

Date _____

CLARKE COUNTY SCHOOL DISTRICT - Jackson Middle School
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Card (Voluntary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blue Slip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Assessment Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No

No barriers will prevent Homeless, Migrant, Immigrant, English Language, or Foster students from enrolling

The Clarke County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries regarding non-discrimination policies, please contact Julia Ann Deas or Angie Jordan at the Clarke County Board of Education office at 251-250-2155 - Clarke County Board of Education, 155 W. Cobb Street, Grove Hill, AL 36451

PLEASE PRINT

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
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 _____
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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 §290-9-1.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.



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.





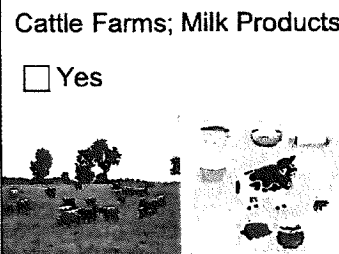
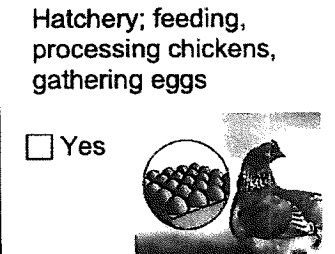
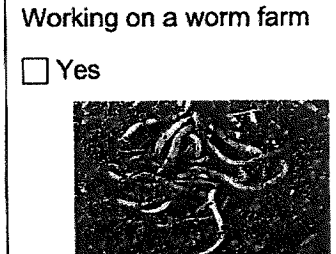
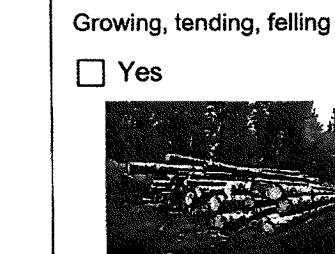
RELOCATION HISTORY

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
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PHONE NUMBER	PLACE OF EMPLOYMENT
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NUMBER OF CHILDREN IN HOME	DATE OF MOVE
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Clarke County Board of Education

HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)
 Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
 If no, date child entered the United States: _____ (Month/Date/Year)

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 is the language most frequently spoken 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. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

11. 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 Disbursed	Date Received	

Por favor responda
en inglés

Clarke County Board of Education

ENCUESTA DE IDIOMA DOMESTICO

Spanish

Home Language Survey

Fecha _____ Escuela _____ Grado _____

Nombre del menor _____
Primer nombre Inicial del segundo nombre Apellido

Nombre del padre o apoderado _____
Primer nombre Inicial del segundo nombre Apellido

Dirección _____
Calle Ciudad Estado Código postal

Número de teléfono _____
Hogar Trabajo

1. Fecha de nacimiento del menor _____ (Mes/Día/Año)
¿Nació su hijo/a en Estados Unidos? Sí No
De ser así, ¿en qué estado? _____
De no ser así, ¿en qué país? _____
Si no, fecha en que el menor ingresó a Estados Unidos: _____ (Mes/Día/Año)

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida? Sí No
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:
Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

3. ¿Cuál es el idioma que se habla con más frecuencia en el hogar? _____

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? _____

5. Marque si su hijo(a) es:
A. Indio americano nativo C. Nativo de las islas del Pacífico
B. Nativo de Alaska D. Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés? Sí No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿En qué país vivió su hijo/a más recientemente? _____

8. ¿Qué idioma aprendió su hijo(a) cuando recién comenzó a hablar? _____

9. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? _____

10. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) _____

(Madre) _____

11. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)
A. Entiende solamente el idioma del hogar y no inglés.
B. Entiende mayormente el idioma del hogar y algo de inglés.
C. Entiende el idioma del hogar y el inglés por igual.
D. Entiende inglés mayormente y algo del idioma del hogar.
E. Entiende inglés solamente.

Firma del padre o tutor

Fecha

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

Jackson Middle School

School-Parent Compact

Jackson Middle 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), 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.

School Responsibilities

Jackson Middle School 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:**

All teachers will provide high quality curriculum and instruction as required by the Alabama Course of Study and Alabama College and Career Readiness Standards. Classroom strategies will reflect an environment conducive to learning. All teachers will differentiate instruction based on student need. This will include whole-group, small group, and individualized instruction.

- 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 at least annually at a time that is mutually convenient for the parent and the teacher. Parent conferences to discuss school compact will be held during the fall.

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

Progress Reports will be sent home every three weeks. Report cards will be sent home each nine weeks. Conduct reports will be sent home as needed.

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

Parents will be made aware of teachers' planning times. Teachers will also be available after school for scheduled appointments. Wednesday is designated for Parent Conferences, but they may be scheduled at any time.

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

Parents are welcomed and encouraged to make classroom visits at Jackson Middle School. Parents are also encouraged to volunteer at book fairs or other school sponsored events, as well as with school clubs and organizations as appropriate

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.

All written communication sent home will be in the student’s home language. All EL students will receive all written communication in their home language as well.

Parent Responsibilities

As a parent, I will support my child’s learning in the following ways:

- Help my child to be physically and emotionally healthy, including proper hygiene
- Make sure that homework is completed
- Monitor amount of screen time my child watches
- Volunteer in my child’s classroom and the school as appropriate
- Participate, as appropriate, in decisions relating to my child’s education
- Promote positive use of my child’s extracurricular time
- Stay informed about my child’s education and communicate with the school and respond as appropriate
- Serve, to the extent possible, on advisory groups, such as Title I Advisory Committees and parental involvement committees
- Provide support in school expectations for appropriate student conduct
- Monitor attendance and making sure that my child gets to school on time
- Provide my child with all necessary materials and supplies as needed throughout the year
- Monitor the Home Portal to check on my child’s grades on a weekly basis

Student Responsibilities

As a student, I will share the responsibility to improve my academic achievement and achieve the state’s high standards in the following ways:

- Do my homework every day and ask for help when I need to
- Give my best effort at school and be responsible
- Read 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
- Notify school personnel of any needs or problems I may have

School Representative Signature

Parent Signature(s)

Student Signature

Date

Date

Date

Last Name _____
First Name _____
School _____
Homeroom _____

Students may not be allowed computer access until this form has been completed, signed, and returned. If you have any specific questions regarding the policy, please contact the Technology Coordinator at your school.

From time to time, your child's school may wish to publish examples of student projects, group photographs, or student recognitions on the Clarke County Schools' Internet server. A student's personal information will NOT be published on the Clarke County web sites. Pictures used on the Clarke County Schools' web sites may include but are not limited to students when they are involved in projects, when they are in large groups, or when they receive recognition. Selected school materials to be published on the web could include: art work, written papers, videos, class projects and/or computer projects.

Students:

I acknowledge that I have read, understand, and agree to all terms in the Clarke County Schools' Technology Usage Policy as outlined in the Clarke County Schools' Policy Manual. I further understand that, as a user on the Clarke County Schools' network, I am responsible for appropriate behavior when using any Clarke County Schools' technology resource.

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

- o loss of access to any technology resources such as but not limited to computers, printers, the Internet, and/or video equipment;
- o additional disciplinary action determined as appropriate at a specific school by school staff, and/or
- o legal action, when applicable.

I also understand that this agreement will be binding during my entire career at my current school.

Student Name (Please Print): _____

Student Signature: _____

Parent/Guardian: (please check appropriate boxes)

_____ My child may use the Internet while at school according to the rules outlined in the Clarke County Schools Technology Usage Policy

_____ My child's picture may be published on the Internet.

_____ My child's first name and last initial may be published on the Internet.

_____ My child's selected school materials may be published on the Internet.

Parent Name (please print): _____

Parent's Signature: _____ Date: _____

CLARKE COUNTY BOARD OF EDUCATION
JACKSON MIDDLE SCHOOL
TEXTBOOKS
2021 - 2022

STUDENT'S NAME: _____

1ST PERIOD TEACHER: _____

The parent, guardian, or other person having custody of a child to which textbooks are issued shall be held liable for any loss, abuse, or damage in case of that which would result from normal use of such textbooks. If such parent, parent, guardian, or person having custody of such child to which the textbook was issued fails to pay such assessed damage within 30 days after notification, such student shall not be entitled further use of such textbooks until remittance of the amount of lost or damage shall be made.

ALABAMA TEXTBOOK LAW - SECTION 25

SIGNATURE OF STUDENT

SIGNATURE OF PARENT/ GUARDIAN

ADAM ANDREWS, PRINCIPAL

**Jackson Middle School
Student-Parent Handbook Certification**

I, _____, a, _____ grade student at Jackson Middle School hereby acknowledge having received a copy of the Jackson Middle School Handbook. I realize that I will be responsible for knowing and following procedures outlined in this handbook. I will also take the handbook home for my parents to read and sign in order for them to understand the procedures and regulations of the school.

Student _____

Date _____

Parent/Guardian _____

Date _____

Jackson Middle School Medical Release

I do hereby grant permission to JMS personnel to provide emergency medical services for my child, and I will assume full responsibility for payment. I also agree to be responsible for any fees or damage my child may incur to school property. I understand that JMS will enforce the Clarke County Board of Education policies and the Alabama State Department policies and laws. I will be responsible for my child's attendance, academic work, and behavior in accordance with school policies.

Parent/Guardian _____

Date _____

Student

COUNTY BOARD
OF EDUCATION

CLARKE COUNTY BOARD OF EDUCATION

LARRY BAGLEY
Superintendent

OFFICE OF

Superintendent of Education

Charlton Anderson
Tara Moseley
Thamus Douglas
Darryl Perryman
Sherry Barnes

Telephone: (251) 250-2155
Fax: (251) 250-2156

P.O. BOX 936
GROVE HILL, AL 36451

August, 2021
Dear Parents:

We would like to welcome your child back for the new school year. We are happy to provide transportation to and from school every day and we aim to deliver your children safely and on time. The State of Alabama and the Clarke County Board of Education have laws, rules, policies, and procedures that govern and guide how we provide this needed service. We look forward to helping your children achieve all the success they can in the upcoming year. The following are a few reminders that can help you help us in achieving that success:

- Have your child at the bus stop, visible to the driver, and ready to quickly board each day. Buses cannot be forced to wait excess time as it puts children at risk during loading and unloading.
- If your child misses school for a period of 3 or more days, please contact the driver so that he or she knows you are still using the bus for transportation to school so we don't miss your stop accidentally.
- **Riding a school bus is a privilege and not a right.** The Clarke County Board of Education has approved policies for student conduct on buses, and your child must follow these policies or risk losing the use of school provided transportation. If an administrator follows policy and removes your child from the bus, this includes all buses and not just the bus the infraction occurred on.
- **The Charles "Chuck" Poland Jr. Act of the State of Alabama makes it a crime to board, impede, or intentionally damage a school bus.** The act is posted at the door of all buses.
- If the transportation department deems a road, section of a road, private drive, or stop unsafe due to weather, condition, or other unforeseen circumstances, you may be asked to deliver your child to a safer location for pick-up and drop-off.
- A private drive is not considered a public road simply because it is used by a school bus or mail carrier as established by The **Alabama Attorney General Opinions 94-00245 and 96-00214.**

Thank you for your cooperation. We want this school year to be a good and safe one for you and your family.

Sincerely,

Paul P. Stanley

Transportation Director

Student Name: _____

Parent Signature: _____