

Dothan High School
3209 Reeves St.
Dothan, AL 36303

Due to COVID-19 please take these steps to enroll at Dothan High School:

- 1.) Print all enrollment forms from the DHS webpage. If you are unable to print please email Mrs. Waters, ktwaters@dothan.k12.al.us, or Mrs. Bratcher, cobratcher@dothan.k12.al.us, to arrange a time for pickup from DHS.
- 2.) After completion please scan and email back to Mrs. Waters or Mrs. Bratcher.
- 3.) You will find the Dothan City Schools Code of Conduct for Students here:
<https://www.dothan.k12.al.us/site/handlers/filedownload.ashx?moduleinstanceid=1645&dataid=2179&FileName=2019-20%20Code%20of%20Conduct.pdf>
- 4.) You will find the Dothan City Schools Lunch form here:
<https://www.myschoolapps.com/>
- 5.) There is a \$20.00 Technology Fee that will be due at the completion of enrollment.
- 6.) For more information please see the DHS reopening plan.



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

Dothan High School



What's Inside

Welcome to Dothan High School, we are glad that you are going to be a part of our wonderful school. Enclosed in this enrollment packet you will find the following.

- ***DCS Enrollment Application (Must be filled out and Signed)***
- ***Acknowledgement of Responsibility***
- ***School-Parent Compact (Must be Signed)***
- ***Commitment of Responsibility***
- ***Emergency Student Checkout Form (Must be Signed)***
- ***McKinney-Vento Act Form***
- ***Textbook Law Form (Must be Signed)***
- ***Employment Survey***
- ***Home Language Survey***
- ***Bus Application***
- ***Student Enrollment/Exclusion Form***
- ***Acknowledgement Form***
- ***DCS Digital Device Agreement (Must be Signed)***
- ***Lunch Form***
- ***Copy of Student Handbook***
- ***Acknowledgement of receiving Handbook (Must be Signed)***
- ***Athletic Form (must be signed if it pertains to you)***

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)



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 sfaulk@dathan.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

3-A-1 NCHL Homeless Liaison Toolkit: Appendix 3.A Sample Residency Form

Dothan High School

Acknowledgement

I have received a current copy of the Student Handbook.

I fully understand and agree to abide by the rules within.

Parent Signature: _____

Student Signature: _____



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>Preferred Hospital: _____</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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Part II – Medical History Medical Equipment /Procedures Required at School

<input type="checkbox"/> Catheter	<input type="checkbox"/> Gastric Tube	<input type="checkbox"/> Nebulizer Treatments	<input type="checkbox"/> Oxygen Supplement	<input type="checkbox"/> Tracheostomy
<input type="checkbox"/> Vagal Nerve Stimulator (VNS)	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	
<input type="checkbox"/> 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

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

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____

Dothan High School School-Parent Compact 2019 - 2020

Print: Student Name: _____ Grade: _____

The Northview High School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children) agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic partnership that will help children achieve the State's high standards. This school-parent compact is in effect during school year 2019-2020.

	School Responsibilities	Parent Responsibilities	Student Responsibilities
<p>The Dothan High School will:</p> <ul style="list-style-type: none"> • Provide the high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows: <ul style="list-style-type: none"> • The staff will provide instruction that engages the students through the use of research based strategies, real-world application, project-based learning, and technology. • The staff will provide a safe, orderly, and caring learning environment that encourages students to take the ownership of their learning. • Staff will also maintain an environment that allows for timely communication between the teacher, parent, and student regarding academic achievement. • The objectives will be discussed at the initial Title I meeting at the beginning of the school year and remain open for discussing during quarterly PTO meetings as well as at parent-teacher conferences. • Provide parents with frequent reports on their child's progress as follows: <ul style="list-style-type: none"> • Parent portal is available to all parents to view their child's grades and attendance. Teachers will be required to keep grades current. Progress reports and report cards will be issued to students quarterly. • Provide parents with reasonable access to staff including but not limited to: <ul style="list-style-type: none"> • Before and after school conference, via school email located on the school's website, newsletters, Open House, Wolf Day, and Wolf Curriculum Night. • Provide parents opportunities to volunteer and participate in their child's educational process as follows: <ul style="list-style-type: none"> • Parents are encouraged to join PTO and various booster clubs, attend school programs and activities, and schedule time to make classroom visits or volunteer in areas that staff needs extra support. 	<p>We, as parents, will support our children's learning in the following ways:</p> <ul style="list-style-type: none"> • See that my child arrives on time for school and attends school regularly. • Provide my child with needed supplies. • Support the school in its efforts to maintain proper discipline. • Assist my child with homework and ensure that it is completed to the best of his/her ability. • Teach my child to respect school staff. • Read and respond to report cards, work assignments, and all other communications from the school. • Attend scheduled parent-teacher conferences. • Volunteer and participate in school activities. • Maintain up-to-date emergency information. • Ensure my child is well groomed and dressed according to the Dothan City School's dress code. • Encourage my child to eat healthy and exercise regularly. • Promote positive use of my child's extracurricular time. 	<p>We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standard. Specifically, we will:</p> <ul style="list-style-type: none"> • Complete and return homework, and ask for help when needed. • Read at least 30 minutes every day outside of school time. • Give my parent/guardian all notices and information received by me from my school. • Come to school every day with the necessary tools for learning. (Positive attitude, pencils, paper, books, etc.) • Abide by the school dress code. • Respect school staff. • Obey school rules. 	
<p>Principal _____</p> <p style="text-align: right;">Date _____</p>	<p>Parent/Guardian Signature _____</p> <p style="text-align: right;">Date _____</p>	<p>Student Signature _____</p> <p style="text-align: right;">Date _____</p>	

*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 game 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.

Dothan High School

Emergency Contact Sheet For Student Checkout

Student's Name: _____

If I, as a parent or guardian, am NOT AVAILABLE to check out my student should illness or injury occur, the person(s) listed below have my permission to check out the above named student. I understand that NO ONE OTHER THAN THE PERSON(S) LISTED BELOW MAY CHECK OUT MY STUDENT.

	Full Name	Phone #	Alternate	Relationship
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Parent /Guardian's Signature:			Date:	

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: DOTHAN CITY SCHOOLS 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: DOTHAN CITY SCHOOLS 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...)

Please Read

If you are approved out of zone to attend DOTHAN HIGH School, you may be ineligible for athletics.

Please sign that you understand the above statement.

Parent Signature: _____

Student Signature: _____

Dothan High School

STUDENT ENROLLMENT/EXCLUSION STATUS

During the 1993 legislative session, the Alabama Legislature passed ACT 93-368, a somewhat comprehensive piece of legislation, which attaches school attendance standards with the right to retain, apply, renew, or reinstate a driver's license or learner's permit to operate a motor vehicle. The Act became effective at the beginning of the 1993-94 school year.

The school system is required by law to submit information of attendance or absences to the Department of Public Safety. Students who are not enrolled or have accumulated more than 10 consecutive or 15 days total unexcused absences during a single semester will be unable to obtain or renew their driver's license. Few exceptions exist and these are to be determined at the Department of Public Safety Office.

I hereby acknowledge by my signature that I have received and read, or had read to me, the foregoing information pertaining to ACT 93-368 passed during the 1993 legislative session. I also acknowledge that I understand that it applies to all students enrolled in the Dothan City Schools.

Student Signature

Date

Parent/Legal Guardian Signature

Date

BUS TRANSPORTATION AUTHORIZATION NOTICE

STUDENT: _____ SCHOOL: Northview High School GRADE: _____

BUS NUMBER: _____ STOP: _____ TIME: _____

THIS BUS ASSIGNMENT AND SCHEDULE WILL BE EFFECTIVE: _____

If you wish to ride the bus, you must ride the one assigned above. If you have any questions concerning the above assignment, please call the Transportation Department office (794-1450) between the hours of 8:00 a.m. and 4:00 p.m. Monday thru Friday.

STUDENTS ARE REQUIRED TO FOLLOW ALL BUS RULES:

1. REMAIN SEATED WHILE BUS IS MOVING.
2. TALK QUIETLY.
3. SPITTING, FIGHTING, TRIPPING, PUSHING AND THROWING OBJECTS IS NOT PERMITTED.
4. THE USE OF "FOUL" or "PROFANE" LANGUAGE IS NOT PERMITTED.
5. NO PART OF THE BODY SHOULD HANG OUT THE WINDOW AT ANY TIME.
6. BE QUIET AT ALL RAILROAD CROSSINGS AND WHEN ASKED BY THE DRIVER.
7. GUNS, KNIVES OR OTHER WEAPONS ARE NOT PERMITTED ON THE BUS.
8. KEEP THE BUS CLEAN. DO NOT EAT OR DRINK ON THE BUS.
9. DO NOT BRING ILLEGAL DRUGS ON THE BUS.
10. SMOKING AND THE USE OF MATCHES OR LIGHTERS IS NOT PERMITTED ON THE BUS.
11. OBEY THE DRIVER AT ALL TIMES.
12. GIVE YOUR NAME IF ASKED BY THE DRIVER.

NOTE: THE DRIVER IS AUTHORIZED TO ASSIGN SEATS.
RIDING THE BUS IS A PRIVILEGE AND BUS RULES ARE TO BE OBEYED.
FAILURE TO OBEY THE RULES COULD RESULT IN SUSPENSION FROM THE BUS.

DOTHAN HIGH SCHOOL

3209 Reeves Street
Dothan, Al 36303

Mr. Bill Singleton
Principal

Telephone (334) 794-1410
Fax (334) 794-4484

Dear Parents:

Alabama law requires all children between the ages of seven and seventeen to attend school. If a child fails to attend school without legal excuse, that child and the person having custody of that child will be referred to the Juvenile Court.

Any child who is prosecuted for truancy may be placed in a juvenile facility or in long-term residential care. Any custodial adult who is prosecuted for failing to require a child to attend school may be jailed for up to one year or fined up to \$500 or both.

A free public education is one of the greatest benefits available to the children of our state. Please ensure that your child achieves his or her full potential by attending school regularly.

Sincerely,

Bill Singleton
Principal

I have read the above letter and I am fully aware of my responsibility to see that my child attends school daily and the penalty for my failure to do so.

Signature of Parent or Guardian

Date.

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: DOTHAN CITY SCHOOLS 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: DOTHAN CITY SCHOOLS 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...)