



# Straughn High School

29448 Straughn School Road  
Andalusia, AL 36421

## ENROLLMENT FORM

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Previous School: \_\_\_\_\_

**Special Services:** IEP  YES  NO      504  YES  NO

Is there any pending disciplinary action at the previous school?  YES  NO

**The items listed below are requested as part of the enrollment process. Please bring any of the items you have to the enrollment meeting. School records will be requested from the previous school.**

<b>FOR OFFICE USE ONLY:</b>			
1 Alabama Application for Student Enrollment	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
2 Alabama Immunization (current)	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
3 Attendance Records	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
4 Birth Certificate	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
5 Custody agreement (if applicable)	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
6 Discipline Records	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
7 Proof of Residency	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
8 Social Security Card	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
9 Transcript	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
10 Withdrawal Form	<input type="checkbox"/>	YES	<input type="checkbox"/> NO

Approved for Enrollment  YES  NO

\_\_\_\_\_ Admin Initials

\_\_\_\_\_ Date

Counselor's Notes:

## Ethnicity and Race

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please answer BOTH Question 1 AND Question 2

#### **Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:**

- NO**, not Hispanic/Latino
- YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

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

#### **Question 2. What is the student's race? CHOOSE ONE OR MORE:**

- AMERICAN INDIAN OR ALASKA NATIVE.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### Office use only:

Ethnicity – Choose only one:		Race – Choose one or more:	
_____ NOT Hispanic/Latino		_____ American Indian or Alaska Native	
_____ Hispanic/Latino		_____ Asian	
		_____ Black or African American	
		_____ Native Hawaiian or Other Pacific Islander	
		_____ White	
Date:		Staff Signature:	

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

PLEASE PRINT

DATE SCHOOL GRADE

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH SEX-Circle One: MALE FEMALE HOME PHONE

PHYSICAL ADDRESS CITY ZIP CODE

MAILING ADDRESS CITY ZIP CODE

STUDENT LIVES WITH - Circle One PARENTS MOTHER FATHER GUARDIAN: RELATION

\*SOCIAL SECURITY NUMBER (voluntary)

PARENT(S) / GUARDIAN: (verification shall be in accordance with local school board policy)

MOTHER/GUARDIAN Address Email Address Cell Phone EMPLOYER Work Phone

FATHER/GUARDIAN Address Email Address Cell Phone EMPLOYER Work Phone

SPECIAL INFORMATION ABOUT CUSTODY

EMERGENCY CONTACTS: (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.



# Covington County Schools

## HOME LANGUAGE SURVEY

(To be completed for all students enrolling)

<b>Student Information</b>			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Address:		Phone Number:	
City and Country of Birth:	Date first enrolled in any U.S. School (month/year): _____ School where enrolled: _____	Has the student received ESL services previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where: _____	
<b>School Information</b>			
Current School:	School Year:	Homeroom Teacher:	Current Grade:

<b>Questions for Parents/Guardians</b>	<b>Response</b>
What is the first language the student learned to speak?	___ English ___ Spanish Other (Specify) _____
What language does the student speak most often?	___ English ___ Spanish Other (Specify) _____
What language is most often spoken in the student's home?	___ English ___ Spanish Other (Specify) _____
Is the student attending the school as a foreign exchange student?	___ Yes ___ No

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey, students will be assessed for their level of English proficiency and provided services if needed. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once this determination has been made, the following must occur:

- English proficiency assessment/screener, upon enrollment and annually thereafter, to assess level (1-6) of English proficiency and measure growth annually.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM
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SCHOOL NAME
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### 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.






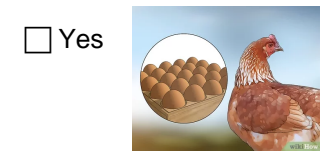


### RELOCATION HISTORY

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: \_\_\_\_\_

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

### PARENT INFORMATION

#### PARENT / GUARDIAN

ADDRESS	CITY	STATE	ZIP
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<b>PHONE NUMBER</b>	PLACE OF EMPLOYMENT
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NUMBER OF CHILDREN IN HOME	DATE OF MOVE
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