkbox"/> Medications	<input type="checkbox"/> Hives/rash? <input type="checkbox"/> Breathing difficulty? <input type="checkbox"/> Epi-pen?
<input type="checkbox"/> Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)	<input type="checkbox"/> Requires medication? Please explain:
<input type="checkbox"/> Cancer/Leukemia:	Please explain:
<input type="checkbox"/> Cerebral Palsy:	Please explain:
<input type="checkbox"/> Cystic Fibrosis:	Please explain:
<input type="checkbox"/> Dental Problems:	Please explain:
<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 Diabetic <input type="checkbox"/> Type 2 Diabetic	<input type="checkbox"/> Monitors Blood Sugars while at school? <input type="checkbox"/> Requires Insulin at school? <input type="checkbox"/> Glucagon order? <input type="checkbox"/> Insulin pump? <input type="checkbox"/> Managed with diet?
<input type="checkbox"/> Emotional/Behavioral/Psychological: Please explain:	
<input type="checkbox"/> Genetic Disorder: Please explain:	
<input type="checkbox"/> Headaches: Please explain:	
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss? <input type="checkbox"/> Hearing aid? <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Heart Condition: Please explain: Are there any activity restrictions? Any medications taken at home only?	
<input type="checkbox"/> Hypertension (High Blood Pressure):	
<input type="checkbox"/> Juvenile Arthritis/Bone-Joint Problems: Please explain:	
<input type="checkbox"/> Kidney Problems: Please explain:	
<input type="checkbox"/> Scoliosis:	<input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery
<input type="checkbox"/> Seizures/Convulsions: Please explain:	Type of seizure: _____ <input type="checkbox"/> Diastat order
<input type="checkbox"/> Sickle Cell Anemia:	
<input type="checkbox"/> Spina Bifida:	
<input type="checkbox"/> Special Diet: Please explain:	
<input type="checkbox"/> Vision Problems:	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other, _____
<input type="checkbox"/> Other Medical Conditions: Please include <u>any</u> medications taken at home only.	

Part III – Medical Equipment /Procedures Required

<input type="checkbox"/> Gastric Tube <input type="checkbox"/> Vagal Nerve Stimulator	<input type="checkbox"/> Nebulizer Treatments <input type="checkbox"/> Ventilator	<input type="checkbox"/> Oxygen Supplement <input type="checkbox"/> Wheelchair	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> Walker
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Required Signatures

Signature of parent(s) or guardian: _____	Date: _____
Signature of school nurse: _____	Date: _____

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)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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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 _____

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3E200, Washington, D.C. 20202-6335.