THE SCHOOLS of Guntersville

4200 Alabama Highway 79 South - P.O. Box 129
Guntersville, AL 359765
256.582.3159

Enrollment Packet

Please bring the following documentation to complete the enrollment process:

- Photo identification of custodial parent
- 2 proofs of custodial parent's residency (1 must be a recent electric bill; the other should be a lease/rental agreement, real estate contract, gas bill, internet bill, or cell phone bill)
- Alabama immunization record
- Child's birth certificate
- Child's social security card
- Transcript or withdrawal form from previous school
- Court ordered custody documents, if applicable.

Inside City Limits

Yes ◯ No ◯

Verified By:

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian

PLEASE PRINT

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_____

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 management system.

January 2015

Ethnicity and Race

Student's Name_____ Grade_____

Parent/Guardian Signature_____ Date_____

Please answer Both Question 1 and 2

Question 1: Is the student Hispanic/Latino? CHOOSEONLY ONE ETHNICITY:

- ☐ **NO**, not Hispanic/Latino
- ☐ **YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race).

The above question is about ethnicity, not race. No matter what you selected above,* ***please continue to answer the following Question 2* *by marking one or more boxes to indicate what you consider your students 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), 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, Gum, Samoa, or other Pacific Islands.
- ☐ **WHITE.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

MILITARY

Student connected to an Active Duty Military family Yes_____No_____

Student connected to a Guard or Reserve Military family Yes_____No_____

PRESCHOOL

Head Start Yes___No___

Center-Based Child Care Yes___No___

Home Visitation Program Yes___No___

No Preschool – Check if no Preschool ___

First Class Funded Preschool Yes___No___

Home-Based Child Care Yes___No___

Other Preschool Yes___No___

Special Education Funded Yes___No___

STUDENT RESIDENCY

By completing this questionnaire, you help the district comply with the Every Student Succeeds Act, Title IX, Part A, McKinney-Vento Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

School:_____

Student's Name:_____ Male☐ Female☐

Date of Birth: Month_____ Day_____ Year_____ Age_____

Parent(s)/Legal Guardian(s) Names _____

Address _____ City_____ State_____ Zip_____

Telephone #_____ Cell #_____

1. Where is the student living now? (check one box)
   - ☐ In a shelter ☐in a motel or hotel ☐in a car ☐in a trailer park or campsite
   - ☐ With more than one family in a house or apartment
   - ☐ With Friends or family members (other than parent/guardian)
   - ☐ None of the above

If you checked the box marked "none of the above" you do not have to complete the remainder of this form. Please sign below and return a copy of this form to your child's school.

2. Does the living arrangement checked in question 1 result from a loss of housing or economic hardship? ☐Yes ☐No ☐Unsure

3. The student lives with
   - ☐ 1 parent ☐2 parents ☐1 parent and another adult ☐alone with no adults
   - ☐ A relative, Friend(s), or other adult(s) ☐an adult who is not parent or legal guardian

Parent/Legal Guardian Signature _____ Date_____

Please return a copy of this form to your child's school.

FOR SCHOOL USE ONLY

_____ Student not covered by McKinney-Vento Act

_____ Student covered by McKinney-Vento Act

_____ Follow-up required

Name & phone # of a contact person at the student's school who may know the family's situation.

_____

Date received:_____

Guntersville City Schools

HOME LANGUAGE SURVEY

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

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? ❑ Yes ❑ No
   If yes, in which state? _____
   If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? ❑ Yes ❑ No
   If yes, please provide school name(s), state, and dates attended:
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____

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

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

5. Please check if your child is:
   A. ❑ Native American Indian
   B. ❑ Alaska Native
   C. ❑ Native Pacific Islander
   D. ❑ Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? ❑ Yes ❑ No

If you responded "Yes" to question number 6 above, please answer the following questions:

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

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

9. What language do you most frequently speak to your child? (Father) _____
   (Mother) _____

10. Please describe the language understood by your child. (Check only one)
    A. ❑ Understands only the home language and no English.
    B. ❑ Understands mostly the home language and some English.
    C. ❑ Understands the home language and English equally.
    D. ❑ Understands mostly English and some of the home language.
    E. ❑ Understands only English.

_____ Parent or Guardian's Signature

_____ Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students

SCHOOL SYSTEM
SCHOOL NAME

DIRECTIONS

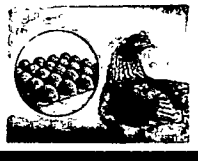
Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.

RELOCATION HISTORY

Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?	☐ Yes	☐ No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	☐ Yes	☐ No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	☐ Yes	☐ No

Other work you have done that is not shown in a picture below: _____

Fruit or Tomato Farms ☐ Yes 	Fish or Shrimp Farms ☐ Yes 	Nursery, greenhouse, sod farm ☐ Yes 	Planting / Harvesting Crops ☐ Yes 
Cattle Farms; Milk Products ☐ Yes 	Hatchery; feeding, processing chickens, gathering eggs ☐ Yes 	Working on a worm farm ☐ Yes 	Growing, tending, felling trees ☐ Yes 

PARENT INFORMATION

PARENT / GUARDIAN

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School

Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) | Work Phone Number:

Transportation

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

☐ **Community Health Center**
☐ **Health Department**
☐ **Hospital Clinic**
☐ **No Regular Place**
☐ **Private Doctor /HMO**

Your child's Insurance Information:

☐ **ALL KIDS**
☐ **Medicaid**
☐ **No Insurance**
☐ **Other** _____
☐ **Private Insurance**

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

☐ **Community Health Center**
☐ **Health Department**
☐ **Hospital Clinic**
☐ **No Regular Place**
☐ **Private Dentist /HMO**

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy

☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker

☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____

Name of Student **Part III – Medical History**

□ YES □ NO	**KNOWN HEALTH PROBLEMS** If **NO**, go directly to the bottom of the page and provide parent/guardian signature If **YES**, and diagnosed by a physician, answer each question below.
□ YES □ NO □ YES □ NO	**Attention Deficit Disorder (ADD)** **Attention Deficit Hyperactivity Disorder (ADHD)** Requires medication □ At school □ At Home
□ YES □ NO	**Allergies:** □ **Food** _____ □ Hives/rash □ Medications □ **Insects** _____ □ Breathing difficulty □ Epi-pen □ **Environmental** _____ □ **Medications** _____ □ Other:
□ YES □ NO	**Asthma** □ Uses an inhaler at school □ Uses an inhaler at home
□ YES □ NO	**Blood/Bleeding Problems:** □**Hemophilia,** □**Von Willebrand's,** □**Other** □ **Requires medication** ***Please explain:***
□ YES □ NO	**Frequent Nose Bleeds:** *Please explain*
□ YES □ NO	**Cancer/Leukemia:** *Please explain*
□ YES □ NO	**Cerebral Palsy:** *Please explain*
□ YES □ NO	**Cystic Fibrosis:** *Please explain*
□ YES □ NO	**Dental Problems:** *Please explain:*
□ YES □ NO	**Diabetes** □ **Type 1 Diabetes** □ Monitors Blood Sugars at school □ Requires Insulin at school □ Insulin pump □ Glucagon order □ **Type 2 Diabetes** □ Managed with diet □ Oral medication
□ YES □ NO	**Emotional/Behavioral/Psychological:** *Please explain:*
□ YES □ NO	**Gastrointestinal/Stomach Problems:** *Please explain:*
□ YES □ NO	**Genetic / Rare Disorders:** *Please explain:*
□ YES □ NO	**Headaches:** *Please explain:*
□ YES □ NO	**Hearing Problems:** □ Right Ear □ Left Ear □ Both ears □ Hearing loss □ Hearing aid □ Tubes □ Cochlear Implant
□ YES □ NO	**Heart Condition:** □ ***Activity restrictions:*** □ **Medications taken at home:** *Please explain:*
□ YES □ NO	**Hypertension (High Blood Pressure):** *Please explain:*
□ YES □ NO	**Juvenile Arthritis/Bone-Joint Problems:** *Please explain:*
□ YES □ NO	**Kidney/ Bladder/ Urinary Problems:** *Please explain:*
□ YES □ NO	**Scoliosis:** □ No Treatment □ Wears Brace □ Surgery □ Family History
□ YES □ NO	**Seizures/Convulsions:** Type of seizure: _____ *Medications:* □ Diastat □ Klonopin □ Versed □ Medication taken at home □ Other _____ *Please explain:*
□ YES □ NO	**Sickle Cell:** □ Anemia □ **Trait**
□ YES □ NO	**Shunt:** □ VP shunt *Please explain:*
□ YES □ NO	**Spina Bifida:**
□ YES □ NO	**Special Diet:** *Please explain:*
□ YES □ NO	**Vision Problems:** □ Wears glasses □ Wears contacts □ Other
□ YES □ NO	**Other Medical Conditions:** *Please include **any** medications taken at home only.*

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ **Date:** _____

(Electronic or Written) School Nurse Signature: _____ **Date:** _____

Guntersville City Schools

TCPA Procedure

Telephone Consumer Protection Act

TCPA Consent

I authorize Guntersville City Schools to contact me regarding any matter related to my student such as:

- Changes in dismissal and / or arrival times.
- Enrollment
- Extracurricular activities
- Schedule Changes
- Student Attendance notices
- Cafeteria Balance(s)
- Tuition payments, and / or other fees
- Other information deemed important by the school.

I consent for the school to utilize the current or any future number that I provide for my landline, cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. I understand that I do not have to agree to receive auto-dialed calls or automated text messages to apply or enroll but if I don't, I may fail to receive valuable information.

Agree: ☐ Do not agree: ☐

Student Name:_____

Parent Signature: _____ Date: _____

Guntersville City Schools
C.O.P.P.A. Rights
Children's Online Privacy Protection Act

Student Name_____Grade_____

Homeroom Teacher_____

The Children's Online Privacy Protection Act (effective 4/21/2000) requires websites to gain parent permission for users under the age of 13 and/or 18 before creating individual online accounts. Many educational sites used by Guntersville City Schools now require such permission. In order to facilitate the use of such sites throughout the year, Guntersville City Schools are asking you to sign below giving a **one time authorization** to use school approved sites. These sites go through an administrative approval process to ensure the educational value for students. Students will only set up accounts when directed to do so by their teachers. There will be no cost to parents for participation in such sites. The school does not accept responsibility for accounts that students create on their own, not directed by their teachers. Approved sites are listed on the Guntersville City Schools website under Parent Resources "Quick Link" http://www.guntersvilleboe.com. C.O.P.P.A. rights do not apply to websites not requiring individual accounts.

Parents who do not want their child to participate in the sites listed on the Guntersville City School website must notify the school in writing.

_____ I have read this document and understand my C.O.P.P.A. rights
Initials

Parent Signature_____

Date_____

Revised 4/18

Guntersville City Schools
Important Information Concerning Student Privacy Rights

During the school year, your child may make headlines as a hero of the big game, or he or she might win an academic honor. Often, stories about what is happening at school will feature student names or even pictures. We also might want to use your child's name, photograph, or video in our school district publication or presentation.

The Family Education Rights and Privacy Act (FERPA) permits school districts to release "Directory Information" to certain people or institutions, such as news media, unless a child's parent or guardian requests that such information not be released. "Directory Information" as defined in the FERPA Act includes the following:

- Student name, address and phone number
- Date and place of birth
- Major Field of Study
- Dates of attendance
- Participation in officially recognized activities and sports
- Awards Received
- Weight and height of athletic team members
- Publishing student names in the school newsletters, websites, or other publications
- The most recent previous educational agency or Institution attended by the student

Guntersville City Schools *will not* release student information for commercial or other purposes. The purpose of release will always relate to school business.

If you have any questions, please call the school.

☐ **Yes, *Directory Information*, photograph/video/class photograph and my child's name can be released as related to school business.**

I waive any right to inspect and/or approve finished products and release Guntersville City Schools from any liability by virtue of distortion by processing. I further agree that these terms maybe used for publication, broadcast or reproduction without limitations, or reservation or fee. I accept responsibility, knowingly that this release is on file, to have it removed when and if I deem it is disadvantageous or inadvisable to have my child featured in such a manner.

IF YOU CHECK THIS BOX, SKIP THE NEXT SECTION AND SIGN THE BOTTOM.

ALTERNATE OPTIONS

My child's name can be included in school newsletters, yearbooks, websites, and class photographs.
_____ Yes _____No

My child's photograph/video can be released to the *news media* (local TV station, local paper, ex: Advertiser Gleam, Sand Mountain Reporter, Lakeside Post, Huntsville Times) or any District-wide publication.
_____Yes _____No

My child's *photograph/video* can be published on *Guntersville City Schools web pages, other district/school newspapers and/or district school TV channels.*
_____Yes _____No

My child's selected school material/work may be published on the internet, in authorized publications, local newspapers and /or district TV channels.
_____Yes _____No

My child's individual or class photograph can be used in the *school yearbook.*
_____Yes _____No

PARENT/GUARDIAN SIGNATURE _____**DATE**_____

CHILD'S NAME _____**GRADE**_____

Revised 04/2018

THE SCHOOLS *of* Guntersville

STAFF AND STUDENT – PROCEDURES FOR PERSONAL ELECTRONIC DEVICES

Possession/Use of Personal Electronic Devices: Students bring electronic devices to school **at their own risk**. The Guntersville City Board of Education, its faculty and staff are not responsible for any damaged, destroyed, lost, missing, or stolen devices. If a student has a device and it is damaged, destroyed, lost, or stolen, school officials are not required to investigate the incident, nor will the school system have any financial responsibility for the device charges.

Electronic Device Policy: During the school day, electronic devices are permitted **only** in classrooms and locations with teacher approval. Failure to comply with this policy will be considered defiance of authority, and the student will be subject to disciplinary action by the administration.

The principal or his/her designee may approve the use of electronic devices on school campus under circumstances in which the use of the devices serves safety and convenience without disrupting academic school operations. Principals or their designees will have the authority to restrict or deny the use of personal wireless communication devices by any student due to misuse, abuse, or failure to abide by school rules regarding the use of such devices.

Unauthorized Use of Wireless Communication during School Hours: Wireless communication devices and cell phones must be turned off during school hours. A wireless communication device may be confiscated if it is visible, if it rings, or if it is being used (i.e., picture, video, texting, etc.) in any way without authorization. Only a parent/legal guardian may retrieve confiscated devices after school hours. Students who do not follow policy will be referred to administration for insubordination, and the following disciplinary actions will occur:

1st Offense - Warning

- Teacher will take up the electronic device and turn it into the office. A documented warning will be given to the student.
- Parent or guardian must pick up the electronic device at the end of the school day.
- Parent must come to the school and sign a notification of subsequent consequences.

2nd Offense – Discipline Referral

- Teacher will take up the electronic device and turn it into the office.
- Parent/guardian may retrieve the electronic device at the end of the school day.
- Loss of device privileges for two school days.
- Student may be suspended from school or placed in in-school suspension for one day.

3rd Offense – Discipline Referral

- Teacher will take up the electronic device and turn it into the office.
- Parent/guardian may retrieve the electronic device at the end of the school day.
- Loss of device privileges for five days.
- Student may be suspended or placed in in-school suspension for three days.

Subsequent Offenses – Discipline Referral

- Teacher will take up the electronic device and turn it into the office.
- The electronic device will be returned at the principal's discretion.
- Student will be suspended up to nine days and/or placed in in-school suspension for an unspecified period of time.

***All of these offenses and consequences are subject to the principal's discretion.**