



ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

PLEASE PRINT

DATE SCHOOL GRADE

LAST NAME FIRST NAME MIDDLE NAME

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

PHYSICAL ADDRESS CITY ZIP CODE

MAILING ADDRESS CITY ZIP CODE

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

*SOCIAL SECURITY NUMBER (voluntary)

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

MOTHER/GUARDIAN Address
Email Address Cell Phone
EMPLOYER Work Phone

FATHER/GUARDIAN Address
Email Address Cell Phone
EMPLOYER Work Phone

SPECIAL INFORMATION ABOUT CUSTODY

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1 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 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:

PLEASE SEE REVERSE SIDE

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	<input type="checkbox"/>			Special Education Funded	Circle One:	YES	NO

PLEASE SEE REVERSE SIDE

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Dothan City Schools SCHOOL YEAR: 21-22

SCHOOL: Dothan City Virtual 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.....)

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 number 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

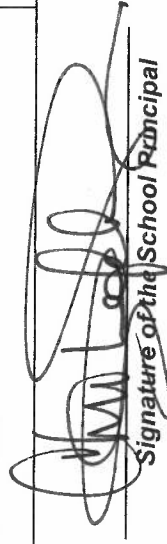
EL Office: Form Reviewed _____ Notes: _____
(initials) (date)

DOTHAN CITY SCHOOLS

School-Parent Compact

Dothan City Schools, 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 Alabama's high standards.

<u>School Responsibilities</u>	<u>Parent Responsibilities</u>	<u>Student Responsibilities</u>
<p>Dothan City Schools 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 Alabama'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 progress reports 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; (Kindergarten only receives report cards) 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 Alabama'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

A STATEMENT IN REGARD TO STATE OWNED TEXTBOOKS

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 STATE TEXTBOOK 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 this school.

Parent Signature: _____ Date: _____

I desire that _____ be permitted to use State owned
Name of Child

textbooks and I agree to pay for any books, which are lost, or ruined while in his, or her possession.

***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.



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? (check one) Temporary Permanent

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? (check one) 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. Darius McKay at 334-793-1397 ext.236220 or you may email him at damckay@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 *Date*



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
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Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation

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

Part I – Health Information

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



Student Name: _____

MEDIA WAIVER

Dear Parents,

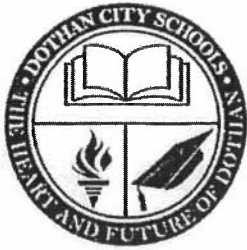
We plan to invite the media (newspaper, television, etc.) to our classroom/school throughout the year. Please complete and sign below.

I DO hereby give my permission for my child's name and/or photo to appear in the media as part of the learning process at Dothan City Virtual School.

Parent Signature _____ Date _____

I DO NOT give my permission for my child's name and/or photo to appear in the media as part of the learning process at Dothan City Virtual School.

Parent Signature _____ Date _____



Dothan City Schools

Chromebook Loaner Agreement

As a guardian or student I agree to the following statements related to a loaned device for educational use at home.

I have already agreed to follow the Dothan City Schools Acceptable Use Policy.

1. I understand the device(s) is/are the property of Dothan City Schools and the district retains all rights to the hardware and software.
2. I understand I am completely responsible for the devices while checked out.
3. I agree to follow all Dothan City Schools regulations and policies governing the use of the device as well as all applicable State and Federal laws including copyright and intellectual property law pertaining to software and information.
4. I agree not to remove or alter any Dothan City Schools identification labels attached to or displayed on the device(s), or to change identification within the device(s).
5. I agree to keep the device and district information safe and secure. (i.e. Don't leave the device(s) in open view in your locked car, in areas of extreme temperature or humidity.)
6. I agree to report theft, loss, or damage to the device to the school library or school office immediately and to the police in the case of theft.
7. I agree to deliver the device promptly to designated location for technical inspection, to verify inventory, or for other reasons when requested.
8. I agree to return the equipment at the end of the loan period to the assigned location or when my family moves out of the district. This includes all power cords, cases, etc.
9. I agree all repair work will be completed by the district.
10. I agree the only support the district will provide are instructions on any required setup.
11. I agree the district cannot guarantee wireless coverage.
12. I agree excessive use of the Internet, use beyond instructional purposes, or repair beyond normal wear may reduce or eliminate my access to a loaner device.
13. I understand I am responsible for monitoring and guiding my child(ren)'s activity at home.

I have read and understand all terms of the agreement.

I have discussed the agreement with my child(ren) and will support the school in guiding my child(ren) in using the device at home as an educational tool.

Student Name (Please Print): _____

Date: _____

Grade Level: _____ School: _____

Parent Signature: _____

Device Type/Description: HP Chromebook Kajeet Hotspot Kajeet Chromebook w/ Data Plan

DCS Asset Tag or SN: _____

Dothan City Virtual School Academic Contract

Student Last Name _____

Student First Name _____

Date of School Year for the Contract Term _____

This academic contract details the responsibilities of the parent/guardian and student. The Contract will remain on file for the remainder of the school year as a reference that parents and students have read and understood the items mentioned below.

1. I will abide by all of the rules and procedures set forth by the DCS Student Handbook.

Student Initial _____ **Parent Initial** _____

2. I understand that attendance at DCVS is based on the DCVS Student Handbook.

Student Initial _____ **Parent Initial** _____

3. I will ensure that my child has the required materials (computer/laptop, internet access, and teacher request supplies) on a daily basis. I also understand that a tablet/notebook will not take the place of a computer/laptop.

Parent Initial _____

4. I understand that the primary method of communication will be electronic mail; therefore, I will be responsible for accessing, reading and responding to all communications in a timely manner.

Student Initial _____ **Parent Initial** _____ **Please Print Parent Email Address** _____

5. I understand that If I (my student(s)) do(es) not earn enough credits by the end of the school year to be promoted to the next grade level, I (my student) cannot return to the DCVS for the following school year.

Student Initial _____ **Parent Initial** _____

6. I understand that I must attend scheduled academic conferences to discuss my child's progress in the DCVS.

Parent Initial _____

7. I understand that my child must take the Midterm Exam and Final Exam on campus under the supervision of the DCVS staff.

Parent Initial _____

8. I understand that I will be contacted by the school counselor and/or virtual school teacher (in addition to the calendar provided at enrollment) concerning system and state mandated testing dates, times, location.

Student Initial _____ **Parent Initial** _____

9. I understand that my child must report to the DC Virtual School on designated days for system and/or state-mandated assessments. **Student Initial** _____ **Parent Initial** _____

10. I also understand that I will have to provide transportation to and from campus and to classes taken at partnering schools Dothan Preparatory Academy, Carver 9th Grade Academy, Dothan Technology Center, and Dothan High School.

Parent Initial _____

11. I understand that as of August 2, students who are enrolled in The Dothan City Virtual School will have the option to attend their zoned school face to face at the end of the first semester on January 12, 2022.

Parent Initial _____

My signature denotes my acknowledgement and acceptance of the terms of this contract.

Parent Signature _____

Student Signature _____