

**Items Needed to Enroll at  
East Limestone High School**

**Birth Certificate** or other forms of documentation such as religious, hospital, or physician's documents showing date of birth; a baptismal certificate; an entry in a family Bible; an adoption record; an affidavit from a parent or previously verified school records.

**Social Security Card** – *Optional*

**Alabama IMM Record**

**Withdrawal Records from Previous School**

**Copy of Parents Driver's License**

**Custody Papers if Applicable**

**Proof of Residency** – Electric Bill

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

PLEASE PRINT

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DATE \_\_\_\_\_ SCHOOL East Limestone 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) \_\_\_\_\_ IEP Yes \_\_\_ No \_\_\_  
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 _____
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<b>THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL</b> (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.

## 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 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 student's race to be.*

**Question 2. What is the student's race? CHOOSE ONE OR MORE:**

- AMERICAN INDIAN OR ALASKA NATIVE.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Office use only:

Ethnicity – Choose only one:

\_\_\_\_\_ NOT Hispanic/Latino

\_\_\_\_\_ Hispanic/Latino

Race – Choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

Date:

Staff Signature:

**Additional Requested Information:**

**MILITARY**

<b>Student connected to an Active Duty Military family</b>	<b>Circle One: YES NO</b>
<b>Student connected to a Guard or Reserve Military family</b>	<b>Circle One: YES NO</b>

**PRESCHOOL**

<b>Head Start</b>	<b>Circle One: YES NO</b>	<b>First Class Funded Preschool – Circle One: Yes NO</b>
<b>Center-Based Child Care - Circle One: YES NO</b>		<b>Home-Based Child Care – Circle One: YES NO</b>
<b>Home Visitation Program – Circle One: YES NO</b>		<b>Other Preschool – Circle One: YES NO</b>
<b>No Preschool – Check if no Preschool</b>	<input type="checkbox"/>	<b>Special Education Funded – Circle One: YES NO</b>

## Limestone County Schools Student Residency Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Person completing form:

- Parent or guardian       Unaccompanied youth (a youth that does not live with a parent or guardian)  
 Youth                       Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.**

1. Is the student's address a temporary living arrangement?       Yes     No  
 2. Is the student's living arrangement due to loss of housing or financial hardship?       Yes     No

**If the answer to any of the above is YES, please complete the following:**

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship  
 In an emergency shelter, transitional housing facility, or abandoned in a hospital  
 Sharing another family's house or apartment  
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building  
 In a bus or train station  
 Moving from place to place (couch surfing)  
 In a public or private place not meant to be used as a regular place for people to sleep  
 Other: \_\_\_\_\_

Last school the student attended:

School: \_\_\_\_\_ District: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Parent, Guardian or education decision maker:

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OR

Student (if an unaccompanied youth that is homeless):

Name \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

### OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
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# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Limestone County SCHOOL YEAR: \_\_\_\_\_

SCHOOL: East Limestone High School GRADE: \_\_\_\_\_

Dear Parents or Guardians:

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

Student Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell Telephone No: \_\_\_\_\_

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

**If so, what type work are you or your spouse doing now:**

\_\_\_\_\_

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

\_\_\_\_\_

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- 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 seafood (shrimp, oysters, crabs, fish, etc.....)

# Limestone County Schools

## HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name      Middle Initial      Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name      Middle Initial      Last Name

Address \_\_\_\_\_  
Street      City      State      Zip

Phone Number \_\_\_\_\_  
Home      Work

1. Child's date of birth: \_\_\_\_\_ (Month/Date/Year)  
 Was your child born in the United States?       Yes       No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_  
 If no, date child entered the United States: \_\_\_\_\_ (Month/Date/Year)
  
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 is the language most frequently spoken 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      C.  Native Pacific Islander  
 B.  Alaska Native      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. In what country did your child most recently reside? \_\_\_\_\_
  
8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
  
9. What language does your child most frequently speak at home? \_\_\_\_\_
  
10. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
 (Mother) \_\_\_\_\_
  
11. 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	

## **East Limestone BYOD Policy 2018-2019**

The goal of the East Limestone BYOD policy is to ensure that students use any/all devices in adherence to Limestone County Board Policy and that all devices are used in a positive manner to enhance educational learning experiences while on the East Limestone Campus.

1. Devices are **NOT** allowed in bathrooms or gym locker rooms. There are **NO** exceptions. Failure to follow this rule will result in loss of BYOD privileges for the school year.
2. BYOD should be used for educational and emergency purposes **ONLY**. Devices are not to be used for social media, texting/messaging, taking pictures of other students and/or staff, videoing, listening to music, watching videos, playing games and/or any other activity deemed inappropriate or which interferes with the learning environment in the classroom by the teacher and/or administration while on the East Limestone Campus.
3. Cell phones are to remain in students' backpacks, purses, pockets, lockers, and/or area designated by the classroom teacher unless instructed by a teacher that it will be needed for a learning experience. Additionally, cell phones are not allowed out in the Library or Gym during school hours. Students **may** check phones in the hallway during period changes (phones must be put away BEFORE entering the classroom or placed in an area designated by the classroom teacher if directed), at lunch, and after school if staying for extra-curricular activities.
4. Students are **NOT** to use a device to contact a parent/guardian when sick. This needs to go through our school nurse, Missy Nix, so that any checkouts are coded excused.
5. All BYOD rules apply if/when there is a substitute teacher, as well.
6. Failure to adhere to the East Limestone BYOD Policy will result in:

**First Offense** - Verbal warning by teacher

**Second Offense** - Device will be taken by the teacher and given to an administrator. The teacher will contact the parent/guardian. The device **MUST** be picked up by a parent/guardian. Older siblings are not allowed to pick up a device. If a parent/guardian is unable to retrieve the device on the day contacted, the device will be placed in a safe location and may be picked up the following day by the parent/guardian.

**Third Offense** – Student will lose all BYOD privileges for 45 days.

**Fourth Offense** - Student will lose all BYOD privileges for the remainder of the school year.

7. BYOD is a privilege afforded by the East Limestone High School Administration and can be suspended at any time if the administration deems it necessary.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**(All signed BYOD policies will be kept on file. Failure to return a signed BYOD policy form will result in loss of BYOD privileges for the 2018-2019 school year.)**

**Thank you for your support as we work together to provide an optimal learning environment for our students!**

**East Limestone Administrators**