



# APPLICATION FOR ENROLLMENT REQUIREMENTS

**Please provide the following:**

- Birth Certificate or Other Document Showing Proof of Age
- State of Alabama Immunization Record (Blue Shot Form)
- Social Security Number/Card (if available)
- Photo I.D. of Parent/Guardian Enrolling the Student

**If inside city limits, please include the following:**

- Deed or Current Lease Agreement (lease must be for a period of at least 12 months – signed by both parties; hand-written leases will not be accepted)
- Utility Bill (if in another party's name, you must also present a copy of another mailing to the parent/guardian at the address, i.e. cable bill, cell phone bill)

Please return all completed forms and attachments to:

Russellville City Schools  
Board of Education  
1945 Waterloo Road  
Russellville, AL 35653







Grade for the 2020-2021 School Year: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

**RUSSELLVILLE CITY SCHOOLS**  
**Enrollment Application for Russellville City Schools**  
*Must be completed by Parent or Legal Guardian*

In District: \_\_\_\_\_  
Out of District: \_\_\_\_\_

**Student Information – Please Print**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Name to be Called \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Gender \_\_\_\_\_ Male \_\_\_\_\_ Female  
Social Security Number (Voluntary): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Child Lives With \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Guardian (Relation: \_\_\_\_\_)  
\*\*Special Information About Custody: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Address/City \_\_\_\_\_  
Employer Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Father/Guardian**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Address/City \_\_\_\_\_  
Employer Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information** – Persons to be contacted only if parents cannot be reached and have permission to check your child out of school:

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship

Name of former school: \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will the student be a bus rider? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Person Completing Form \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**\*\* If custodial parent or custodian, please provide a copy of custody paper or guardianship papers. \*\***



## STUDENT INFORMATION

Has your child ever attended Russellville City Schools? \_\_\_\_ Yes \_\_\_\_ No If yes, which school(s)? \_\_\_\_\_

Did child attend Pre-K/Kindergarten? \_\_\_\_ Yes \_\_\_\_ No Excluding Pre-K/K, how many years has child been in school? \_\_\_\_\_

Has child repeated any grade level? \_\_\_\_ Yes \_\_\_\_ No

Was child receiving Special Education, Gifted, or 504 services at their previous school? \_\_\_\_ Yes \_\_\_\_ No (If yes, please circle one.)

Does child have any pending disciplinary issues from their previous school? \_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

**SIBLINGS** –Does the child have brother(s) or sister(s) currently enrolled or requesting enrollment in Russellville City Schools? Yes No

Currently Enrolled		Requesting Enrollment	
Name	Grade	Name	Grade

The Russellville City Board of Education may permit a student, whose parents are not legal residents within the jurisdiction of the Russellville City School System, to attend schools within the school system. The Board, however, shall have the prerogative of denying the admission of any nonresident pupil or of entering into mutually acceptable agreements with other agencies that would permit the attendance of nonresident pupils. Russellville City Schools is only obligated to provide services which are already included in its \*special education program and other school programs.

The following three conditions shall prevail for nonresident students:

1. Children of employees of the Russellville City School System who reside outside the City of Russellville shall be given first priority for enrollment over other nonresident children;
2. That adequate space, faculty, and facilities are available;
3. Any nonresident student that violates the Russellville City School's discipline Code of Conduct will be subject to removal from the school system at the end of the current scholastic school year. If the offense is such in nature, the nonresident student could be dismissed from Russellville City Schools immediately.

It is the general policy of the Russellville City School System to admit nonresident students, provided there is adequate space and personnel to accommodate/teach such children within the accreditation standards to which the system is subject and to the extent the admission of such children does not violate any law, regulation, or court order otherwise restricting the admission of such children.

Thank you for applying for the enrollment of your child into Russellville City Schools. All nonresident student applicants will be notified by mail regarding acceptance into Russellville City Schools. Nonresident students, who are granted acceptance, will not be enrolled or placed in a class until tuition is paid and the following documents are received and verified: 1) **Certificate of Immunization**; 2) **Certified Birth Certificate**; 3) **Custody Papers** (if applicable); 4) **Photo I.D. of Parent or Guardian**. Any nonresident student who has not paid tuition and/or turned in all enrollment documents by July 30<sup>th</sup> will forfeit their enrollment acceptance. Providing false information is grounds for no acceptance into Russellville City Schools.

It shall be the policy of the Russellville City School System to provide nondiscriminatory basis educational opportunities for children. No person shall be denied the benefits of any education program or activity on the basis of race, color, disability, creed, national origin, age, or sex. Pursuant to the requirements of the 2001 No Child Left Behind Act and the McKinney-Vento Homeless Assistance Act, all homeless children, migrants, and English language learners must have equal access to the same free appropriate public education provided other children and youth. All programs offered by schools within the School System shall be open to all students in compliance with statutory and judicial requirements. The enrollment of homeless, immigrant, migrant, and limited English proficient children shall not be denied due to any of the following barriers: lack of birth certificate; lack of school records or transcripts; lack of immunization records; lack of proof of residency; lack of transportation; unaccompanied; no guardian.

Approved for Enrollment: _____ (Representative of Russellville City Schools)	For Office Use Only Date: _____ Tuition Pd. _____
Denied Enrollment: _____ (Representative of Russellville City Schools)	Date: _____



**Russellville City Schools**  
**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 students race? CHOOSE ONE OR MORE:

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

Office use only:

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

## Russellville City Schools 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 | • FirstClass 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 |



**Russellville City Schools**  
**HOME LANGUAGE SURVEY**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States? ☐ Yes ☐ No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_
2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_
3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_
4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_
5. Please check if your child is:  
A. ☐ Native American Indian C. ☐ Native Pacific Islander  
B. ☐ Alaska Native D. ☐ Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? ☐ Yes ☐ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What 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 language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_
10. Please describe the language understood by your child. (Check only one)  
A. ☐ Understands only the home language and no English.  
B. ☐ Understands mostly the home language and some English.  
C. ☐ Understands the home language and English equally.  
D. ☐ Understands mostly English and some of the home language.  
E. ☐ Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



Por favor responda  
en inglés

**Russellville City Schools**  
**ENCUESTA DE IDIOMA DOMESTICO**

**Spanish**  
Home Language Survey

Nombre del alumno: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Sexo: ☐ Masculino ☐ Femenino

Nombre de los padres/apoderado: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono de la casa: \_\_\_\_\_ Teléfono del trabajo: \_\_\_\_\_

Escuela: \_\_\_\_\_ Grado: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. ¿Nació su hijo/a en Estados Unidos? ☐ Sí ☐ No  
De ser así, ¿en qué estado? \_\_\_\_\_  
De no ser así, ¿en qué país? \_\_\_\_\_

2. ¿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 \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_  
Nombre de la escuela \_\_\_\_\_ Estado \_\_\_\_\_ Fechas de asistencia \_\_\_\_\_

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? \_\_\_\_\_

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? \_\_\_\_\_

5. Marque si su hijo(a) es:  
A. ☐ Indio americano nativo C. ☐ Nativo de las islas del Pacífico  
B. ☐ Nativo de Alaska D. ☐ Nativo de las Islas Vírgenes de EE.UU.

6. ¿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. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? \_\_\_\_\_

8. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? \_\_\_\_\_

9. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) \_\_\_\_\_

(Madre) \_\_\_\_\_

10. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)  
A. ☐ Entiende solamente el idioma del hogar y no inglés.  
B. ☐ Entiende mayormente el idioma del hogar y algo de inglés.  
C. ☐ Entiende el idioma del hogar y el inglés por igual.  
D. ☐ Entiende inglés mayormente y algo del idioma del hogar.  
E. ☐ Entiende inglés solamente.

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

**OFFICE USE ONLY**

Student ID #	Date Distributed	Date Received	





# 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

Place your child receives health care:

Physician's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

- ☐ Community Health Center  
☐ Health Department  
☐ Hospital Clinic  
☐ No Regular Place  
☐ Private Doctor /HMO

Your child's Insurance Information:

- ☐ ALL KIDS  
☐ Medicaid  
☐ No Insurance  
☐ Other \_\_\_\_\_  
☐ Private Insurance

Place your child receives dental care:

Dentist's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

- ☐ Community Health Center  
☐ Health Department  
☐ Hospital Clinic  
☐ No Regular Place  
☐ Private Dentist /HMO

Preferred Hospital: \_\_\_\_\_

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

- ☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy  
☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker  
☐ Other Please explain: \_\_\_\_\_

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

**Please Complete Back of Form (Signature Required)**







# ALABAMA STATE DEPARTMENT OF EDUCATION



## HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_

### Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>KNOWN HEALTH PROBLEMS</b> If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Disorder (ADD)</b> <b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizures/Convulsions:</b> Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <i>Please include any medications taken at home only.</i>

### Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Electronic or Written) School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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...)