Clarke County High School
151 S Church Street
Grove Hill, AL 36451

Chris Young
Principal

Phone (251) 250-2170
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Enrollment at Clarke County High School

Welcome to Clarke County High School, "Home of the CCHS Bulldogs"

We are glad to have you join our school family. We have great Bulldog Pride in our school, school community, and the activities CCHS provides. To learn more about our school, visit our website at http://clarkecounty.cchs.schoolinsites.com .

CCHS emphasizes Respect, Responsibility and Preparedness through Academics, Athletics, Arts, and Attitude. We hope you will accept the challenge to join our student body and make CCHS an even better place to be. To join us, you will need the following information:

- Certified copy of birth certificate *(copies may be obtained from Health Department of the county in which you were born or www.vitalcheck.com.)*
- Proof of residency for the CCHS School district *(Copy of utility bill, driver's license, bank statement, etc.)*
- Copy of student's social security card (Providing this information is voluntary. SSN is used for Federal Funding purposes)
- Recent photograph (school picture acceptable)
- Unofficial copy of transcript to ensure correct scheduling, placement, and withdrawal from previous school. (We will request official records after enrollment).
- Proof of legal guardianship if you do not live with your parents or if your parent's name is not on birth certificate. A copy of divorce decree is needed so CCHS can follow court guidelines and protect students. Temporary guardianship must be settled through a lawyer.
- Valid Alabama Immunization Form ("Blue Card") and Alabama's State Health Form
- Completed CCHS Enrollment Form
- Address and phone number of previous school
- Additional information to help us serve you to the best of our ability.

No paperwork or other barriers will prevent those students classified as homeless, migrant, or ELL students from enrolling. Help us with the paperwork part of enrollment, and we'll welcome you into the Bulldog Family in no time at all☺

Date _____

CLARKE COUNTY SCHOOL DISTRICT
STUDENT REGISTRATION FORM

Student:

Last Name _____ First Name _____ Middle Name _____

Bus # _____ Car Rider # (If applicable) _____

Please list only brothers and sisters that attend this school and grade level.

1. _____ 2. _____ 3. _____

Parent/Guardian: (Please provide copy of court order if applicable)

Name(s) of Person(s) **With whom Student is Living** _____

Living with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandmother ☐ Grandfather Other (Specify):

Mother/Guardian's Last Name _____ First Name _____

Father/Guardian's Last Name _____ First Name _____

Emergency:

Medical Alert (Any medical problems, current medication, allergies, special diet, etc…) _____

_____

Physician _____ Telephone _____

School History: (if applicable)

Previous School _____ School Address _____

School's Telephone # _____ Withdrawal Date _____ Grade Enrolled _____

Was the student receiving special services such as; Gifted, Speech, LD, Academic/Remediation, etc? ☐ Yes ☐ No

If yes, please explain: _____

Does the student have a current IEP? ☐ Yes ☐ No If yes circle grade(s) K 1 2 3 4 5 6 7 8 9 10 11 12

_____

Parent/guardian signature

Military

Student connected to an Active Duty Military family? Circle one: YES NO

Student connected to a Guard or Reserve Military family? Circle one: YES NO

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 ☐		Special Education Funded	Circle One: YES NO

OFFICE USE ONLY: (Student Enrollment after initial start of school)

Date of Enrollment:

Birth Certificate (Needed for Athletics)	☐ Yes	☐ No
Social Security Card (Voluntary)	☐ Yes	☐ No
Blue Slip	☐ Yes	☐ No
Records Requested	☐ Yes	☐ No
Health Assessment Record	☐ Yes	☐ No

No barriers will prevent Migrant, Homeless or ELL students from enrolling in any Clarke County School.

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

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

Student connected to an Active Duty Military parent Circle One: YES NO

PRESCHOOL

Head Start Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Centered 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 ☐	Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services Circle One: YES NO

Student Residency Questionnaire
Clarke County Public School System

Name of School _____

Name of Student _____
Last First Middle Sex: ☐ Male ☐ Female

Birth Date ____/____/____ Age:_____ Social Security #:_____
Month / Day / Year

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? _____ Yes _____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship?

_____ Yes _____ No

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Check one box.)

- ☐ In a motel
- ☐ In a shelter
- ☐ With more than one family in a house or apartment
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s)_____

Address_____ Zip_____ Phone_____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for costs incurred. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian_____ Date_____

Please send a copy to Gwen O. Powell, Federal Programs Director in the Central Office at the following fax number: 251-275-1281.

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

_____ _____

Date McKinney-Vento Liaison Signature

Clarke County Board of Education

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
   B. ❑ Alaska Native
   C. ❑ Native Pacific Islander
   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 <u>understood by your child</u>. (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	

ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

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.....)

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

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

Required Signatures

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

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