

Pike County Schools Requirements for Registration 2025-2026

Birth Certificate

Social Security Card (Voluntary)

Alabama Immunization Card (Shot Record)

2 Residency Verifications – You may choose from the following

- Property Tax Records
- Mortgage Documents/Property Deeds
- Apartment or Home Lease
- Utility Bills
- Driver's License
- Voter Precinct Identification
- Automobile Registration
- Homeowner's Insurance Policy

Driver's License or other picture ID

Custody Papers (if applicable)

****A legal guardian/foster care parent of a student must provide a court decree declaring the district resident to be the legal guardian or the foster care parent of the student.**

For School Use Only

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate (Certified Copy) | <input type="checkbox"/> Code of Conduct |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Internet Policy |
| <input type="checkbox"/> Blue Card (Immunization) | <input type="checkbox"/> Bus Request Form (Online) |
| <input type="checkbox"/> 2 Proofs of Residence | <input type="checkbox"/> Car Rider |
| <input type="checkbox"/> Registration/Residency Affidavit | <input type="checkbox"/> Medical Forms |
| <input type="checkbox"/> Employment Survey | <input type="checkbox"/> Lunch Form |
| <input type="checkbox"/> Home Language Survey | <input type="checkbox"/> Compact for Learning |

2025-2026 PIKE COUNTY SCHOOLS / ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

Please Print

DATE _____ SCHOOL _____ GRADE/TEACHER _____

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 _____ EMERGENCY #2 _____
CONTACT _____ CONTACT _____

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 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 of 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 ONLY**

- 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.
- HISPANIC/LATINO** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture of origin.)

Office use only:

Ethnicity – Choose only one:

_____ NOT Hispanic/Latino

_____ Hispanic/Latino

Race – Choose one ONLY:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Hispanic/Latino

Date:

Staff Signature:

Additional Requested Information:

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
Preschool – Circle One: YES NO	Special Education Funded - Circle One: YES NO

SPECIAL SERVICES INFORMATION:

Did your child receive Special Services at a previous school? Circle one: YES NO
 If yes, what type? _____

Has your child been **previously enrolled** in any Pike County School? If so, please **CIRCLE** one of the following:

- Banks School Goshen Elementary Goshen High Pike County Elementary Pike County High

To better insure the health of your child, we are requesting the following medical history:

- List all current or past medical problems. Include any broken bone(s), surgery(ies) heart problems, or seizure .

- Has your child ever had a physical education or sports related injury? If yes, please explain and list any restrictions to physical activity as ordered by a physician. _____

- Does your child take any medication(s)? Please list all prescriptive and non-prescriptive drugs he/she takes.

- Is he/she allergic to any medication? _____
- Please include any additional information you feel would be helpful to the school nurse and/other personnel. _____
- If necessary, the school nurse and/other school personnel have permission to refer my child to the hospital/ambulance service for emergency aid. _____Yes _____No
- Is your child covered under a health insurance policy? ____ Yes ____ No
- Doctor’s Name _____ Phone Number _____

All information stated is true and correct to the best of my knowledge.

 PARENT/LEGAL GUARDIAN/FOSTER CARE


 DATE

Pike County Schools
STUDENT RESIDENCY QUESTIONNAIRE
2025-2026

This questionnaire is intended to address requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). Your answers help to determine residency status and assist in meeting the needs of the student.

Student Name: _____ **Grade:** _____ **School:** _____ **School**

1) At present, where does the student spend the night? Check one response in either Section A or B below:

Section A	Section B
<p style="text-align: center;">Response</p> <p><input type="checkbox"/> In a shelter; emergency or transitional housing designed to provide temporary living accommodations.</p> <p><input type="checkbox"/> In a motel/hotel, structure, car, RV, park, campsite, or similar setting due to lack of alternative accommodations.</p> <p><input type="checkbox"/> With more than one family in a house (doubled up), mobile home, or apartment due to loss of housing, economic hardship, or a similar condition.</p> <p><input type="checkbox"/> With an adult, family member, or friend (other than parent or guardian) due to loss of housing, economic hardship, or a similar condition.</p> <p><input type="checkbox"/> Awaiting foster care placement or in temporary foster settings awaiting permanent placement.</p> <p><input type="checkbox"/> Displaced by a natural disaster (tornado, hurricane, earthquake, etc).</p> <p>Continue: If you checked a box in Section A, also complete #2 below.</p>	<p style="text-align: center;">Response</p> <p><input type="checkbox"/> The choices in Section A do not apply.</p> <p>Please sign here:</p> <p style="text-align: center;">_____</p> <div style="display: flex; align-items: center; justify-content: center; margin-top: 20px;">  <p>If you checked this section, you do not need to complete the remainder of this form.</p> </div>

2) The student lives with (check one box):

- 1 parent**
- 2 parents**
- 1 parent and another adult**
- a relative, friend(s) or other adult(s)**
- alone with no adults**
- an adult who is not the parent or the legal guardian**

Parent/Legal Guardian Signature _____

Date _____

Office Use Only:

Meets McKinney-Vento Act Definition Yes ____ No ____ **Approved/Disapproved Date** _____ **By** _____

**Pike County Schools Preschool Survey
2025-2026**

Please indicate your child's preschool experience below.

Student Name: _____ DOB _____ Age _____

Address: _____

E911 Address

_____, _____, _____
City State Zip Code

Phone Number: _____ (Cell) _____ (Other)

School Child is Zoned for: Please circle one

Banks

Goshen Elementary

Pike County Elementary

Preschool Types

Check One Choice	Type of Preschool	Definition
	Early Head Start or Head Start	Federally funded income based program for 3-5 year olds provided through local agencies.
	State Funded Preschool	Programs funded by AL Dept. of School Readiness. Full day service.
	Center Based Childcare Program	Daycare with a variety of ages that are supervised in a group setting. Full -time care, year round. 12 or more children.
	Home Based Childcare	Home based child care providers are licensed to care for no more than 6 children or two adults and 12 children. In home child care at your residence is part of this category.
	Home Visiting Program	Ex: Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT), Nurse Family Partnership (NFP). Programs where a trained home visitor provides assistance and support for families in the family home.
Please List Name: _____	Another Preschool Program	Any other preschool (school based Title 1, or locally funded preschool, part-time preschool, Mother's Day Out...)
	No Preschool Experience	Taken care of at home by relative

STATE OF ALABAMA
COUNTY OF PIKE

RESIDENCY AFFIDAVIT

I, _____, AM THE _____ OF
PARENT/LEGAL GUARDIAN NAME **PARENT/LEGAL GUARDIAN TYPE**
_____, WHO IS ATTENDING _____ IN GRADE _____,
CHILD'S FULL NAME **SCHOOL ATTENDING** **Grade**

DO HEREBY CERTIFY, THAT OUR RESIDENCE AND DOMICILE IS PRESENTLY WITHIN THE COUNTY LIMITS OF PIKE COUNTY;
THAT WE HAVE OUR PERMANENT ADDRESS IN THE COUNTY LIMITS OF PIKE COUNTY, ALABAMA; AND THAT SAID
PERMANENT ADDRESS IS:

I FURTHER CERTIFY, UNDER PENALTY OF PERJURY, THAT MY CHILD SPENDS WEEKDAYS, WEEKNIGHTS, AND WEEKENDS AT
THE ABOVE PERMANENT ADDRESS, AND THAT I HAVE NOTIFIED THE PIKE COUNTY SCHOOL SYSTEM IF MY CHILD SPENDS
THE NIGHT DURING THE WEEK OR WEEKENDS OUTSIDE OF PIKE COUNTY WITH ANY REGULARITY. I UNDERSTAND THAT
THE PURPOSE OF THIS AFFIDAVIT STATING THE CORRECT ADDRESS IS TO INDUCE THE PIKE COUNTY BOARD OF EDUCATION
TO ALLOW MY/OUR CHILD TO ATTEND THE PUBLIC SCHOOLS IN THE COUNTY OF PIKE. I FURTHER CONSENT AND AGREE
THAT THE PIKE COUNTY BOARD OF EDUCATION SHALL HAVE THE RIGHT TO VERIFY THIS AFFIDAVIT AS TO OUR RESIDENCE
AND THAT THIS AFFIDAVIT MAY BE SUBMITTED TO A FEDERAL COURT OR OTHER AUTHORITY AS PROOF OF OUR
RESIDENCE. I CONSENT TO THE USE OF THIS AFFIDAVIT BY THE PIKE COUNTY BOARD OF EDUCATION AS PROOF OF OUR
RESIDENCE. I UNDERSTAND FULLY AND COMPLETELY THAT THE EXECUTION OF A FALSE AFFIDAVIT WILL RESULT IN THE
REMOVAL OF MY/OUR CHILLD FROM SCHOOL ROLLS.] I FURTHER HEREBY AGREE THAT IF THERE IS ANY CHANGE
WHATSOEVER IN MY RESIDENCE OR THE RESIDENCE OF THE ABOVE NAMED CHILD, I WILL NOTIFY THE PIKE COUNTY
BOARD OF EDUCATION IMMEDIATELY AND WILL SIGN A NEW AFFIDAVIT STATING THE CORRECT RESIDENCE.

PARENT SIGNATURE

DATE

**PIKE COUNTY SCHOOL SYSTEM
RESIDENCE VERIFICATION FORM**

NAME OF STUDENT _____ DATE _____

SCHOOL STUDENT ATTENDS _____ GRADE _____

IF STUDENT LIVES WITH SOMEONE OTHER THAN PARENTS OR LEGAL GUARDIAN, PLEASE GIVE NAME
HERE: _____

Street or Box Number

CITY/TOWN _____ ZIP CODE _____

GIVE NARRATIVE DESCRIPTION OF WHERE STUDENT LIVES (Use landmarks such as county road numbers, mileage from intersections or crossroads, distance from well-known buildings, places, or things such as stores, churches, or water tanks).

TO VERIFY ADDRESS, ATTACH COPIES OF TWO (2) OF THE FOLLOWING DOCUMENTS:

- | | |
|--|---|
| 1. Property tax records | 6. Mortgage documents or property deed |
| 2. Apartment or home lease | 7. Utility (electric, gas, telephone) bills |
| 3. Driver's license | 8. Voter precinct identification |
| 4. Automobile registration | 9. Homeowners insurance policy |
| 5. Initial utility bill statement verifying start of service | 10. For legal guardians of students, the court decree declaring you to be the legal guardian is required. |

AFFIDAVIT OF PARENT OR GUARDIAN OF STUDENT:

By my signature affixed below, I hereby solemnly swear (or affirm) that all information provided on this form is a true and correct statement of the residence of the student herein named to the best of my knowledge.

Signed _____ Date _____
Parent/Guardian



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM	STUDENT NAME
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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.






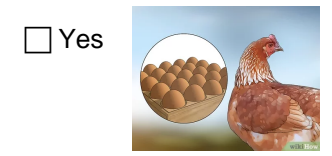


RELOCATION HISTORY

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
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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
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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
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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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Encuesta para padres de nuevos estudiantes inscritos

SISTEMA ESCOLAR	NOMBRE DEL ESTUDIANTE
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NOMBRE DE LA ESCUELA

INDICACIONES

Complete la siguiente encuesta. Puede que su hijo(a) sea elegible para recibir servicios educativos adicionales GRATIS. Si responde que sí a cualquiera de las preguntas de abajo, un representante de educación se podrá comunicar con usted para averiguar si usted, su hijo(a) o cualquiera de sus familiares es elegible para el programa de educación para migrantes. Toda la información se mantendrá bajo confidencialidad.

Complete este cuestionario y entréguelo a la escuela de su hijo(a).

ANTECEDENTES DE REUBICACIÓN

¿Ha viajado alguna vez dentro o fuera de Alabama para trabajar o buscar trabajo en cualquiera de las actividades de las imágenes de abajo en los últimos tres (3) años?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
¿Se dedica usted o su cónyuge actualmente a la agricultura, el trabajo en granjas, la pesca o cualquiera de las actividades de las imágenes de abajo?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Marque todas las imágenes de agricultura, granjas o pesca donde haya trabajado en los últimos 3 años. Consulte las imágenes de abajo.	<input type="checkbox"/> Sí	<input type="checkbox"/> No

Otro tipo de trabajo que haya hecho y que no aparezca en las imágenes de abajo:

<p>Granjas de frutas o tomates</p> <p><input type="checkbox"/> Sí</p> 	<p>Criaderos de peces o camarones</p> <p><input type="checkbox"/> Sí</p> 	<p>Vivero, invernadero, granja de césped</p> <p><input type="checkbox"/> Sí</p> 	<p>Plantación/cosecha de cultivos</p> <p><input type="checkbox"/> Sí</p> 
<p>Granjas para ganado; productos lácteos</p> <p><input type="checkbox"/> Sí</p> 	<p>Criadero para huevos; alimentación, procesamiento de pollos, recolección de huevos</p> <p><input type="checkbox"/> Sí</p> 	<p>Trabajo en granjas de lombrices</p> <p><input type="checkbox"/> Sí</p> 	<p>Plantación, cuidado, tala de árboles</p> <p><input type="checkbox"/> Sí</p> 

INFORMACIÓN DEL PADRE/DE LA MADRE

PADRE/MADRE/TUTOR

DIRECCIÓN	CIUDAD	ESTADO	CÓDIGO POSTAL
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NÚMERO DE TELÉFONO	LUGAR DE EMPLEO
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CANTIDAD DE NIÑOS EN EL GRUPO FAMILIAR	FECHA EN QUE SE MUDARON
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Pike County Use Agreement for Internet and Other Electronic Resources

The Pike County School District recognizes the value of computer and other electronic resources to improve student learning and enhance the administration and operation of its schools. These technologies, when properly used, promote educational excellence in Pike County Schools by facilitating resource sharing, innovation, and communication. To this end, the Pike County Board of Education encourages the responsible use of computers; computer networks, including the Internet; and other electronic resources in support of the mission and goals of the Pike County School District and its schools.

Because the Internet is an unregulated, worldwide vehicle for communication, information available to staff and students is impossible to control. Therefore, the Pike County Board of Education adopts this policy governing the voluntary use of electronic resources and the Internet in order to provide guidance to individuals and groups obtaining access to these resources on Pike County School District-owned equipment or through Pike County School District-affiliated organizations.

Pike County School District Rights and Responsibilities

It is the policy of the Pike County School District to maintain an environment that promotes ethical and responsible conduct in all online network activities by staff and students. It shall be a violation of this policy for any employee, student, or other individual to engage in any activity that does not conform to the established purpose and general rules and policies of the network. Within this general policy, the Pike County School District recognizes its legal and ethical obligation to protect the well-being of students in its charge. To this end, the Pike County School District retains the following rights and recognizes the following obligations:

1. To log network use and to monitor fileserver space utilization by users, and assume no responsibility or liability for files deleted due to violation of fileserver space allotments.
2. To remove a user account on the network.
3. To monitor the use of online activities. This may include real-time monitoring of network activity and/or maintaining a log of Internet activity for later review.
4. To provide internal and external controls as appropriate and feasible. Such controls shall include the right to determine who will have access to Pike County School District-owned equipment and, specifically, to exclude those who do not abide by the Pike County School District's acceptable use policy or other policies governing the use of school facilities, equipment, and materials. Pike County School District reserves the right to restrict online destinations through software or other means.
5. To provide guidelines and make reasonable efforts to train staff and students in acceptable use and policies governing online communications.
6. To the extent practical, technology protection measures (or "internet filters") shall be used to block or filter Internet (or other forms of electronic communications) access to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed (1) obscene, (2) child pornography, or (3) any material deemed harmful to minors.
7. Provide for the education of students regarding appropriate online behavior including interacting with other individuals on social networking websites and in chat rooms, and regarding cyberbullying awareness and response.

Staff Responsibilities

1. Staff members who supervise students, control electronic equipment, or otherwise have occasion to observe student use of said equipment online shall make reasonable efforts to monitor the use of this equipment to assure that it conforms to the mission and goals of the Pike County School District.
2. Staff should make reasonable efforts to become familiar with the Internet and its use so that effective monitoring, instruction, and assistance may be achieved.
3. Staff members will provide for the education of students regarding online behavior including interacting with other individuals on social networking websites and in chat rooms, and regarding cyberbullying awareness and response.

User Responsibilities

Use of the electronic media provided by the Pike County School District is a privilege that offers a wealth of information and resources for research. Where it is available, this resource is offered to staff, students, and other patrons at no cost. Users must protect all system devices from damage or theft. Users are required to maintain password confidentiality by not sharing their password with others and may not use another person's system account. In order to maintain the privilege, users agree to learn and comply with all of the provisions of this policy.

Acceptable Use

1. All use of the Internet/Computers/Network must be in support of educational and research objectives consistent with the mission, goals and objectives of the Pike County School District.
2. Proper codes of conduct in electronic communication must be used. In news groups, giving out personal information is inappropriate. When using any electronic communication extreme caution must always be taken in revealing any information of a personal nature.
3. Network accounts are to be used only by the authorized owner of the account for the authorized purpose.
4. All communications and information accessible via the network should be assumed to be private property.
5. Faculty and student email will be monitored and maintained, and files will be deleted from the personal mail directories to avoid excessive use of fileserver hard-disk space.
6. Exhibit exemplary behavior on the network as a representative of your school and community. Be polite!
7. From time to time, the Pike County School District will make determinations on whether specific uses of the network are consistent with the acceptable use practice.

Unacceptable Use

1. Giving out personal information about another person, including home address and phone number, is strictly prohibited.
2. Any use of the network for commercial or for-profit purposes is prohibited.
3. Excessive use of the network for personal business shall be cause for disciplinary action.
4. Any use of the network for product advertisement or political lobbying is prohibited.
5. Users shall not intentionally seek information on, obtain copies of, delete, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
6. No use of the network shall serve to disrupt the use of the network by others. Hardware and/or software shall not be destroyed, modified, or abused in any way.
7. Malicious use of the network to develop programs that harass other users or infiltrate a computer or computing system and/or damage the software components of a computer or computing system is prohibited.
8. Hate mail, chain letters, harassment, discriminatory remarks, and other antisocial behaviors are prohibited on the network.
9. The unauthorized installation of any software, including shareware and freeware, for use on Pike County School District computers is prohibited.
10. Use of the network to access or process pornographic material, inappropriate text files or files dangerous to the integrity of the local area network is prohibited.
11. Participating in "hacking" activities or any form of unauthorized access to other computers, networks, or information systems.
12. The Pike County School District network may not be used for downloading entertainment software or other files not related to the mission and objectives of the Pike County School District for transfer to a user's home computer, personal computer, or other media. This prohibition pertains to freeware, shareware, copyrighted commercial and non-commercial software, and all other forms of software and files not directly related to the instructional and administrative purposes of the Pike County School District.
13. Downloading, copying, otherwise duplicating, and/or distributing copyrighted materials without the specific written permission of the copyright owner is prohibited, except that duplication and/or distribution of materials for educational purposes is permitted when such duplication and/or distribution would fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC).
14. Use of the network for any unlawful purpose is prohibited.
15. Use of profanity, obscenity, racist terms, or other language that may be offensive to another user is prohibited.
16. Playing games is prohibited unless specifically authorized by a teacher for instructional purposes.
17. Establishing network or Internet connections to live communications, including voice and/or video (relay chat), is prohibited unless specifically authorized by the system administrator.

Disclaimer

1. Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. System administrators have access to all mail and will monitor messages. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.
2. Any violation of this policy will subject the violator to disciplinary action, which shall include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for the Student Code of Conduct and the Pike County Board of Education Policy Manual and; in addition, prohibition of further use of the Internet by the violator.

Revised: December 2020

Pike County School Internet Acceptable Usage Contract

User Agreement (to be signed by all adult users and student users above grade 4):

I, _____ (please print full name), hereby certify that I have received a copy of the Pike County Schools' Internet and Instructional Technology Acceptable Use Policy and that receipt of said Policy serves as a notice to me and my parents and/or legal guardian of the policy and its provisions. I understand and agree that it is my responsibility to fully inform myself of the provisions of this Policy, and I understand and agree that I will fully comply with and abide by all provisions of this Policy. I understand and agree that any violation of this Policy may result in disciplinary action against me which can include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for in the Student Code of Conduct up to and including expulsion, and, in addition, prohibition of use of the Internet. I hereby release and agree to hold harmless the Pike County Schools, the Pike County Board of Education and all other organizations and persons from any liability, loss, expense, claims, or damages, whether to person or property, arising from my use of the Internet. In addition, I hereby agree to accept full responsibility and liability for the consequences of my use of the Internet.

Student Signature & Date

Parent Agreement (to be signed by parents of all students):

I, _____ (please print full name), the parent/guardian of the above student, hereby certify that I have read the Pike County Schools' Internet and Instructional Technology Acceptable Use Policy. I agree and acknowledge that it is the responsibility of the above student to fully inform him/herself of the provisions of this Policy, and I agree with the requirement that the above student must fully comply with and abide by all provisions of this Policy. I understand and agree that any violation of this Policy by the above student may result in disciplinary action against him/her which can include, but shall not be limited to, any disciplinary action authorized under the entire range of discipline provided for in the Student Code of Conduct up to and including expulsion, and, on addition, prohibition of use of the Internet by that student. I hereby covenant and agree that I accept full responsibility for the use of the Internet by the above student, and I hereby agree to be responsible for all financial and legal liabilities and consequences which may result from the above student's use of the Internet and other technology services provided by the Pike County Schools. I hereby release and agree to indemnify and hold harmless the Pike County Board of Education, and all other organizations and persons from any liability, expense, loss, claims or damages, whether to person or property arising from the use of the Internet by the above student.

Electronic communication is an important skill for 21st Century students. For my student in grades Pre-K – 12, I understand the Pike County School System will issue him/her an email account. I understand that the Pike County School System has determined what features my child has access to, which may include email, homework drop boxes, message boards, chat rooms, blogs, and digital storage lockers. I understand that all email messages and postings will be filtered for inappropriate words and images, and that any messages determined to be questionable will be diverted to my student's email administrator for review. Consequences for misuse of email will be determined by the district, and may include restrictions, loss of privileges, or other disciplinary action. I further understand that my student's administrator or teacher can view my student's email account and digital locker at any time.

Parent Signature & Date

**CERTIFICATION OF RECEIPT
PIKE COUNTY BOARD OF EDUCATION
STUDENT CODE OF CONDUCT**

I certify that I have received and read a copy of the Student Code of Conduct.

School attending: _____ **Grade:** _____

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

If you should have any questions or comments pertaining to the contents of The Code, please contact your child's principal.

**Pike County Schools
HOME LANGUAGE SURVEY**

Student Name: _____ Birth Date: _____ Sex Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district

. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she began to talk? _____

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

3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school? _____

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #

Date Distributed

Date Received

Pike County Schools Digital Equity Survey

Pike County Schools is collecting information about the technology and internet access available for students at their homes. Please complete the following survey for your child.

Student Name: _____ School: _____

Grade Level: _____ Date: _____

QUESTION	Circle 1 Answer
Please indicate whether you have internet in your residence.	(1) Yes – Internet Access in Residence (2) No – Internet is not available in our location (3) No – Internet is not affordable for my family (4) No – other
Please indicate the type of internet access in your residence	(1) Residential Broadband (DSL, Cable, Fiber) (2) Cellular Network (3) School Provided Hotspot (4) Satellite (5) Dial-up (6) Other (7) None
Please indicate how the internet performs in your residence	(1) Yes – No issues (2) Yes – but not consistent (3) No
Please indicate if the student has access to an internet-capable device	(1) Personal Device – Dedicated (one person per machine) (2) Personal Device – Shared (shared among others in the household) (3) School Provided – Dedicated (4) School Provided – Shared (5) None
If the Student has access to a device, please indicate the type of device the student has	(1) Desktop/Laptop (2) Tablet (3) Chromebook (4) Smartphone (5) Other (6) None



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"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <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 Please explain:
<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"/> Glucagon order
<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 <u>any</u> medications taken at home only.</i>

Required Signatures

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

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



PIKE COUNTY
SCHOOLS

STAY CONNECTED



SCHOOL WEBSITES

Please visit your child's school website. These sites hold valuable information about events at our school. The websites are:

www.banks-school.com	www.goshenelem.com
www.troy-pike-tech.com	www.goshenhs.com
www.ca3l.com	www.pikecountyelem.com
www.pikecountyschools.com	www.pikecountyhs.com



NOTIFY ME

NOTIFY ME is a feature on our school website that allows you to subscribe to the website for the purpose of receiving electronic news and announcements. You can select to receive emails or text messages from the school about upcoming school events, fundraisers, school pictures, testing, and more.



DOWNLOAD OUR APP

Download our free Pike County Schools App on your iPhone or Android device.



INDIVIDUAL TEACHERS

Individual teachers may have selected an app to maintain contact with parents. Sign-up for these on an individual basis, as invited by the teacher.



POWERSCHOOL PARENT PORTAL

See your school counselor to retrieve your PowerSchool parent portal login information. This is an online tool that you can use to check your child's grades, attendance and discipline.

CONNECT WITH US ON SOCIAL MEDIA:



PIKE COUNTY SCHOOLS -
ALABAMA



@PIKECOSCHOOLSAL



@PIKECOSCHOOLSAL



HOME PHONE NUMBER UPDATED

Please keep your main home phone number updated with school office staff. Pike County Schools uses an automated telephone notification system to reach families quickly in the event of an emergency as well as normal home to school communications. Having accurate telephone numbers on record with the school will help us provide parents will real-time information.