**Pike County Schools**

**Requirements for Registration**

**2023-2024**

* **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**

\_\_ Birth Certificate \_\_ Code of Conduct

\_\_ Social Security Card \_\_ Internet Policy

\_\_ Blue Card \_\_ Indian Education Form

\_\_ 2 Proofs of Residence \_\_ Medical Form

\_\_ Registration/Residency Affidavit \_\_ Bus Request Form \_\_\_ Car Rider

\_\_ Employment Survey \_\_ Lunch Form

\_\_ Home Language Survey \_\_ Compact for Learning

**2023-2024 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.

|  |
| --- |
|  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 |
| 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

**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:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your child take any medication(s)? Please list all prescriptive and non-prescriptive drugs he/she takes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is he/she allergic to any medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please include any additional information you feel would be helpful to the school nurse and/other

personnel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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
2. Is your child covered under a health insurance policy? \_\_\_\_ Yes \_\_\_\_ No
3. 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 QUESTIONAIRE**

**2023-2024**

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** |
| **Response**□ In a shelter; emergency or transitional housing designed to provide temporary living accommodations.□ In a motel/hotel, structure, car, RV, park, campsite, or similar setting due to lack of alternative accommodations.□ 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.□ With an adult, family member, or friend (other than parent or guardian) due to loss of housing, economic hardship, or a similar condition.□ Awaiting foster care placement or in temporary foster settings awaiting permanent placement.□ Displaced by a natural disaster (tornado, hurricane, earthquake, etc. **Continue: If you checked a box in Section A, also complete #2 below.**  | **Response**□ The choices in Section A do not apply.**Please sign here:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If you checked this section, you do not need to complete the remainder of this form.****C:\Users\dcarter\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\PQSIDHU4\stopSignClipArt[1].png** |

**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**

**2023-2024**

**Please indicate your child’s preschool experience below.**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E911 Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CityState  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 CHIILD 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** |
| 1. **Apartment or home lease**
 | **7. Utility (electric, gas, telephone) bills** |
| 1. **Driver’s license**
 | **8. Voter precinct identification**  |
| 1. **Automobile registration**
 | **9. Homeowners insurance policy** |
| 1. **Initial utility bill statement verifying start of service**
 |  **10. For legal guardians of students, the court**  **decree declaring you to be the legal**  **Guardian of the student.** |

**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**

**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:** \_\_\_ \_  **School\_\_\_\_ 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 |

00NCLB-Blb (Rev. (05/08 US)

**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**
 |

