

Scottsboro City Board of Education

Office of the Superintendent
305 South Scott Street
Scottsboro, Alabama 35768

Telephone: (256) 218-2100

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Dear Student and Parent/Guardian,

Welcome to Scottsboro City Schools! We know that this will be a year full of meaningful learning and great accomplishments! All schools within our district provide a safe and inviting learning environment where students are challenged and encouraged to excel in academics, arts, and athletics! Our staff is trained to teach all learners, and we pride ourselves in having the best community spirit anywhere!

We would like to help make your enrollment experience quick and easy. To prove your eligibility to enroll in Scottsboro City Schools, please bring the following documents with you when you arrive at the school at which you are zoned to attend:

1. **Birth Certificate**
 - An alternative documentation to verify age may be presented in the absence of a birth certificate.
2. **Social Security Number**
 - Social Security Card – The presentation of social security number is voluntary.
3. **Alabama Immunization Record**
 - Original Card – no copies accepted.
 - Out-of-State immunization cards have to be transferred to Alabama Card at the local health department or your doctor's office.
4. **Proof of Residency**
 - Current Utility bill with name, address, and a current date.
 - Mortgage statement or rent/lease agreement.
 - When two or more families reside at the same address, a home visit may be made by central office personnel to verify. Enrollment will not be made until residency is verified.
5. **Proof of Custody/Guardianship**
 - Custody papers will be required if student does not reside with both birth parents.
 - Custody/guardianship must be made through Judge's office. (Scottsboro City Schools Board Policy stipulates neither Delegation of Parental Authority nor Power of Attorney will be accepted as a document for the student's legal custody). A signed Notary Public will not be used as a valid document for enrollment.
6. **Transcript of Grades (for enrolling 9th – 12th grade students only)**
 - Unofficial transcript for students in grades 9 – 12.

It is the policy of the Scottsboro City School System that no student be excluded from participation in, be denied the benefits of or subjected to discrimination any program or activity, on the basis of sex, race, age, disability, religion, belief, national origin or color. Any student determined Homeless by the McKinney Homeless Assistance Act, Migrant, Immigrant, or an English Language Learner will not be denied admission or discriminated against in any school or program in the Scottsboro City School System. The Boy Scouts and Girl Scouts of America will not be denied access to the use of school facilities.

The purpose of Scottsboro City Schools is to maximize the learning of all students.

Scottsboro City Schools

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 CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY CONTACT #1 _____ EMERGENCY CONTACT #2 _____
Relation: _____ Phone: _____ 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/GUARDIAN 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.*

Scottsboro City Schools
Additional Requested Information

Student's Name _____

MILITARY

Student connected to an Active Duty Military parent	Circle One: Yes No
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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 EDUCATION SERVICES

Student currently receiving special education services	Circle One: Yes No
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Scottsboro City Schools 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 students 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:

<p>Ethnicity - Choose only one:</p> <p>____ NOT Hispanic/Latino</p> <p>____ Hispanic/Latino</p>	<p>Race - Choose one or more:</p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Other Pacific Islander</p> <p>____ White</p>
<p>Date:</p>	<p>Staff Signature:</p>

HOME LANGUAGE SURVEY

Scottsboro City Schools

Name _____ Age _____ Date _____

School _____ Teacher _____ Grade _____

Please check the appropriate answer.

1. What is the first language the student learned to speak?

English _____ Spanish _____ Other _____

2. What language does the student most often speak?

English _____ Spanish _____ Other _____

3. What language is most often spoken in the student's home?

English _____ Spanish _____ Other _____

Student's signature (Grades 6-12)

Parent's signature (Grades K-5)

ENCUESTA SOBRE EL LENGUAJE QUE SE USA EN CASA

Nombre _____ Edad _____ Fecha _____

Escuela _____ Maestro _____ Grado _____

Conteste con la respuesta apropiada.

1. ¿Cuál es el lenguaje que el estudiante aprendió a hablar primero?

Inglés _____ Español _____ Canjival _____ Otro _____

2. ¿Cuál es el lenguaje que el estudiante mas habla?

Inglés _____ Español _____ Canjival _____ Otro _____

3. ¿Qué lenguaje se habla mas en la casa de el estudiante?

Inglés _____ Español _____ Canjival _____ Otro _____

Firma del estudiante (Grado 6-12)

Firma de Padres (Grado K-5)

Scottsboro City Schools Student Residency

Student's Name: _____ ID# _____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address: _____

Home School (based on current residence): _____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? Yes No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is this student in temporary or emergency foster care placement? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered YES to any of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here. (PLEASE SIGN ON BACK PAGE)

1. Where is this student currently living? *(check box)*

In a motel/hotel- Name of motel/hotel: _____

In a shelter- Name of shelter: _____

Transitional Housing- Name of transitional housing: _____

Group Home- Name of group home: _____

Temporary/emergency foster home

With more than one family in a house or apartment

Moving from place to place

In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence? _____

4. With whom does the student currently live: *(check box)*

Both parents

One parent- Which parent? _____

One parent and another adult- Which parent? _____

- A relative- Specify which (e.g. grandmother) _____
 - Friends or other adults- please identify _____
 - An adult who is not a parent or legal guardian- please identify _____
5. Describe the current living situation in detail: _____
- _____
- _____
- _____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

7. In your child's previous school, did he/she receive any of the following? (check all that apply)

- Special Education/Exceptional Children's Services- Describe: _____
- 504 Accommodation Plan- Describe: _____
- English As a Second Language (ESL) services
- Help for Behavior Improvement
- Tutoring Services
- Academically or Intellectually Gifted services
- Counseling services

8. At this time, what is the greatest need for your child? (check all that apply)

- School supplies
- School uniform or clothing
- Help for academic improvement
- Help for behavior improvement
- Referral for food assistance
- Medical referral/immunizations
- Mental health/counseling referral
- Other- Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district, A Child's Place; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other CMS staff members for a legitimate educational purpose.

I request a copy of the McKinney-Vento Plan.
 I do not request a copy of the McKinney-Vento Plan.

Parent/Guardian Signature: _____ Date: _____
 (Or Unaccompanied Youth)

School Administrator Signature: _____ Date: _____

Scottsboro 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 websites, or other publications |
| *The most recent previous educational agency or institution attended by the student | |

Scottsboro City Schools will not release student information for commercial or other purposes. The purpose of release will always be related to school business.

If you have questions, please call the school.

Yes, Directory Information, photography/videotape/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 Scottsboro City Schools from any liability by virtue of distortion by processing. I further agree that these terms may be 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 individual class photograph can be used in the school yearbook.

_____ YES _____ NO

My child's photograph/videotape can be release to the news media (local TV station, local paper, ex: The Daily Sentinel, The Clarion, North Jackson Progress, Huntsville Times) or any District-wide publication.

_____ YES _____ NO

My child's picture or video can be published on Scottsboro City Schools web pages, other district/school licensed sites and/or district or school TV channels.

_____ YES _____ NO

My child's selected school materials/work may be published on the Internet, in authorized publications, and/or district TV channels.

_____ YES _____ NO

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PARENT /GUARDIAN SIGNATURE _____ DATE _____

STUDENT'S NAME _____ GRADE _____

SIGN, FRONT AND BACK, AND RETURN TO YOUR CHILD'S SCHOOL.

ACKNOWLEDGMENTS

We, the undersigned parent(s) guardian(s) of student,

Name of Student _____ enrolled in _____

_____ School has read, or had read to us the Code of Student Conduct for Scottsboro City Schools, located on the school system's website at www.scottsboroschools.net.

Signed _____ Signed _____
Parent/Guardian Parent/Guardian

Signed _____
Student

We have read, understand, and agree to abide by the provisions of the **Acceptable Use Policy (Computer/Internet)**, included in the Code of Student Conduct, for Scottsboro City Schools (SBOE Policy number 4.9).

Signed _____ Signed _____
Parent/Guardian Parent/Guardian

Signed _____
Student

_____ I do not want my child to use the internet.

We have read, understand, and agree to abide by the provisions of the **Student/Employee Harassment, Intimidation, Bullying and Cyber Bullying** (SBOE Policy number 4.12), included in the Code of Student Conduct.

Signed _____ Signed _____
Parent/Guardian Parent/Guardian

Signed _____
Student

_____ I do not agree to the Harassment, Intimidation, Bullying and Cyber Bullying policy for my child.

_____ **Please check here if you do not have internet access and/or prefer a hard copy of the Code of Student Conduct.**

NOTE: If the student lives with both parents, both parents are expected to sign the above statements; if the student lives with only one parent or guardian, only one is expected to sign. The student is also expected to sign the agreement.

McKinney-Vento Homeless Children and Youth Guiding Questions

Current: Where do you live at night?

- Do you live with another family in their home or apartment, etc., due to loss of housing, economic hardship or other reasons? ___Yes ___No
- Do you live with at least one parent or legal guardian? ___Yes ___No
- Do you live with an adult relative or friend that is not your parent/guardian?
___Yes ___No

Fixed: Stationary, permanent, and not subject to change:

- Is this a permanent arrangement or temporary? ___Permanent ___Temporary
- Are you looking for another place to live? ___Yes ___No
- Do you plan to move from your current location soon? ___Yes ___No
- Where were you living before relocating? Why did you leave?

- *Is there any other place you could stay?* _____
- *Are you staying with friends/relatives temporarily or are you sharing a home and expenses?* _____

Regular: Used on a regular/nightly basis:

- Do you stay in the same place every night? ___Yes ___No
- Do you have a key to the place you are living? ___Yes ___No
- Do you move around a lot? ___Yes ___No
- How long have you been staying at your current location and how long do you plan on staying? _____
- How long did you live in your last location? _____

Adequate: Sufficient for meeting both the physical and psychological needs typically met in a home environment:

- How many people are living in the home? ___ How many bedrooms/bathrooms does it have? ___Bedrooms ___Bathrooms
- Do you sleep in a bedroom or a public area? ___Bedroom ___Public Area
- Does the home/building have heat, electricity, running water? ___Yes ___No
- Does the home/building keep you dry and comfortable from the weather?
___Yes ___No
- Do you come and go as needed? ___Yes ___No