



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 (In Parent(s) or Guardian(s) name)

Please return all completed forms and attachments to:

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

Para registrar a su hijo(a) traiga:

- Acta de Nacimiento
- Record de vacunas (de Alabama)
- Contrato de renta o escrituras de la casa, a nombre del padre o encargado legal.
- Recibo de la luz a nombre del padre o encargado legal.
- Tarjeta de Seguro Social (No es obligatoria)
- Identificación con foto del padre o encargado legal.
- Formulario completo y firmado

**Los formularios de inscripción están disponibles únicamente en las
Oficinas Centrales ubicadas en:**

BOARD OF EDUCATION

1945 Waterloo Road, Russellville AL 35653.

Horario:

De lunes a jueves 8:00 a 4:00

Viernes 8:00 a 3:30



RUSSELLVILLE CITY SCHOOLS

Enrollment Application for Russellville City Schools

Please Print Legibly - Must be completed by Parent or Legal Guardian - Please Print Legibly



Student Information

| | |
|----------------------------------|--|
| Last Name | Number for school messages (____) - ____ - ____ |
| First Name | Student's gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Preferred Name | Student lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father |
| Home Address | <input type="checkbox"/> Guardian (Relationship: _____) |
| City | <i>Please list special information about custody:</i> |
| County State Zip | |
| Date of Birth ____ / ____ / ____ | |

| Mother/Guardian | Father/Guardian |
|-----------------|-----------------|
|-----------------|-----------------|

| | |
|--|--|
| Last Name | Last Name |
| First Name | First Name |
| <input type="checkbox"/> Home address same as above <input type="checkbox"/> Mailing address same as above Please complete section below for different address(es). | <input type="checkbox"/> Home address same as above <input type="checkbox"/> Mailing address same as above Please complete section below for different address(es). |

| Home Address | Home Address |
|--------------|--------------|
|--------------|--------------|

| | |
|----------------|----------------|
| Street | Street |
| City State Zip | City State Zip |

| Mailing Address | Mailing Address |
|-----------------|-----------------|
|-----------------|-----------------|

| | |
|-------------------------------------|-------------------------------------|
| Street | Street |
| City State Zip | City State Zip |
| Mobile Phone (____) - ____ - ____ | Mobile Phone (____) - ____ - ____ |
| Work Phone (____) - ____ - ____ | Work Phone (____) - ____ - ____ |

Emergency Contact Information

Person(s) to be contacted only if parents cannot be reached. The listed people will have permission to check your child out of school.

| | | |
|------|------------------------------|--------------|
| Name | Phone (____) - ____ - ____ | Relationship |
| Name | Phone (____) - ____ - ____ | Relationship |
| Name | Phone (____) - ____ - ____ | Relationship |

Additional Student Information

Has this child ever attended Russellville City Schools? Yes No (Complete former school section below unless your child will be in Pre-K or Kindergarten)

Name of former school _____

Address of former school _____ City/Country _____ State _____ Zip _____

Will this child be a bus rider? Yes No Has this child ever been in foster care? Yes No

Is this Child's family Active Duty Military? Yes No Is this Child's family Guard or Reserve Military? Yes No

Has this child repeated any grade level? Yes No

PLEASE COMPLETE OTHER SIDE

Additional Student Information - Continued

Excluding Pre-K and Kindergarten, how many years has this child been in school? _____

Was this child receiving Special Education, Gifted, or 504 services at their previous school? Yes No Not Applicable

Does this child have any pending disciplinary issues from their previous school? Yes No Not Applicable

If yes, please provide details: _____

Siblings

Does this child have any brothers or sisters currently enrolled or requesting enrollment in Russellville City Schools? Yes No

If yes please complete the following information

| Currently Enrolled | | Requesting Enrollment | |
|--------------------|-------|-----------------------|-------|
| Name | Grade | Name | Grade |
| | | | |
| | | | |
| | | | |
| | | | |

Nonresident Student Information

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.

Nonresident Student Acceptance

Thank you for applying for the enrollment of your child 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) **Certification of Immunization**; 2) **Certified Birth Certificate**; 3) **Custody papers** (if applicable); 4) **Photo ID of Parent or Guardian**. Any nonresident student who has not paid tuition and/or turned in all enrollment documents by July 30th will forfeit their enrollment acceptance. Providing false information is grounds for no acceptance into Russellville City Schools.

Nondiscrimination Policy

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, immigrants, foster care and English language learners must have equal access to the same free appropriate public education provided to 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, migratory, immigrant, foster care and English language learner 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.

Printed name of person completing _____

Signature of Person Completing _____

Relationship _____

Date _____

FOR OFFICE USE ONLY

Rev 2.15.22

Date Received _____ School Year _____ Grade _____ Received by _____

Residence Status: In District Out of District Enrollment Status for Out of District Students: Approved Denied

Tuition Paid Full amount Partial amount _____ Payment received by _____



RUSSELLVILLE CITY SCHOOLS

Ethnicity and Race

Please Print Legibly - Must be completed by Parent or Legal Guardian - Please Print Legibly



Student Information

Last Name _____

Grade _____

First Name _____

Date of Birth ____ / ____ / _____

Student Ethnicity - CHOOSE ONLY ONE (1)

Is this child Hispanic/Latino?

- 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 race question by marking one or more boxes to indicate what you consider your child's race to be.*

Student Race - CHOOSE ONE (1) OR MORE

What is this child's race?

- 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 people of Hawai'i, 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.
- TWO OR MORE RACES: A person having origins with a combination of any of the above races.

Printed name of person completing _____

Signature of person completing _____

Relationship _____

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

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:
 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 | 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 Please explain: |
| <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"/> Glucagon order |
| <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 <u>any</u> medications taken at home only.</i> |

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____



DEPARTAMENTO EDUCATIVO DEL ESTADO DE ALABAMA



Record de Evaluación Médica

Año Escolar: _____ - _____

Para el Padre o Guardián:

El propósito de este formulario es proporcionarle a la enfermera escolar información adicional sobre las necesidades medicas de su hijo/a. la enfermera puede comunicarse con usted para obtener mas información. La información requerida es esencial para cumplir con las necesidades médicas de su hijo/a.

Esta información se mantendrá confidencial.

POR FAVOR complete ambos lados de este formulario (Entregue a la Enfermera Escolar)

Form fields: Nombre de Estudiante (Apellido, primer nombre, segundo nombre), Fecha de Nac., Sexo, Escuela

Form field: Dirección (Calle)

Form fields: Número de Teléfono de Casa, Número de Teléfono Celular, Numero de Teléfono Adicional, Grado, Maestro/a de Salón

Form fields: Nombre de Padre/Guardián (Apellido, Primer, Segundo), Numero de Teléfono de Trabajo

Form field: Transportación (Camino Escolar, Carro, Camino de Necesidades Especiales, Programa después de la escuela)

Parte I – Información de Salud

Form section: Parte I – Información de Salud (Lugar donde su hijo/a recibe cuidado médico, Información de Seguro Medico de su hijo/a, Lugar donde su hijo/a recibe cuidado dental)

Form field: Hospital de Preferencia:

Parte II – Historia Medico Equipo Medico/Procedimientos Requeridos en la Escuela

Form section: Parte II – Historia Medico Equipo Medico/Procedimientos Requeridos en la Escuela (Catéter, Tubo Gástrico, Tratamientos Nebulizadores, Suplemento de Oxigeno, Traqueotomía, Estimulador del Nervio Vagal (VNS), Ventilador, Silla de Ruedas, Caminadora, Otro Por favor explique:)

Medicamentos y Procedimientos en la escuela requieren una Forma de Receta/Autorización (una para cada medicamento o procedimiento) Por favor consulte con la enfermera escolar.

Por Favor Complete el Reverso de la Forma (Firma Requerida)





DEPARTAMENTO EDUCATIVO DEL ESTADO DE ALABAMA



Record de Evaluación Médica

Año Escolar: _____ - _____

Parte III – Historia Medico

Form with multiple rows for medical history, including sections for known health problems, allergies, asthma, diabetes, and various other conditions. Each row contains checkboxes for 'SI' (Yes) and 'NO' (No) and specific questions.

Firmas Requeridas

Signature lines for 'Firma de Padre(s) o Guardián:' and 'Firma de Enfermera Escolar:' with corresponding date fields.



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM

SCHOOL NAME

DIRECTIONS

Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.






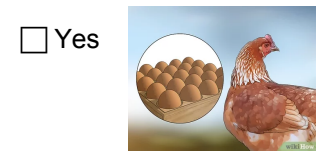


RELOCATION HISTORY

| | | |
|--|------------------------------|-----------------------------|
| Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Other work you have done that is not shown in a picture below: _____

| | | | |
|--|--|--|---|
| <p>Fruit or Tomato Farms</p> <p><input type="checkbox"/> Yes</p>  | <p>Fish or Shrimp Farms</p> <p><input type="checkbox"/> Yes</p>  | <p>Nursery, greenhouse, sod farm</p> <p><input type="checkbox"/> Yes</p>  | <p>Planting / Harvesting Crops</p> <p><input type="checkbox"/> Yes</p>  |
| <p>Cattle Farms; Milk Products</p> <p><input type="checkbox"/> Yes</p>  | <p>Hatchery; feeding, processing chickens, gathering eggs</p> <p><input type="checkbox"/> Yes</p>  | <p>Working on a worm farm</p> <p><input type="checkbox"/> Yes</p>  | <p>Growing, tending, felling trees</p> <p><input type="checkbox"/> Yes</p>  |

PARENT INFORMATION

PARENT / GUARDIAN

| | | | |
|---------|------|-------|-----|
| ADDRESS | CITY | STATE | ZIP |
|---------|------|-------|-----|

| | |
|--------------|---------------------|
| PHONE NUMBER | PLACE OF EMPLOYMENT |
|--------------|---------------------|

| | |
|----------------------------|--------------|
| NUMBER OF CHILDREN IN HOME | DATE OF MOVE |
|----------------------------|--------------|



Encuesta para padres de nuevos estudiantes inscritos

SISTEMA ESCOLAR

NOMBRE DE LA ESCUELA

INDICACIONES

Complete la siguiente encuesta. Puede que su hijo(a) sea elegible para recibir servicios educativos adicionales GRATIS. Si responde que sí a cualquiera de las preguntas de abajo, un representante de educación se podrá comunicar con usted para averiguar si usted, su hijo(a) o cualquiera de sus familiares es elegible para el programa de educación para migrantes. Toda la información se mantendrá bajo confidencialidad.

Complete este cuestionario y entréguelo a la escuela de su hijo(a).

ANTECEDENTES DE REUBICACIÓN

| | | |
|---|-----------------------------|-----------------------------|
| ¿Ha viajado alguna vez dentro o fuera de Alabama para trabajar o buscar trabajo en cualquiera de las actividades de las imágenes de abajo en los últimos tres (3) años? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Se dedica usted o su cónyuge actualmente a la agricultura, el trabajo en granjas, la pesca o cualquiera de las actividades de las imágenes de abajo? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Marque todas las imágenes de agricultura, granjas o pesca donde haya trabajado en los últimos 3 años. Consulte las imágenes de abajo. | <input type="checkbox"/> Sí | <input type="checkbox"/> No |

Otro tipo de trabajo que haya hecho y que no aparezca en las imágenes de abajo:

| | | | |
|---|--|--|--|
| <p>Granjas de frutas o tomates</p> <p><input type="checkbox"/> Sí</p>  | <p>Criaderos de peces o camarones</p> <p><input type="checkbox"/> Sí</p>  | <p>Vivero, invernadero, granja de césped</p> <p><input type="checkbox"/> Sí</p>  | <p>Plantación/cosecha de cultivos</p> <p><input type="checkbox"/> Sí</p>  |
| <p>Granjas para ganado; productos lácteos</p> <p><input type="checkbox"/> Sí</p>  | <p>Criadero para huevos; alimentación, procesamiento de pollos, recolección de huevos</p> <p><input type="checkbox"/> Sí</p>  | <p>Trabajo en granjas de lombrices</p> <p><input type="checkbox"/> Sí</p>  | <p>Plantación, cuidado, tala de árboles</p> <p><input type="checkbox"/> Sí</p>  |

INFORMACIÓN DEL PADRE/DE LA MADRE

PADRE/MADRE/TUTOR

| | | | |
|--|--------|-----------------|-------------------------|
| DIRECCIÓN | CIUDAD | ESTADO | CÓDIGO POSTAL |
| NÚMERO DE TELÉFONO | | LUGAR DE EMPLEO | |
| CANTIDAD DE NIÑOS EN EL GRUPO FAMILIAR | | | FECHA EN QUE SE MUDARON |

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

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 | |
|--------------|------------------|---------------|--|
| | | | |



STUDENT TRANSPORTATION RULES

1. Students will have access to use the sanitation station on the bus when entering and exiting.
2. Students will maintain proper conduct at all times while riding the bus.
3. Students will not use profanity, offensive or disrespectful language, or gestures.
4. Students will remain seated, facing forward, with feet on the floor and legs out of the aisle.
5. Students will keep all body parts inside the bus at all times.
6. Students will maintain a low level of conversation with only the person(s) in same seat.
7. Students will not spit or throw anything in the bus or out of the windows.
8. Students will not push, shove, intimidate, harass, fight, or make other students or staff uncomfortable.
9. Students will be at the designated stop (5) minutes before regular pick-up time.
10. Students will provide written permission from a parent/guardian to the principal and bus driver when riding a bus other than the regular bus or when planning to exit the bus at another stop. The principal may approve the request based on a space available basis.
11. Students will not damage the bus (Parents are financially responsible).
12. Students will not have any food, drink, gum, or balloons of any kind on Russellville City buses.
13. Students will respectfully follow the directions of the normal bus driver and substitute bus driver at all times. The bus driver can assign seats.
14. Students will not carry items on the bus which are not allowed at school such as matches, tobacco products, lighters, knives, guns, explosives, CD players, radios or tape recorders, live animals, glass of any kind, and large bulky items, etc.
15. Students will not open emergency doors or windows.
16. Students will demonstrate complete and total silence at railroad crossings till the bus clears the tracks. This is for your safety and the safety of others.
17. Students will not lay backpacks down by the driver due to safety issues. The backpack would be in the driver's way and could cause other students to trip while loading and unloading the bus.
18. The driver is not responsible for items lost or left on the bus.

The driver will immediately report any and all violations of rules to the principal for action. If the offense is serious enough for immediate action, the principal will decide the course of punishment.

Consequences:

- 1st Warning: Parent is notified by driver, student, and/or school administrator
- 2nd Warning: A copy of the Bus Conduct Report is sent home by the school administrator to be signed and returned.
- 3rd Warning: A copy of the Bus Conduct Report is sent home by the school administrator to be signed and returned. Additional consequences to be determined (i.e. ISS, detention, assigned seat, etc.)
- 4th Warning: A copy of the Bus Conduct Report is sent home by the school administrator to be signed and returned. Suspended from transportation privileges for a time period to be determined by school administration based on age, prior behavior, and infraction; up to one school week (5 total days).
- 5th Warning: A copy of the Bus Conduct Report is sent home by the school administrator to be signed and returned. Suspended from transportation privileges for a time period to be determined by school administration based on age, prior behavior, and infraction; up to the remainder of the current grading period and/or semester.
- 6th Warning: A copy of the Bus Conduct Report is sent home by the school administrator to be signed and returned. Suspended from transportation privileges for a time period to be determined by school administration based on age, prior behavior, and infraction; up to the remainder of the semester/academic year.

I, _____, have read and understand the above rules and consequences governing my child, _____, while he/she is riding RCS transportation.

Signature of Parent/Guardian

Date

REGLAS DE TRANSPORTE DE ESTUDIANTES

1. Los estudiantes tendrán acceso para usar la estación de saneamiento en el autobús al entrar y salir.
2. Los estudiantes mantendrán una conducta adecuada en todo momento mientras viajan en el autobús.
3. Los estudiantes no usarán lenguaje o gestos obscenos, ofensivos o irrespetuosos.
4. Los estudiantes permanecerán sentados, mirando hacia adelante, con los pies en el piso y las piernas fuera del pasillo.
5. Los estudiantes mantendrán todas las partes del cuerpo dentro del autobús en todo momento.
6. Los estudiantes mantendrán un nivel bajo de conversación solo con la (s) persona (s) en el mismo asiento.
7. Los estudiantes no escupirán ni arrojarán nada en el autobús o por las ventanas.
8. Los estudiantes no empujarán, intimidarán, acosarán, pelearán o harán que otros estudiantes o el personal se sientan incómodos.
9. Los estudiantes estarán en la parada designada (5) minutos antes de la hora regular de recogida.
10. Los estudiantes necesitan proveer un permiso por escrito de un padre / tutor al director y al conductor del autobús cuando viajen en un autobús que no sea el autobús regular o cuando planeen bajarse del autobús en otra parada. El director aprobará la solicitud según el espacio disponible.
11. Los estudiantes no dañarán el autobús (los padres son económicamente responsables).
12. Los estudiantes no tendrán comida, bebida, chicle o globos de ningún tipo en los autobuses de Russellville City.
13. Los estudiantes seguirán respetuosamente las instrucciones del conductor regular y del conductor sustituto del autobús en todo momento. El conductor del autobús puede asignar asientos.
14. Los estudiantes no llevarán artículos en el autobús que no estén permitidos en la escuela, como fósforos, productos de tabaco, encendedores, cuchillos, pistolas, explosivos, reproductores de CD, radios o grabadoras, animales vivos, vidrio de ningún tipo y artículos grandes y voluminosos. etc.
15. Los estudiantes no abrirán puertas o ventanas de emergencia.
16. Los estudiantes demostrarán un silencio total y completo en los cruces de ferrocarril (las villas de tren) hasta que el autobús despeje las vías. Esto es por su seguridad y la seguridad de los demás.
17. Los estudiantes no dejarán las mochilas al lado del conductor debido a problemas de seguridad. La mochila estaría en el camino del conductor y podría hacer que otros estudiantes se tropiecen mientras suben y bajan del autobús.
18. El conductor no es responsable por artículos perdidos o dejados en el autobús.

El conductor del bus reportará inmediatamente cualquier falta en contra de las reglas al señor director. Si la falta fuera lo suficientemente grave para tomar acción inmediata, el señor director decidirá el castigo.

Consecuencias:

1ra Advertencia: El padre será notificado por el conductor, el estudiante y/o el administrador de la escuela.

2da Advertencia: El administrador de la escuela envía a casa una copia del Informe de Conducta en el Autobús para que lo firme el padre y lo mande de regreso a la escuela.

3ra Advertencia: El administrador de la escuela envía a casa una copia del Informe de conducta en el autobús para que lo firme el padre y lo mande de regreso a la escuela. Habrá consecuencias adicionales (Ejemplo: ISS, castigo, asignación de asiento en el bus, etc.).

4ta Advertencia: El administrador de la escuela envía a casa una copia del Informe de conducta en el autobús para que lo firme el padre y lo mande de regreso a la escuela. Se suspende el uso del bus por un período de tiempo determinado por la administración de la escuela de hasta una semana escolar (5 días), depende de la edad del estudiante, su comportamiento anterior y el tipo de falta.

5ta Advertencia: El administrador de la escuela envía a casa una copia del Informe de conducta en el autobús para que lo firme el padre y lo mande de regreso a la escuela. Se suspende el uso del bus por un período de tiempo determinado por la administración de la escuela de hasta el resto del semestre, depende de la edad del estudiante, su comportamiento anterior y el tipo de falta.

6ta Advertencia: El administrador de la escuela envía a casa una copia del informe de conducta en el autobús para que la firme el padre y la mande de regreso a la escuela. Se suspende el uso del bus por un período de tiempo determinado por la administración de la escuela, de hasta el resto del semestre o del año académico, depende de la edad del estudiante, su comportamiento anterior y el tipo de falta.

Yo, _____, leí y entiendo las reglas y consecuencias arriba explicadas las

cuales debe seguir mi hijo(a), _____, mientras esté en los buses de RCS.

Firma del Padre o Encargado

Fecha