

JASPER CITY SCHOOLS - Student Registration Form

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 YOU OWN)

EMERGENCY #1

EMERGENCY #2

CONTACT _____ CONTACT _____

Relation _____ Phone _____ Relation _____ Phone _____

*IF PARENT/ GUARDIAN OR EMERGENCY CONTACTS CANNOT BE REACHED, I HEREBY AUTHORIZE THE SCHOOL TO ACT IN THE BEST INTEREST OF MY CHILD SHOULD AN EMERGENCY ARISE. YES ☐ NO ☐

If "No" is checked, what action should be taken? _____

I give my permission of the school to render emergency medical assistance if needed and/or contact emergency persons. YES ☐ NO ☐

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 _____

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 § 290-3-1.01(2)(b)(2). It will be used as a means of identification in the statewide management system.

UPDATED May 2021

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Revised 5.10.21

Siblings in Jasper City Schools? Circle one: Yes No

Number of children in your family being enrolled in JCS at this time: _____

List any Siblings that are in Jasper City Schools:

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

OFFICE USE ONLY

Approved By _____

Date _____

School Assigned _____

Inside City Limits _____

Verified By _____

APPLICANTS MUST PROVIDE VALID PROOF OF RESIDENCY.**NO P.O. BOXES.****Business addresses and temporary leases/rentals for the purpose of circumventing the residency requirement will not be accepted.**

Will the student ride a bus? (circle one) Yes No

Family Doctor: _____ Phone Number: _____

Is your child allergic to any medication? Y N List: _____

Does your child have any unusual or serious health conditions? Y N

Describe: _____

Would this health condition interfere with any major life activities? Y N (Please provide a doctor's verification.)

Explain: _____

Will your child be able to participate in physical education? Y N If not, explain: (Please provide medical verification.)

Names of any specific person(s) to whom my child MAY NOT be released:

HOME LANGUAGE SURVEY

What is the first language the student learned to speak? _____

What language does the student most often speak? _____

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

PREVIOUS SCHOOL INFORMATION

Is student transferring from another school: (circle one) Y N

Reason student is transferring to a Jasper City school: _____

Name of last school attended: _____ City _____ State _____

Absence Excuses

By law, a parent or legal guardian is responsible for sending a written note to school explaining the cause or causes of his/her child's absence from school. Such note must be sent to the school within three days following each absence or the absence will be counted as unexcused. The parent must assume responsibility for sending such notes to school officials.

Change of Information

In order for school personnel to have current and accurate information on your child, you must assume the responsibility of contacting the school office to add, delete, or correct any information on this form.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT WHOSE NAME APPEARS ABOVE.

Date _____

Signature of Parent or Legal Guardian _____

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

SPECIAL SERVICES

Please check any special services the student received at the last school they attend

☐ Special Education ☐ IEP ☐ Speech/ Language Services ☐ 504 Plan ☐ Gifted

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 (Please circle Yes or No below accordingly)

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

AUTOMATED EMERGENCY/ IMPORTANT INFORMATION NOTIFICATION

The Jasper City Board of Education uses the School Cast Program to contact parents and or guardians in the event of a school wide emergency or to provide important information to parents and or guardians. The numbers you provide below will be used for the calling system. If no numbers are provided, the system will choose the first two numbers you have provided for enrollment purposes.

Phone Number 1: _____

Phone Number 2: _____



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM
Jasper City 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