

Carver School

Beginning of Year

Student Form

Packet

2019-2020

***Please detach this page after signing,
and have student return it to the
Homeroom Teacher**

ACKNOWLEDGEMENT

I, _____, enrolled in DOTHAN CITY SCHOOLS, and my Parent/Guardian(s)
(Name of Student)

hereby acknowledge by our signature that we have received and read, or had read to us, the Dothan City Schools Code of Student Conduct Manual and Truancy Law. We also acknowledge that we understand that it applies to all students enrolled in the Dothan City Schools and school sponsored activities and events, including but not limited to the following:

- Transportation on school buses
- Field trips
- Club or organization meetings
- Occupants in an automobile driven or parked on school property
- School groups representing the school system in educational events
- Other school-sponsored events including but not limited to athletic events (football, baseball, basketball games, etc. on and off campus), dances, plays, etc.
- Usual and customary parking area at facilities used for school-sponsored activities including but not limited to Rip Hewes, Westgate, Recreation Centers, etc.

It is further understood that, under the laws of Alabama, Parents/Guardians are responsible for the attendance and behavior of their children. If they are unable to control their children, or need assistance, they may also contact the school administration and/or Juvenile Court Services at 334-793-4429.

If you have questions regarding the Code of Student Conduct Manual, please contact:

First: School Principal
Second: Superintendent's Office (334-793-1397)

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)

This acknowledgment will become a part of the student's cumulative file.

TRUANCY LAW

The Parental Responsibility Statute requires parents to enroll their child in school, assure that the child attends school regularly, and compel the child to properly conduct him or herself. Generally, each parent, guardian, or other person having control or custody of any child required to attend school, who fails to have the child enrolled in school, who fails to send the child to school, or fails to require the child to regularly attend the school, or fails to compel the child to properly conduct himself or herself as a pupil in any public school in accordance with the written policy on school behavior adopted by the local board of education pursuant to this section shall upon conviction face a fine of up to \$100 and may also be sentenced to hard labor for up to 90 days in jail. The absence of a child without the consent of the school he or she attends (or should attend) shall be prima facie evidence of the violation of this section. Code of Ala. 16-28-12(a).

Alabama law also provides that it shall be unlawful for any parent, legal guardian, legal custodian, or other person to cause a child to fail to attend school as required by compulsory school attendance law or to willfully aid, encourage, or cause any child to become or remain delinquent, dependent, or in need of supervision. Code of Ala. 12-15-111 (a)(1), (a)(3). A violation of this provision is a Class A misdemeanor and the parent/guardian/custodian face up to one year in jail and up to a \$6,000 fine.

In addition, students that are truant face school discipline as well as possible sanctions through juvenile court, such as court ordered appearances, probation, electronic monitoring and/or curfews, out-of-home placements, payment of court costs, and/or extensive counseling.

Each local Board of Education has adopted a written policy for its standards on school behavior. Such written policy is provided at the commencement of each academic year. By your signature, you acknowledge and agree that you have read and understood the written policy of your child's school as to attendance and appropriate school behavior.



Dothan City Schools

Parent Portal Information

Introducing the Parent Portal

If you currently have a Parent Portal Login, your login should still be active. However, if you haven't used it since school ended, for security purposes, it may need a password reset. If this is the case, please email a reset password request to portaladmin@dothan.k12.al.us. If you have a second child beginning school this year, please email a request to add this child to the existing account. Please send to the same email address.

If you are a new parent to "Parent Portal", please follow the instructions below:

The Parent Portal is now available through Information Now.

Please read the following information and instructions on how to gain access to your child's grades, attendance, discipline, as well as other important information.

•1. Please send an email request to: portaladmin@dothan.k12.al.us

For verification purposes, please include the following information for each child attending Dothan City Schools:

- A. Parent/Guardian's Name, Address, Phone Number
- B. Student's School Name
- C. Student's Name: First/Middle/Last
- D. Student's School # (Lunch #)

For our student's protection, once your request is received, a verification of Parent/Guardian status will be completed via student data and a Parent Portal login will be assigned to you. You will receive an email with login instructions and information. This login will allow you to view data on all of your children that are verified through the information requested above.

It is imperative that all of the requested information above is submitted in your email request, in order to receive timely responses. If all of the information is not included in the email a verification cannot be completed and your request will be returned.

A tutorial for Parent Portal has been placed on each school website. Please take a few minutes to watch so you will know what to expect with Parent Portal.

Also, there are some changes as related to attendance issues; such as excused and unexcused tardies - you will see these on Parent Portal. Please note the following:

Attendance Definitions:

Tardy - present for more than half a day, but less than a full day.

(If your child has checked in late or checked out early, you will probably see Tardy on the Parent Portal) (Excused or Unexcused depends on the reason) Excused tardies do NOT count against perfect attendance.

Absent - present for less than half a day - including not present at all.

Present - not absent for any of the day.


If you have any questions related to grades, attendance, discipline, etc. that you see on on Parent Portal, you will need to contact your child's school.

**DOTHAN CITY SCHOOLS
School-Parent Compact**

2019 - 2020

The Carver School for Mathematics, Science, and Technology, 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

<u>School Responsibilities</u>	<u>Parent Responsibilities</u>	<u>Student Responsibilities</u>
<p>The Carver School for Mathematics, Science, and Technology will:</p> <ol style="list-style-type: none"> 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. 2. Hold parent-teacher conferences (at least annually) during which this compact will be discussed as it relates to the individual child's achievement. 3. Provide parents with frequent reports on their children's progress. 4. Provide parents reasonable access to staff. 5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities. 6. Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand. 	<p>We, as parents, will support our children's learning in the following ways:</p> <ol style="list-style-type: none"> 1. Ensure consistent school attendance by the student; 2. Encourage students to have good study and work habits, self-discipline, and respect for schools and school personnel; 3. Review official interim and report cards from the school at the end of each grading period and to schedule conferences with teachers if such reports indicate their child is having difficulty; 4. Honor requests for conferences from school officials whenever possible; 5. Respond promptly to all requests from the school for information; 6. Stay informed of child(ren)'s progress through scheduled parent-teacher conferences, report cards, and communications from the school. 	<p>We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards.</p> <ol style="list-style-type: none"> 1. Maintain good attendance; 2. Deliver all report cards and other communications from the school to the parents(s) or guardian(s). 3. Develop good study habits and self-discipline, as well as accept additional help from available educational personnel and parents if experiencing school related problems; 4. Adhere to all Dothan City Schools policies and Code of Conduct. 5. Make the best effort in taking all tests, including teacher-made, achievement, and standardized assessments.



Signature of the School Principal

Signature of the Parent

Signature of the Student

Dothan City Schools
Dothan, Alabama

A Statement In Regard To State Owned Textbooks

School: Carver Magnet School

The Board of Education of the City of Dothan is eager for the pupils in this system to secure the greatest possible benefit from the textbooks furnished at State expense.

To that end a pupil will be permitted to use State owned textbooks, if the parent or guardian has signed an agreement to be responsible for the books which are checked out to this pupil.

Excerpt from the State Textbooks Law

"....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 such textbooks. In computing the loss or damage of a textbook which has been in use for a year or more, the basis of computation shall be a variable of fifty to seventy-five percent of the original cost of the book to the State. If such parent, guardian or person having custody of such child to whom the textbook was issued fails to pay such assessed damages within 30 days after notification, such student shall not be entitled to further use of such textbooks until remittance of the amount of loss or damage shall be made."

Note: The original cost of the book to the State shall be charged for loss or damage beyond use of a book which has been in use for less than a full school year.

If you are willing to take this responsibility to avail your child the use of the State textbooks, please sign the statement below and return this entire sheet to the teacher or the principal of the school.

Address _____ Date _____

I desire that _____ be permitted to use State owned textbooks and I agree to pay for any book, or books, which are lost, or ruined while in his/her possession.

Signed _____
(Parent or Guardian)

***Please detach this page after signing,
and have student return it to the
Homeroom Teacher**

**DOTHAN CITY SCHOOLS
STUDENT/PARENT DIGITAL DEVICE USE AGREEMENT**

Student Name: _____
Last First Grade

Parent Name: _____
Last First Driver's License #

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Terms:

1. I have read and agree to comply at all times with the Dothan City Schools District's Electronic Communication Device Procedures, Technology Usage Policy, and iConnect Digital Device Use Procedures. Any failure to comply may terminate my rights of possession, effective immediately, and the school system may repossess the digital device and its accessories.
2. I agree to pay a non-refundable annual use fee of \$20.00 for the use of any DCS digital device and its accessories (i.e., protective case, cable, and charger). Also, I agree to pay any damage fees as applicable.
3. I agree to practice digital citizenship and responsible social networking.
4. I understand that any DCS digital device I use may be monitored online and/or physically inspected at any time without notice.

Title:

Legal title to any DCS digital device I use and its accessories is in the name of Dothan City Schools and shall at all times remain so. My right of possession and use is limited to and conditioned upon my full and complete compliance with this Digital Device Use Agreement and the Acceptable Use Policy for technology resources.

Repossession:

If I do not timely and fully comply with all terms of this Agreement, including the timely return of any DCS digital device and its accessories that I take off premises, the school system or law enforcement shall be entitled to declare me in default and come to my place of residence, or other location of the digital device and its accessories, to take possession of the digital device and its accessories. Failure to return the digital device will result in a theft report being filed with the Dothan Police Department.

SIGNATURES:

Student

Parent/Guardian

Date

Carver Magnet School

Dear Parents/Guardians,

In case of sickness or injuries we would like to make sure that we have the most up-to-date information on your child, could you please fill out the following:

Student Name: _____ **Date:** _____

Parent/Guardian Information (who child lives with)

Name: _____ Relationship to Student: _____

Address: _____ Home Phone Number: _____

Place of Employment _____ Work Phone Number: _____

Cell Phone Number: _____ Email address: _____

.....

Parent/Guardian Information

Name: _____ Relationship to Student: _____

Address: _____ Home Phone Number: _____

Place of Employment: _____ Work Phone Number: _____

Cell Phone Number: _____ Email address: _____

.....

Persons other than parent/guardian listed above to contact in case of emergency

Name: _____ Home # _____ Work # _____

Cell # _____ Relationship to Student: _____

Name: _____ Home # _____ Work # _____

Cell # _____ Relationship to Student: _____

Name: _____ Home # _____ Work # _____

Cell # _____ Relationship to Student: _____

DCS Media Request

Dothan City Schools recognizes the importance of keeping the community informed about activities and programs in our school system. One means of achieving this goal is through media coverage in our schools. At various times newspaper, radio, or television reporters may be in our school. The coverage may include pictures or video of your child to be used by the media. Also, teachers may post pictures on the school's web site of their class or different class activities.

Should you choose your child not be photographed; every effort will be made to ensure that your child is not included in any media photographs or videos. If, however, your child is participating in an on-stage event, such as a school play, it may not be possible to exclude him/her from media coverage.

Please sign and date below in the appropriate area:

Student's Name: _____

Student's Homeroom: _____

OPTION 1:

_____ I would prefer that my child **not be photographed/videoed** during media coverage at school.

Parent or Guardian

Date

OPTION 2:

_____ My child **may be photographed/videoed** during media coverage at school.

Parent or Guardian

Date



PLEASE COMPLETE THIS FORM ONLY IF IT PERTAINS TO YOU

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
School _____ Phone/Pager _____
Age _____ Grade _____ D.O.B. _____
Address _____ City _____
Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Mr. Scott Faulk at 334-793-1397 ext.220 or you may email him at scaulk@dothan.k12.al.us.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth Date

Signature of McKinney-Vento Liaison Date

Home Language Survey

Federal and State regulations require school districts to have procedures in place to identify specific language needs of students and families. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the district is required to assess the student's proficiency in English. Please help us meet these important requirements by answering the following questions.

* Information provided in this document is confidential and only for the local school district's purpose.

Date _____ School _____ Grade _____ Teacher _____

Student name _____ Gender Male Female

Parent/Guardian Name _____ Phone number _____

1. Child's date of birth: _____ (month/day/year)

Was your child born in the United States? Yes No

If yes, which state? _____

If no, what other country? _____

If no, date child entered the United States _____

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 _____ City, State _____ Dates Attended _____

Name of School _____ City, State _____ Dates Attended _____

Name of School _____ City, State _____ Dates Attended _____

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

4. Parent Communication:

If you prefer written communication in a language **other than English**, in what language would you prefer to receive communication? _____

Will you need an interpreter/translator at Parent-Teacher meetings? Yes No

5. Please describe the language understood by your child. (Check only one)

A. Understands **ONLY** English.

B. Understands **only** our home language and **NO** English.

C. Understands **mostly** the home language and **some** English.

D. Understands our home language and English **equally**.

E. Understands **mostly** English and **some** of our home language.

6. Is your child's first-learned or home language anything **other than English**? Yes No

****Only if you responded "Yes" to question #6 above, please answer questions 7-10****

7. Which language did your child learn when he/she first began to talk? _____

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

9. What other languages does your child speak? (list all, including dialects) _____

10. What language do you most frequently speak to your child?

(Father) _____

(Mother) _____

(Other Guardian/Caregiver) _____

Parent Signature _____

Date _____

EL Office: Form Reviewed _____ Notes:
(initials) (date)

Encuesta de Idioma Domestico

Los reglamentos del gobierno federal y del estado exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda. * Todo de la información en este documento será privada y confidencial.

Fecha _____ Escuela _____ Grado _____ Maestra(o) _____

Nombre del alumno: _____ Sexo: Masculino Femenino

Nombre de los padres/apoderado: _____ Teléfono _____

- Fecha de nacimiento del menor: _____ (Mes/Día/Año)
¿Nació su hijo/a en Estados Unidos? Sí No
De ser así, ¿en qué estado? _____
De no ser así, ¿en qué país? _____
Si no, fecha en que el menor ingresó a Estados Unidos: _____ (Mes/Día/Año)
- ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida? Sí No
Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:
Nombre de la escuela _____ Ciudad, Estado _____ Fechas de asistencia _____
Nombre de la escuela _____ Ciudad, Estado _____ Fechas de asistencia _____
Nombre de la escuela _____ Ciudad, Estado _____ Fechas de asistencia _____
- ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? _____
- Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? _____
¿Va a necesitar un intérprete en las reuniones de la escuela? Sí No
- Describa el idioma que su hijo(a) entiende. (Marque sólo uno)
A. Entiende inglés **solamente**.
B. Entiende **solamente** el idioma del hogar y **no** inglés.
C. Entiende **mayormente** el idioma del hogar y **algo** de inglés.
D. Entiende el idioma del hogar y el inglés **por igual**.
E. Entiende inglés **mayormente** y **algo** del idioma del hogar.
- ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés? Sí No

****Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas 7-10****

- ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? _____
- ¿Qué idioma habla en casa su hijo(a) con más frecuencia? _____
- Lista de otras lenguas que su hijo(a) habla, incluyendo dialectos _____
- ¿En qué idioma le habla con más frecuencia a su hijo(a)?
(Padre) _____
(Madre) _____

Firma del padre o tutor

Fecha

EL Office: Form Reviewed _____ Notes:
(initials) (date)

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Home Telephone No: _____ Cell Telephone No: _____

1. Have you **moved** during the last 3 years **to work or to seek work** even if it was for a short period of time? YES _____ NO _____

If so, what type work are you or your spouse doing now:

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO: _____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____ Celular: _____

1. ¿Se ha **mudado** usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

Si marcó Sí. ¿Que tipo de trabajo hace usted o su esposa(o) ahora?

2. Si marcó **Sí** en la pregunta número 1. ¿De que ciudad, estado o país vinieron?

3. ¿Usted o su esposa(o) **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) todos los aplicables:

- La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- Huertas de frutas.
- La cultivación o corte de árboles.
- Trabajo en Invernaderos o granjas de Césped
- Granjas de pescados o camarones
- Granjas de gusanos
- La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) Birth Date Sex School

Address (Street)

Home Telephone Number: Cell Phone Number: Additional Phone Number: Grade Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) Work Phone Number:

Transportation
Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care: Physician's Name: Address: Phone:
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 Doctor /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: _____ - _____

Part III – Medical History

Form with multiple rows for medical history assessment, including sections for known health problems, allergies, asthma, diabetes, and various other conditions. Each row includes 'YES' and 'NO' checkboxes and specific questions.

Required Signatures

Signature lines for parent(s) or guardian and school nurse, each followed by a date field.