

REGISTRATION INFORMATION FOR TALLAPOOSA COUNTY SCHOOLS

The following information is required before the registration of the student.

1. Immunization Card (up to date, if available*)
2. Copy of Social Security Card, voluntary*
3. Copy of Birth Certificate, voluntary*
4. Two (2) Proofs of Residency for the School Zone
5. Affidavit (must have notary seal on document)
6. Pre-Entrance Conference with Principal
7. Copy of the student's discipline log from the previous school
8. Official transcript from the previous school
9. Copy of guardian(s) driver's license

Please print all responses and complete all documents

**Neither a Social Security Card, a Birth Certificate nor an immunization record, commonly referred to as the "Blue Slip," is required to enroll in any Tallapoosa County School. Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide an 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.*

It shall be the policy of the Tallapoosa County School System to provide on a nondiscriminatory basis educational opportunities for children. No person shall be denied the benefits of any education program or activity on the basis of race, color, disability, creed, national origin, age, or sex. Pursuant to the requirements of the 2001 No Child Left Behind Act and the McKinney-Vento Homeless Assistance Act, all homeless children, migrants, immigrants, and English language learners must have equal access to the same free appropriate public education provided to other children and youth. All programs offered by schools within the School System shall be open to all students in compliance with statutory and judicial requirements. The enrollment of homeless, migrant, immigrant, and limited English proficient children shall not be denied due to any of the following barriers: lack of birth certificate; lack of school records or transcripts; lack of immunization records; lack of proof of residency; lack of transportation; unaccompanied; no guardian.

ENROLLMENT REQUIREMENTS TALLAPOOSA COUNTY SCHOOL SYSTEM

Under the Court Decree set forth by the United States District Court, any student enrolling into a school which is part of the Tallapoosa County School System (TCSS) must return required information to the school the student is enrolling within 30 days of enrollment, or the student will be withdrawn from school. If information shows that the student is not residing within school zone, the student may be withdrawn immediately.

Information which will be needed to verify that enrolling student is in legal school zone. (Must have 2 or more of these – required)

1. Property tax records for home in which student is living.
2. Mortgage documents or property deeds.
3. Apartment or home lease.
4. Utility bills or utility deposit receipts.
5. Automobile registration.
6. Birth certificate establishing that the student is the child of the TCSS school zone resident.
7. A court decree declaring that the TCSS zone resident is the student's legal guardian.
9. Under certain conditions, a student may live with an adult other than the parent or legal guardian. Though granting such permission will be rare, the parent and/or legal guardian will be required to meet with the school principal to discuss the reasons for the request prior to any enrollment. The decision to accept such enrollment will be decided on a case by case basis.
9. Other such records as school officials deem acceptable.

I fully understand the rules and requirements set forth by the Court ruling, and that required information should be returned within 30 days from this date. If information is not returned, or if it is found that student is not in legal school zone, that student will be withdrawn.

Parent or Guardian Signature

Date

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

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.

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.)

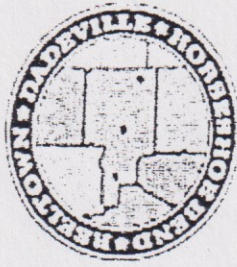
**The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following Question 2 by marking one or more boxes to indicate what you consider your student's race to be.*

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:		Race – Choose one or more:	
<input type="checkbox"/> NOT Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		<input type="checkbox"/> White	
Date:		Staff Signature:	



Special Services Student Enrollment Form

1. Did your student receive special services at their previous school? yes _____ no _____
2. Was your student served with an Individualized Education Plan (IEP) or a 504 Plan? _____
If so, was a Behavior Intervention Plan or an Alternative Placement included as a part of either plan? yes _____ no _____
If so, do you have a copy of either plan that can be provided to the school? yes _____ no _____
3. Has your student ever been evaluated for special education services? yes _____ no _____
4. Did your previous school inform you that your child received or was currently receiving school based interventions for Reading or Math through RTI services. yes _____ no _____
5. Did your student receive speech services/language services yes _____ no _____
Gifted services? yes _____ no _____

For Office Use Only:

If any of these questions were answered yes please contact the designated special education teacher and email or call Page Cotten or Joy Patterson (256-825-0746)

**TALLAPOOSA COUNTY BOARD OF EDUCATION
STUDENT REFERRAL FORM FOR SPECIAL EDUCATION SERVICES
FILL OUT COMPLETELY**

**STUDENT ENROLLMENT DATE: ____ / ____ / ____

Student's complete legal name: _____

Person Enrolling Student: _____

Must be parent or guardian

Must have (2) proofs of address and show verification of parent or guardianship.

Sex ____ Grade ____ Race ____ Date of Birth _____

School _____

Parent's Name _____

Address _____

Home Phone _____ Work Phone _____

Emergency Number _____ Primary Language _____

DESCRIPTION OF SPECIAL EDUCATION IN PREVIOUS SCHOOL

Exceptionality _____

Describe Placement _____

Amount of Time _____

Related Services _____

ADDITIONAL INFORMATION

Does the student wear glasses? Yes ____ No ____

Does the student wear a hearing aid? Yes ____ No ____

Does the student have a health problem? Yes ____ No ____ If yes, describe below

Does the student have an orthopedic problem? Yes ____ No ____ If yes, describe below

Does the student take any medication regularly? Yes ____ No ____ If yes, describe below

Other relevant information _____

Signature of Parent/Guardian _____

The parent or guardian must sign the following forms:

- SPECIAL EDUCATION RECORD RELEASE 08/01/06
- NOTICE OF PROPOSED MEETING (setting date for IEP meeting to review information from parent or previous school if any is received)
- If a student does not have an IEP or upon contacting the previous school, no existence of an IEP can be established, the student will be placed in a general education classroom until an IEP meeting and /or evaluation procedure can be conducted if needed.

Name of Special Education Teacher: _____

A copy of this form must be given to assigned special education teacher on the date of enrollment.

A copy of the record release must be sent to the Tallapoosa County Special Education Office

Tallapoosa Co School District

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 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. 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	

TALLAPOOSA COUNTY BOARD OF EDUCATION TEXTBOOK FORM

Dear Parent or Guardian:

Your assistance is requested to emphasize to your child the importance of proper care of textbooks. The following is an excerpt from the textbook law of the State of Alabama regarding parent responsibility for textbooks.

"The parent, guardian, or other person having custody of a child to whom textbooks are issued shall be held liable for any loss, abuse, or damage in excess of that which would result from normal use of such textbooks. In computing the loss or damage of a text which has been in use for a year or more, the basis of computation shall be a variable of fifty to seventy-five percent of the original cost of the book to the State. If such parents, guardian or person having custody of such child to whom the textbook was issued fails to pay such assessed damages within 30 days after notification such student shall not be entitled to further use of such textbook until remittance of the amount of loss or damage shall be made."

Note: In computing the loss or damage of a textbook which has been in use for one year or less, the original cost of the book to the State shall be charged. If you are willing to take this responsibility to avail your child the use of the State textbook, please sign the statement below and return this entire sheet to your child's teacher.

I desire that _____ in grade _____ be permitted to use State owned textbooks and I agree to pay for any book or books which are lost or ruined while in his/her possession.

Signed (parent or guardian)

***Parents please sign the form above and below:

Homeroom teachers, please detach and return this portion of the textbook letter to the student so that he/she may be issued books.

I desire that _____ in grade _____ be permitted to use State owned textbooks and I agree to pay for any book or books which are lost or ruined while in his/her possession.

Student Signature: _____

Parent/Guardian Signature: _____

ADDITIONAL REQUESTED INFORMATION

Military

Is the student connected to an Active Duty Military Family? Yes No

Is the student connected to Guard or Reserve Military Family? Yes No

Preschool

Did your child attend any of the following:

Head Start Center-Based Child Care Home Visitation Program First Class Pre-K

Home-Based Child Care Other Preschool No Preschool

Siblings – List any siblings attending this school

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

❖ Does the student have an unusual or serious health condition? YES NO

If yes, please specify: _____

❖ Is your child on medication(s)? YES NO

If yes, please list the medication(s): _____

❖ Does your child have an allergies we need to be aware of? YES NO

If yes, please specify: _____

TALLAPOOSA COUNTY BOARD OF EDUCATION
Record Release

RECORD RELEASE – This form should be sent to student's former school.

Date Mailed: _____

I hereby authorize the _____ School System

(Street or Box) (City) (State) (Zip Code)

to release to the Tallapoosa County Board of Education the records of my child,

(First) (Middle) (Last)

Date of Birth: _____
(Month) (Day) (Year)

Please forward all psychological/medical and any records related to appropriate placement.

Signature of Parent/Guardian

Signature of Person Requesting Records: _____



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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

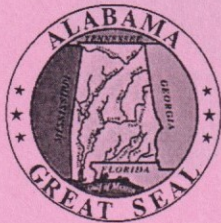
Fruit or Tomato Farms <input type="checkbox"/> Yes 	Fish or Shrimp Farms <input type="checkbox"/> Yes 	Nursery, greenhouse, sod farm <input type="checkbox"/> Yes 	Planting / Harvesting Crops <input type="checkbox"/> Yes 
Cattle Farms; Milk Products <input type="checkbox"/> Yes 	Hatchery; feeding, processing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

PARENT INFORMATION

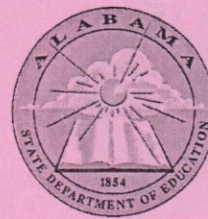
PARENT / GUARDIAN			
ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

Please help us update required technology information as directed by the Alabama State Department of Education. Complete the information below and return this form.

Student Name _____		Teacher _____		Grade _____	
Internet in Residence: Indicate whether or not the internet is available in your home. <input type="radio"/> Yes, Internet Access <input type="radio"/> No, Not Available <input type="radio"/> No, Not Affordable <input type="radio"/> No, Other <input type="radio"/> No, Other		Internet Access: Indicate the type of internet access in your home. <input type="radio"/> Broadband (DSL, Cable, Fiber) <input type="radio"/> Cellular Network <input type="radio"/> Satellite <input type="radio"/> Dial-up <input type="radio"/> Other <input type="radio"/> None		Internet Performance: Indicate how the internet performs in your home. <input type="radio"/> Yes, with no issues <input type="radio"/> Yes, but not consistent <input type="radio"/> No	



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

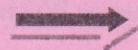
Place your child receives health care: Physician's Name: Address: Phone: Community Health Center Health Department Hospital Clinic No Regular Place Private Doctor /HMO
Your child's Insurance Information: ALL KIDS Medicaid No Insurance Other Private Insurance
Place your child receives dental care: Dentist's Name: Address: Phone: Community Health Center Health Department Hospital Clinic No Regular Place Private Dentist /HMO
Preferred Hospital:

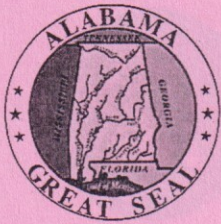
Part II - Medical History Medical Equipment /Procedures Required at School

- Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other Please explain:

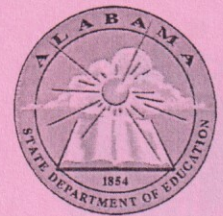
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

Name of Student _____

Part III – Medical History

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

Required Signatures

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

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