

PLEASE PRINT

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian
Dutton Elementary School 2021-2022

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) _____

How will student be transported? _____ Parent _____ Bus _____ Bus Number _____

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

EMERGENCY #2 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 _____

(over)

Dutton Elementary School 2021-2022

Ethnicity and Race

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please answer BOTH Question 1 AND Question 2

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

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

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

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

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

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

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ALABAMA APPLICATION FOR STUDENT ENROLLMENT
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Dutton Elementary School 2021-2022

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

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

Jackson County Schools
Dutton Elementary School
Home Language Survey

Student Name: _____ Age: _____ Grade: _____

Please check (X) the appropriate answer:

1) What is the first language the student learned to speak?

English _____ Spanish _____ Other _____

2) What language does the student speak most often?

English _____ Spanish _____ Other _____

3) What language is spoken most often in the student's home?

English _____ Spanish _____ Other _____

Student's Signature (Grades 7-12) Date

Parent's signature (grades K-6) Date

.....
Sensos Del Idioma Hablado En Casa

Nombre: _____ Edad: _____ Grado: _____

Por favor marcar (X) la mejor respuesta:

1) Cual es el primer idioma que el estudiante aprendio a hablar?

Ingles _____ Espanol _____ Otro _____

2) Cual es el idioma predominante del estudiante?

Ingles _____ Espanol _____ Otro _____

3) Que idioma se habla mas en casa?

Ingles _____ Espanol _____ Otro _____

Firma de estudiante (Grado 7-12) Fecha

Firma de los padres (Grado K-6) Fecha

JACKSON COUNTY SCHOOLS
2021-2022 Homeless Survey
Dutton School

Student Name _____

Grade _____

The McKinney-Vento Act defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence. The term includes –

- Children and youth who are:
 - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as *doubled-up*);
 - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations;
 - living in emergency or transitional shelters; or
 - abandoned in hospitals;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless because they are living in circumstances described above.

Please check the appropriate response:

Do any of the above apply to your current living status? _____ **Yes** _____ **No**

Are there any other siblings in the home that are not school aged? _____ **Yes** _____ **No**

PLEASE COMPLETE THE SECTION BELOW AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL IMMEDIATELY.

Parent's printed name _____ Signature _____

Address _____

Home telephone number or number where you may be reached _____

Thank you for your cooperation.

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: ____Jackson County____ SCHOOL YEAR: 2021-22

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Complete the following survey. The information in this survey will be used to determine if you might be eligible for the Migrant Education Program.

Student Name: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Cell Phone: _____ Other Phone: _____

1. Have you **traveled** during the last 3 years to work in **agriculture or fishing** or to look for work in agriculture or fishing?

YES ____ **NO** ____

2. Where did you travel from?

3. What type work are you or your spouse doing now?

4. Check any activities below that you or your spouse have worked in during the last 3 years.

Check (✓) all that apply:

- _____ Poultry plants, poultry farms, or cattle farms
- _____ Production or processing of milk products
- _____ Catching or processing seafood or fish
- _____ Cultivation or cutting of trees
- _____ Harvesting of crops
- _____ Nurseries or sod farms
- _____ Fish or shrimp farms
- _____ Worm farms
- _____ Fruit farms

Dutton School
Student–Parent Compact
Grades 5 – 8

Dutton Elementary 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) (participating children), 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.

Updates have been made for the 2021-22 school year.

School Responsibilities

Dutton 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:**
 - Ensure instruction by a highly-qualified staff.
 - Provide a curriculum based on the *Alabama Course of Study* and objectives included on standardized test.
 - Provide educational support for students identified as at-risk.
 - Provide students activities to reinforce daily lessons.
 - Provide homework assignments that reinforce classroom instruction.
 - Allow students the opportunity to talk with staff regarding issues affecting students.
 - Ensure students a safe learning environment.
 - Encourage all students.
- 2. Hold parent-teacher conferences during which discussions will be held regarding how the *Parent Compact* relates to individual student achievement.**
 - The school will hold a parent-teacher meeting during the month of April to discuss the Parent-Teacher Compact for the following year.
 - The school will hold two parent informational meetings to assist parents in helping their child with school related instruction.
- 3. Provide parents with frequent reports on their child's progress.**
 - Provide parents with grade reports at the end of each nine week grading session.
 - Provide parents with progress reports at each four and one-half week mark during a grading session.
 - Provide a grade report at the request of the parent any time during a grading period.
 - Provide a monthly update letter for at risk students.
 - Provide parents' access to "PowerSchool" to allow for daily monitoring of grades and attendance.
- 4. Provide parents reasonable access to staff.**
 - Provide parents positive communication between the teacher, parent, and student.

- Provide parents time for teacher conferences to discuss individual student achievement.
- Hold *Open House*, once a school year to allow parents to see their child's classroom and meet with the teacher.

5. Provide parents opportunities to volunteer and participate in their child's class, and observe classroom activities.

- Provide parents with a time, upon request, to allow parents to observe their child's classroom.
- Hold parent volunteer days throughout the year to allow parents an opportunity to help during the school year.

Parent/Guardian Responsibilities

As a parent/guardian I will be responsible for supporting the education of my child in the following ways: (check all that apply)

- ☐ Make education a priority in our home.
- ☐ Read each grade report and discuss the progress with my child.
- ☐ Ensure my child attends school regularly and arrives on time.
- ☐ Provide an environment conducive to studying.
- ☐ Monitor screen time (TV, video games, cell phones, etc.) for content and time viewed.
- ☐ Monitor homework and verify completion.
- ☐ Communicate with school on a regular basis.
- ☐ Support the school's discipline policy.
- ☐ Establish an afternoon and bedtime routine that will help student get the suggested 8-10 hours of sleep per night.
- ☐ Participate, as appropriate, in decisions relating to my child's education.
- ☐ Volunteer, when possible, in my child's classroom
- ☐ Other _____

Student Responsibilities

I, as a student, will share the responsibility to improve our academic and achieve the State's high standards in the following ways: (check all that apply)

- ☐ Attend school regularly and on time.
- ☐ Prepare for class and have all necessary tools for learning.
- ☐ Listen in class, follow instructions, and participate in all activities.
- ☐ Read every day outside of class.
- ☐ Get adequate rest every night (8 hour goal).
- ☐ Ask questions when I don't understand.
- ☐ Use technology wisely and only as directed by teachers and staff members.
- ☐ Follow the school's rules of conduct.
- ☐ Take pride in my school campus.
- ☐ Respect and cooperate with other students and adults.
- ☐ Study for tests and complete all homework assignments.
- ☐ Other _____

Whitney B. Smith 8/5/21
Principal/Date

Parent/Guardian/Date

Student/Date

JACKSON COUNTY SCHOOL DISTRICT STUDENT TECHNOLOGY RESOURCES AGREEMENT 2021-2022

Student

I acknowledge that I have read, understand, and agree to all terms as outlined in the Jackson County School District Student Technology Usage Policy. I understand that as a computer user on the Jackson County School District network, I am responsible for my actions and for behaving appropriately when using technology resources. I understand that any or all of the following sanctions could be imposed if I violate any policy and/or procedure regarding the use of any Jackson County School District technology resources. Electronic version available at:

<https://www.jacksonk12.org/handbook>

- ◆ Loss of access to technology resources
- ◆ Additional disciplinary action according to the Jackson County School District Code of Conduct regarding inappropriate language or behavior
- ◆ Legal action, when applicable

Student name (please print): _____

Student Signature: _____

School: _____

Date: _____

Parent/Guardian

I acknowledge that I have read, understand, and agree to all terms as outlined in the Jackson County School District Student Technology Usage Policy. I also understand that this agreement will be binding during the entire career of my child at his/her current school.

I also understand that unless I notify my child's school in writing by August 31, 2021, my child may use the internet while at school according to the rules outlined in the policy, that a picture of my child engaged in school activities may be placed on the Internet, and that my child's first name and last name may be used on the Internet with a picture or article pertaining to a school activity or honor.

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____

Date: _____

(OVER PLEASE)

**JACKSON COUNTY SCHOOLS
PARENT ACKNOWLEDGEMENT
2021-2022**

We, (I), _____
Name of parent(s)/legal guardian(s)

parent(s)/legal guardian(s) of _____
Name of student

Enrolled in _____ grade of _____
Name of school

hereby acknowledge by our (my) signature that we (I) have received and read, or had read to us (me) the foregoing STUDENT/PARENT INFORMATION GUIDE.

Signed _____
Signature of parent/legal guardian

Signed _____
Signature of parent/legal guardian

Signed _____
Signature of student

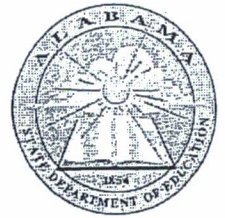
Date: _____

NOTE: When student resides with **both** parents, **both** parents should sign this statement.
If the student resides with **only one** parent/legal guardian, the **custodial parent** must sign the statement.

**PLEASE DETACH THIS PAGE AFTER SIGNING AND HAVE THE STUDENT
RETURN IT TO HIS/HER HOMEROOM TEACHER. THIS FORM IS TO BE
FILED IN THE STUDENT'S CUMULATIVE FOLDER.**



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: 2021-2022

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					
<input type="checkbox"/> Bus Rider Bus Number: <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> 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.

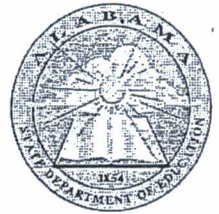
Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD



School Year: 2021-2022

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 <i>Please explain:</i> _____	
<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"/> 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 any medications taken at home only.</i> _____	

Required Signatures

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

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

Jackson County School District Student Chromebook Responsibility/Insurance Guide

The optional Insurance fee will be \$20 per year per student.

- Funds will be used to provide for the general maintenance of the device.
- Payment of Insurance fee will cover the first damage incident, with each subsequent incident there is a \$50 cost for device repair if the device has to be shipped back to the company.
- All repairs or device issues must be completed through JCS technicians.
- Willful, deliberate, or habitual damages to the computers will cause Jackson County Schools to charge the student/parent the full cost of the replacement or repairs of the computer. Such cases may be turned over to local law enforcement.
- **Each device will be equipped with tracking capabilities in the event a device is lost or stolen.**
- **Devices are configured in a way that makes them inoperable once deemed lost/stolen.**
- **Device can only be used with a Jackson County Schools account.**
- **Each device shall be filtered and monitored for internet usage at all times.**
- All computers reported stolen must be reported, as soon as possible, to school administration. A police report is required within 48 hours, if not the student will be responsible for payment of replacement.
- ALL damage incidents will be investigated by school administration.
- Devices must come to school fully charged.
- Insurance does not cover power adapter/charger. Chargers are available for purchase at the school at current market value.
- The Insurance Fee will NOT cover repairs from issues resulting from:
 - Damage caused by operating the product outside the permitted or intended uses.
 - Damage to a device that has been modified to alter functionality or capability without the written permission of Jackson County Schools.
- Do NOT let anyone else borrow or use your device. **You** are responsible for any damage that may occur to your device, no matter the circumstances.
- All Jackson County School Policies and Technology Usage Agreement must be followed.

I would like to purchase insurance _____ I decline the insurance _____

I have read and understand that I am responsible for the device assigned.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Printed Name: _____

Student Signature: _____ Date: _____