

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 _____	EMERGENCY #2 _____
CONTACT _____	CONTACT _____
Relation _____ Phone _____	Relation _____ Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED :

PARENT SIGNATURE

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 _____

*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.

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:

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 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

Autauga County School District

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 Distributed	Date Received	

Marbury Middle School
210 County Road 20 East
Marbury, Alabama 36051
Phone (334) 365-3522 Fax (205)755-3168

Official Request For Student Records

William Conyers Principal
Eve Crowe Assistant Principal

Previous School: _____ Phone: _____

Address: _____ Fax: _____

The Alabama Department of Education and Marbury Middle School request that you transmit the following student(s) records as soon as possible. If the student is currently receiving special education and related services, those records must be transferred to the requesting school also Alabama Administrative Code 290-080-909.09(2)9e)

Date _____

Last First MI Grade

Last First MI Grade

Last First MI Grade

Please Include:

- ___ Transcript of Grades
- ___ Withdrawal Grades
- ___ Achievement Test Results
- ___ Attendance
- ___ Immunization Form
- ___ Discipline



Principal

Marbury Middle
Phone: 334-365-3522
Fax: 205-755-3168

*Revised 08/13/2014

Autauga County Schools Transportation Department
202 Hughes St.
Prattville, AL 36067
Phone: 334-361-3897 Fax: 334-361-3823

STUDENT VERIFICATION OF ADDRESS/BUS ASSIGNMENT

Parent Name: _____
Address: _____
Phone #'s: _____
Student Name: _____

Mr. Messick,
I am requesting bus transportation for my student listed above who has registered and will be attending Marbury Middle School.

Parent Signature Date

Address Verified By: _____

FOR TRANSPORTATION OFFICE USE ONLY:

Bus #: _____
Driver Name: _____ Phone #: _____
FAXED: _____ Transportation Approval: _____

Please provide a copy of this form to the student and instruct the student to give the form to their bus driver. Please retain a copy for the school's records as well. Drivers will not allow new students to ride their bus without having the proper documentation.

Parents are welcome to call the bus driver at the number given to inquire about pick-up and drop-off times.

"Bus drivers are the driving force to a good education."



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.






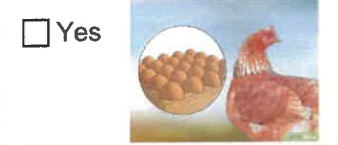


RELOCATION HISTORY

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? Yes No

Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below? Yes No

Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below. Yes No

Other work you have done that is not shown in a picture below: _____

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

PARENT INFORMATION

PARENT / GUARDIAN

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER		PLACE OF EMPLOYMENT	
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

AHSAA BONA FIDE CHANGE OF RESIDENCE FORM

To be completed by Principal and returned to the eligibility coordinator at the AASHA office before an official ruling will be issued.

School: _____ Class: _____
Principal: _____ School's 1st Day of Class: _____
Email Address: _____

GENERAL INFORMATION:

Name of Student(s): _____

Current Grade: _____ Date of Birth: _____ Last Four Digits of SSN: _____ Gender (Circle)
Male Female
Sport(s) To Be Played: _____
Enrollment Date: _____
Parents' Names: _____
Marital Status: (Circle One) Married Divorced Legally Separated Never Married Other
Student Residing With: (Circle One) Mother Father Both Other

PRESENT RESIDENCE

Parents' Address in Your School Attendance zone: _____
Home Telephone: _____
Cell Phone If Applicable: _____
Residence Status (Circle One) Buying Renting Lease/Purchase Other
If Renting/Leasing
Owner's Name: _____
Address: _____
Telephone No.: _____
Length of Lease Agreement: _____
Name Utilities Account Is In: _____
Connection Date of Utilities: _____
Utilities Provided By: _____

Telephone Connection Date: _____

Mailing Address Change: No Yes

Date Move Completed: _____

Do all principal members of the family reside in the new place of residence? _____

FORMER RESIDENCE/SCHOOL

School Transferring From: _____

Length of Attendance: _____

Withdrawal Date: _____

Did Student Participate in any Interscholastic Athletic Contest in Any Sport in This School? Yes No

Address of Former Residence: _____

Status of Former Residence (Circle One) Sold For Sale For Rent/Lease Other

If None of the Above Applies:

Name of Person Presently Residing in Residence: _____

Relation to Parents, if any: _____

Telephone No: _____

Date Completely Vacated: _____

Was all the household furniture of the family moved into an unoccupied house or apartment? Yes No

Is the original residence closed, rented or disposed of and not used by the family? Yes No

Have you or a school representative visited the former residence? Yes No

Have you or a school representative visited the present residence? Yes No

To the best of my knowledge, I certify that the information on this official form and all the statements to be true and accurate and that this student meets all other Eligibility requirements.

Parent's Signature _____ Date _____

Principal's Signature _____ Date _____

AUTAUGA COUNTY SCHOOLS STUDENT BULLYING COMPLAINT FORM

Student's (Victim) Name: _____ Date: ____/____/____

School Name: _____ Grade: _____ Age: _____

Person Reporting: _____ Title/Relation: _____

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Bullying is occurring at school
<input type="checkbox"/> Bullying is occurring on the bus
<input type="checkbox"/> Bullying is occurring at the bus stop and/or in route to/from home
<input type="checkbox"/> Bullying is occurring on social media, i.e. Facebook, Twitter, Instagram, Snap Chat or other | <input type="checkbox"/> Bullying is occurring between classes
<input type="checkbox"/> Bullying is occurring at PE/Gym/Recess
<input type="checkbox"/> Bullying is occurring at lunch
<input type="checkbox"/> Bullying is occurring in the restroom
<input type="checkbox"/> Bullying is occurring in the classroom
<input type="checkbox"/> Bullying is occurring before/after school
<input type="checkbox"/> Bullying is occurring other: _____ |
|---|--|

Specific Description of Bullying Complaint
Names(s) of alleged bully(ies): _____
Dates of Bullying Incidents: _____

Student is having suicidal thoughts/ideation.
If checked, the person receiving this notification must respond to this report as a suicidal threat and the Suicide/Homicide Protocols must be followed.

Signature of person reporting: _____ Date submitted to Principal: _____
 Name of person (employee) receiving this complaint: _____ Date: _____

The Autauga County Board of Education prohibits all forms of bullying against students. The Board's anti-bullying policy can be found in the Student Code of Conduct Manual. The Jamari Terrell Williams Student Bullying Prevention Act, No. 2018-472, defines bullying as a continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, cyberbullying or written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the character-istic falls into one of the categories of personal characteristics contained in the policy adopted by the local board.

Dear Parents and Guardians,

We are looking forward to a wonderful school year. Our teachers are well prepared to provide your children with the best education possible. The expectations have been set high for students to learn in a safe and orderly environment.

The Autauga County School System's **Code of Conduct** has been designed with these goals in mind. As in previous years, this document is available on-line at www.acboe.net. You should notify your school if you do not have Internet access, and a hard copy of the **Code of Conduct** will be provided. Please read the manual in its entirety. Understanding all guidelines provided will ensure a successful school year.

Sincerely,

Tim Tidmore

Tim Tidmore
Superintendent

ACKNOWLEDGEMENT OF RECEIPT OF ACCESS TO THE CODE OF CONDUCT

I, _____, am enrolled at _____. My parent(s)/guardian(s) and I hereby acknowledge by our signatures that we have received the above notice and understand that we can access, read, and review the **Code of Conduct** at www.acboe.net. We further acknowledge and agree to be bound by the provisions in the **Code of Conduct**.

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Note: The student is to sign the above statement. If the student lives with both parents/guardians, both are to sign the statement with the student. If the student lives with only one parent/guardian, only one is to sign the statement with the student.



ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD



School Year: 2022-2023

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

<p>Place your child receives health care:</p> <p>Physician's Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Community Health Center</p> <p><input type="checkbox"/> Health Department</p> <p><input type="checkbox"/> Hospital Clinic</p> <p><input type="checkbox"/> No Regular Place</p> <p><input type="checkbox"/> Private Doctor /HMO</p> <p>Preferred Hospital: _____</p>	<p>Your child's Insurance Information:</p> <p><input type="checkbox"/> ALL KIDS</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> No Insurance</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Private Insurance</p>	<p>Place your child receives dental care:</p> <p>Dentist's Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p><input type="checkbox"/> Community Health Center</p> <p><input type="checkbox"/> Health Department</p> <p><input type="checkbox"/> Hospital Clinic</p> <p><input type="checkbox"/> No Regular Place</p> <p><input type="checkbox"/> Private Dentist /HMO</p>
--	---	--

Part II – Medical History Medical Equipment /Procedures Required at School

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> Other <i>Please explain:</i>				

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: 2022-2023

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	Attention Deficit Disorder (ADD)
? YES ? NO	Attention Deficit Hyperactivity Disorder (ADHD) Requires medication ? At school ? At Home
? YES ? NO	Allergies: ? Food _____ ? Insects _____ ? Environmental _____ ? Medications _____ ? Hives/rash _____ ? Breathing difficulty _____ ? Other: _____ ? Medications _____ ? Epi-pen _____
? 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 <i>Please explain:</i>
? YES ? NO	Frequent Nose Bleeds: <i>Please explain</i>
? YES ? NO	Cancer/Leukemia: <i>Please explain</i>
? YES ? NO	Cerebral Palsy: <i>Please explain</i>
? YES ? NO	Cystic Fibrosis: <i>Please explain</i>
? YES ? NO	Dental Problems: <i>Please explain:</i>
? YES ? NO	Diabetes ? Type 1 Diabetes ? Monitors Blood Sugars at school ? Requires Insulin at school ? Type 2 Diabetes ? Managed with diet ? Insulin pump ? Oral medication
? YES ? NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
? YES ? NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
? YES ? NO	Genetic / Rare Disorders: <i>Please explain:</i>
? YES ? NO	Headaches: <i>Please explain:</i>
? 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: <i>Please explain:</i>
? YES ? NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
? YES ? NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
? YES ? NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
? 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 <i>Please explain:</i>
? YES ? NO	Sickle Cell: ? Anemia ? Trait
? YES ? NO	Shunt: ? VP shunt <i>Please explain:</i>
? YES ? NO	Spina Bifida:
? YES ? NO	Special Diet: <i>Please explain:</i>
? YES ? NO	Vision Problems: ? Wears glasses ? Wears contacts ? Other
? YES ? NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____

**INTERNET USE, BRING YOUR OWN DEVICE (BYOD), AND SAFETY POLICY
STUDENT AGREEMENT**

Every student, regardless of age, must read and sign below.

I have read, understand, and agree to abide by the terms of the foregoing Internet Use, Bring Your Own Device (BYOD), and Safety Policy. Should I commit any violation or in any way misuse my access to the Autauga County School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student Name _____
(PRINT CLEARLY)

Home Phone _____

Home Address _____

Student Signature _____

Date _____

Place an "X" in the correct blank:

I am 18 or older _____.

I am under 18 _____.

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

To be read and signed by parent(s) or guardian(s) of students who are under the age of eighteen.

Student Name _____
(PRINT CLEARLY)

As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the Autauga County School District's Internet Use, Bring Your Own Device (BYOD), and Safety Policy for the student's access to the District's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child or ward's responsibility for abiding by the Policy. I am therefore signing this Policy and agree to indemnify and hold harmless the school, the District, teachers, and other staff against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his/her access to such networks or his/her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his/her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the building approved account to access the Autauga County School District's network and the Internet.

Parent(s)/Guardian(s) Name _____
(PRINT CLEARLY)

Home Phone _____

Home Address _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**PARENT/GUARDIAN PERMISSION
FOR PUBLICATION OF STUDENT PHOTO/VIDEO**

Dear Parents and Guardians,

Autauga County School System is including on our website photographs and/or video recordings of students and teachers in classroom settings. These photographs/recordings will be utilized for professional development activities and for publications related to **Autauga County School System**. It is our practice to seek parent permission before including a student's photograph or video clip. We must have your signed permission in order to include your student in the media publications.

Please review, sign, and return the consent form below.

The Autauga County School System has my permission to take photographs and/or video recordings of my child, _____ (please print child's name). These photographs and/or video recordings may be used on the district website and in district publications for the 2022-2023 school term.

School: _____

Student's Grade: _____

Student's Homeroom Teacher: _____

Parent/Guardian Signature: _____

Print Name of Parent/Guardian: _____

Date: _____

TEXTBOOK FORM

TO: Parent or Guardian
FROM: Autauga County Board of Education
SUBJECT: Pupil/Parent Responsibilities for Care of Textbooks in Accordance with Section of the Free Textbook Law, Act 221, Special Session 1965

All textbooks issued are the property of the Autauga County Board of Education and shall be retained for normal use only during the period pupils are engaged in the course of study for which the textbooks are selected.

Textbooks issued to pupils may be used in the same manner and to the same extent as though such books were owned by the pupil; except that the pupils must recognize their responsibility for the proper care of books checked out to them by observing the following practices:

- A) Keeping the book clean outside and inside.
- B) Refraining from marking the book with pen or pencil.
- C) Keeping the pages free of finger prints.
- D) Avoiding turning down, tearing, or otherwise damaging pages.
- E) Refraining from placing the book where it may become soiled or damaged by the weather.
- F) Keeping the book protected with a book cover (optional)

The parent, guardian, or other person having custody of a child to whom textbooks are issued shall be held liable for any loss, abuse, or damage in excess of that which would result from the normal use of the textbooks. If the parent, guardian, or person having custody of the child to whom the textbook was issued fails to pay the assessed damages within 30 days after notification, the student shall not be entitled to further use of the textbooks until remittance of the amount of loss or damage has been made. (House Bill 230)

- A) For such loss or damage, the pupil will be assessed a variable of:
 - 1) Full price if new when issued.
 - 2) Seventy-five percent of full price for books two years old.
 - 3) Fifty percent for books three years old or older.
- B) No textbook will be issued to any pupil until all charges for lost or damaged textbooks have been paid.

All textbooks must be returned to the issuing school by the pupil when they are promoted or transferred and when they terminates their attendance for any other reason.

The textbook form issued to students must be **signed** by student and parent/guardian and **returned to the school prior to issuance of books.**

I certify that I have read and understand the above regulations and agree to comply with them.

Signature of Student

Date

Signature of Parent/Guardian

Date

Teacher's Name

School



Student Truancy Attendance Agreement

The State of Alabama requires regular school attendance of all children between the ages 6 and 17. The only absences excusable by law are for a student's illness (medical documentation) and defined in the School Board Policy 5.3. This Attendance Agreement must be completed and signed by the student and parent/ guardian.

Student Name- _____

Student Telephone- _____

Student Grade- _____

Parent/ Guardian Name- _____

Parent/ Guardian Telephone- _____

Student Responsibility

I (above named student) agree to arrive at school on time and attend all classes every day. Further, I agree to abide by all the rules and regulations of my school and school district. In the event of future absences, I will provide an excuse within 3 days to my school.

I understand that failure to comply with the above may result in a complaint to the Autauga County Juvenile Court System.

Signature of Student Date

Parent Responsibility

I understand that by law, my child (above named student) is required to attend school. I agree to provide support to my child to remediate truant behavior when it happens. I also agree to monitor my child's daily attendance by contacting my child's school, if needed, to verify my child's attendance.

Signature of Parent/Guardian Date