

**ALABAMA APPLICATION FOR STUDENT ENROLLMENT**

PLEASE PRINT

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 student management system.

January 2015



# MARENGO COUNTY BOARD OF EDUCATION

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

Student's Full Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Student Lives With: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Bus Driver: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Relationship/Name		Cell Number	Work Number	Email Address
Father				
Mother				
Guardian				

## IN CASE OF EMERGENCY CONTACTS

Name	Relationship to Child	Phone Number

## PEOPLE ALLOWED TO PICK UP CHILD

Name	Relationship to Child	Phone Number

## PEOPLE NOT ALLOWED TO PICK UP CHILD

Name	Relationship to Child	Phone Number

Parent/Guardian (Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

**PHONE NUMBERS WILL BE UTILIZED FOR SCHOOL CAST**  
(Use back of sheet, if needed)



## 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:



# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Marengo County SCHOOL YEAR: 2020-2021

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Dear Parents or Guardians:

Complete the following survey. The information in this survey will be used to determine if you might be eligible for the Migrant Education Program.

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

Name of Parent(s) or Guardian(s): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

1. Have you **traveled** during the last 3 years to work in **agriculture or fishing** or to look for work in agriculture or fishing?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. Where did you travel from?

\_\_\_\_\_

3. What type work are you or your spouse doing now?

\_\_\_\_\_

4. Check any activities below that you or your spouse have worked in during the last 3 years.

**Check (✓)** all that apply:

- \_\_\_\_\_ Poultry plants, poultry farms, or cattle farms
- \_\_\_\_\_ Production or processing of milk products
- \_\_\_\_\_ Catching or processing seafood or fish
- \_\_\_\_\_ Cultivation or cutting of trees
- \_\_\_\_\_ Harvesting of crops
- \_\_\_\_\_ Nurseries or sod farms
- \_\_\_\_\_ Fish or shrimp farms
- \_\_\_\_\_ Worm farms
- \_\_\_\_\_ Fruit farms

**MARENGO COUNTY SCHOOLS**  
**Home Language Survey**

Student' name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth \_\_\_\_\_ Last grade attended: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Country of origin: \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_

Is your child's first language a language other than English? \_\_\_\_\_

What language did your child learn when her/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

\_\_\_\_\_  
Student's signature (If in grades 9-12)

\_\_\_\_\_  
Parent/guardian's signature

**Encuesta del lenguaje materno**

Nombre del/a estudiante \_\_\_\_\_ Fecha \_\_\_\_\_

Edad \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Año escolar \_\_\_\_\_

Nombre del padre \_\_\_\_\_ Nombre de la madre \_\_\_\_\_

País de \_\_\_\_\_

origen \_\_\_\_\_ Idioma de la infancia \_\_\_\_\_ Idioma  
que el/la \_\_\_\_\_

estudiante usa más frecuentemente \_\_\_\_\_ Idioma hablado en

casa \_\_\_\_\_ El/la estudiante lee, habla y escribe en los siguientes  
idiomas \_\_\_\_\_

Los padres leen, hablan y escriben en los siguientes  
idiomas \_\_\_\_\_

\_\_\_\_\_  
Firma de/la estudiante (Si están en grados 9-12)

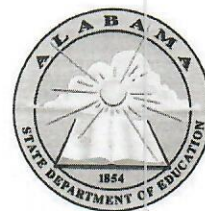
\_\_\_\_\_  
Firma de los padres

SIGNED COPY MUST BE RETAINED IN STUDENT'S CUM FOLDER, IF ANOTHER LANGUAGE IS INDICATED ANYWHERE,  
PLEASE CALL STEPHANIE POPE, 334 295-2233 FOR TESTING.





# 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
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Address (Street)
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Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation
<input type="checkbox"/> Bus Rider Bus Number: <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> After School

### Part I – Health Information

<b>Place your child receives health care:</b> Physician's Name: _____ Address: _____ Phone: _____ <input type="checkbox"/> Community Health Center <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> No Regular Place <input type="checkbox"/> Private Doctor /HMO	<b>Your child's Insurance Information:</b> <input type="checkbox"/> ALL KIDS <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Private Insurance	<b>Place your child receives dental care:</b> Dentist's Name: _____ Address: _____ Phone: _____ <input type="checkbox"/> Community Health Center <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> No Regular Place <input type="checkbox"/> Private Dentist /HMO
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Preferred Hospital: \_\_\_\_\_

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

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> 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.

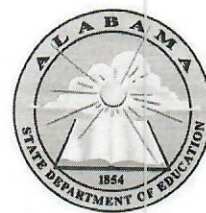
**Please Complete Back of Form (Signature Required)**







# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_

### Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>KNOWN HEALTH PROBLEMS</b> 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Disorder (ADD)</b> <b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Requires medication <i>Please explain:</i> _____ <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <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"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: _____ <i>Please explain:</i> _____ <input type="checkbox"/> Medications taken at home:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizures/Convulsions:</b> Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <i>Please include <u>any</u> medications taken at home only.</i>

### Required Signatures

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





## School-Parent Compact

### Amelia L. Johnson High School

***NOTE:*** Each school receiving funds under Title I, Part A of Every Student Succeeds Act of 2015 (ESSA) must develop a written school-parent compact jointly with parents for all children participating in Title I, Part A activities, services, and programs. That compact is part of the school's written parental engagement plan developed by the school and parents under section 1116(d)(2)(D) of the Every Student Succeeds Act of 2015. The compact must outline how parents, the entire school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership to help children achieve the State's high standards.

Schools and parents may use the sample template below as a framework for the information to be included in their school-parent compact. Schools and parents, in consultation with students, are encouraged to include other relevant and agreed upon activities and actions as well that will support effective parental involvement and strengthen student academic achievement.

\* \* \* \* \*

### Amelia L. Johnson High School

### **2021-2022 School-Parent Compact**

The Amelia L. Johnson High School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during school year **2021-2022**



### Parent Responsibilities

We, as parents, will support our children's learning in the following ways:

- *Monitoring attendance.*
- *Making sure that homework is completed.*
- *Volunteering in my child's classroom.*
- *Participating, as appropriate, in decisions relating to my children's education.*
- *Promoting positive use of my child's extracurricular time.*
- *Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district.*
- *Serving, to the extent possible, on advisory groups, such as Title I advisory committees and parent and family engagement committees.*

### Student Responsibilities (revise as appropriate to grade level)

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:

- *Do my homework every day and ask for help when I need to.*
- *Read at least 30 minutes every day outside of school time.*
- *Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.*
- *Complete and turn in assignments on time.*
- *Be prepared for class and have all my school supplies*
- *Follow all rules and procedures as laid out in the Code of Conduct and in all classrooms*



School Representative Signature

8-9-2021

Date

\_\_\_\_\_  
Parent Signature(s)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## REQUIRED SCHOOL-PARENT COMPACT PROVISIONS

### School Responsibilities

The Amelia L. Johnson will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:

*Amelia L. Johnson High School will provide high-quality curriculum and instruction by retaining highly-qualified teachers that will implement common core standards using standards based instruction, differentiation instruction, and the latest technology to create a supportive and effect learning environment.*

2. Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held:

*Parent-teacher conferences will be held during Open House, PTO Meetings, and during the planning period of teachers whenever a parent needs to discuss their child's performance.*

3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:

*Amelia L. Johnson High School will send home report cards every nine weeks, progress reports once every nine weeks, and access to students' grades are available through the iNOW parent portal.*

4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:

*Amelia L. Johnson High School staff will be assessable to parents at Open House, PTO meetings, and during the teacher's planning periods or after school as scheduled.*

5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:

*Parents are always welcome at A.L Johnson. We encourage parents, grandparents, and guardians to volunteer their time during classroom activities, homecoming, sports events, assemblies, and any other school related functions.*

6. Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand.

*Staff and faculty will work with central office to ensure easy communication with all parents. Technology tools will help support parents of various languages.*