| | MA STATE DEPARTME | | | | |
|---|------------------------|----------------------|----------------------|--|--|
| PLEASE PRINT Must | be completed by Parer | nt/Legal Guardian | | | |
| DATE | SCHOOL | | GRADE | | |
| LAST NAME FIR | ST NAME | N | MIDDLE NAME | | |
| DATE OF BIRTH SEX- Circle | One: MALE FEMALE | HOME PHONE: | Is this a cell #? | | |
| PHYSICAL ADDRESS | | | ZIP CODE | | |
| MAILING ADDRESS | CITY | | ZIP CODE | | |
| CHILD LIVES WITH - Circle One PAREN | TS MOTHER FATH | IER GUARDIAN: | RELATION | | |
| *SOCIAL SECURITY NUMBER (voluntary |) | | | | |
| PARENT(S) / GUARDIAN (verification sha | II be in accordance w | ith local school boa | rd policy) | | |
| MOTHER/GUARDIAN | | _ Address | | | |
| Email Address | Cell Phone | H | ome Phone | | |
| Employer | Work Phone | Driver's | License # | | |
| FATHER/GUARDIAN | | Address | | | |
| Email Address | Cell Phone | H | Home Phone | | |
| Employer | Work Phone | Driver's | License # | | |
| SPECIAL INFORMATION ABOUT CUST | ODY | | | | |
| EMERGENCY CONTACTS: (PLEASE LIS EMERGENCY CONTACT #1 Name: Re | | | | | |
| EMERGENCY CONTACT #2 | | | | | |
| Name:Re | lation: | Phone | Circle: Cell or Home | | |
| | IAVE PERMISION TO CHEC | | CHOOL: | | |
| 1 | • | • • | Circle: Cell or Home | | |
| 2 | _ Relation | Phone | Circle: Cell or Home | | |
| 3 | _ Relation | Phone | Circle: Cell or Home | | |
| NAME AND ADDRESS OF LAST SCHOOL: | | | | | |

NAME AND ADDIVESS OF EAST SCHOOL

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.

| NOT Hispanic/Latino American Hispanic/Latino Asian Black or A | Date: | |
|--|--|--|
| Please answer BOTH Question 1 AND Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNIC NO, not Hispanic/Latino YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or origin, regardless of race.) *The above question is about ethnicity, not race. No matter what your to answer the following Question 2 by marking one or more boxe 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 a South America (including Central America), and who maintains tribal affiliation or ASIAN. A person having origins in any of the original peoples of the Far subcontinent including, for example, Cambodia, China, India, Japan, Korea, Ma Thailand, and Vietnam. BLACK OR AFRICAN AMERICAN. A person having origins in any of the original peoples of Europe, MATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having Hawaii, Guam, Samoa, or other Pacific Islands. WHITE. A person having origins in any of the original peoples of Europe, NOT Hispanic/Latino American American American American American American Asian Black or A | stion 2 TTY: Central American, or other Spanish culture or selected above, please continue is to indicate what you consider your hy of the original peoples of North and community attachment. East, Southeast Asia, or the Indian aysia, Pakistan, the Philippine Islands, black racial groups of Africa. origins in any of the original peoples of | |
| Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNIC NO, not Hispanic/Latino YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or origin, regardless of race.) *The above question is about ethnicity, not race. No matter what you to answer the following Question 2 by marking one or more boxe 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 a South America (including Central America), and who maintains tribal affiliation or ASIAN. A person having origins in any of the original peoples of the Far subcontinent including, for example, Cambodia, China, India, Japan, Korea, Ma Thailand, and Vietnam. BLACK OR AFRICAN AMERICAN. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, Office use only: Chincity-Choose only one: Race- Choose on America America Asian Black or American Asian Black or American Asian Black or American Asian | TTY: Central American, or other Spanish culture or <i>selected above, please continue</i> <i>to indicate what you consider your</i> ny of the original peoples of North and community attachment. East, Southeast Asia, or the Indian aysia, Pakistan, the Philippine Islands, black racial groups of Africa. | |
| NO, not Hispanic/Latino YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or origin, regardless of race.) *The above question is about ethnicity, not race. No matter what you to answer the following Question 2 by marking one or more boxe 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 a South America (including Central America), and who maintains tribal affiliation or ASIAN. A person having origins in any of the original peoples of the Far subcontinent including, for example, Cambodia, China, India, Japan, Korea, Ma Thailand, and Vietnam. BLACK OR AFRICAN AMERICAN. A person having origins in any of the NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having Hawaii, Guam, Samoa, or other Pacific Islands. WHITE. A person having origins in any of the original peoples of Europe, MATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having Hawaii, Guam, Samoa, or other Pacific Islands. WHITE. A person having origins in any of the original peoples of Europe, MATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having Hawaii, Guam, Samoa, or other Pacific Islands. WHITE. A person having origins in any of the original peoples of Europe, NOT Hispanic/Latino Race- Choose on Asian Black or A Marican Asian Black or A Mari | Central American, or other Spanish culture or selected above, please continue as to indicate what you consider your ny of the original peoples of North and community attachment. East, Southeast Asia, or the Indian aysia, Pakistan, the Philippine Islands, black racial groups of Africa. | |
| YES, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South of origin, regardless of race.) *The above question is about ethnicity, not race. No matter what you to answer the following Question 2 by marking one or more boxe 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 a South America (including Central America), and who maintains tribal affiliation or ASIAN. A person having origins in any of the original peoples of the Far subcontinent including, for example, Cambodia, China, India, Japan, Korea, Ma Thailand, and Vietnam. BLACK OR AFRICAN AMERICAN. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peoples of Europe, MHITE. A person having origins in any of the original peop | <i>selected above, please continue</i> <i>to indicate what you consider your</i> ny of the original peoples of North and community attachment. East, Southeast Asia, or the Indian aysia, Pakistan, the Philippine Islands, black racial groups of Africa. | |
| origin, regardless of race.) *The above question is about ethnicity, not race. No matter what your to answer the following Question 2 by marking one or more boxed student's race to be. Question 2. What is the student's race? CHOOSE ONE OR MORE: a MERICAN INDIAN OR ALASKA NATIVE. A person having origins in a South America (including Central America), and who maintains tribal affiliation or a ASIAN. A person having origins in any of the original peoples of the Far subcontinent including, for example, Cambodia, China, India, Japan, Korea, Ma Thailand, and Vietnam. BLACK OR AFRICAN AMERICAN. A person having origins in any of the NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER. A person having Hawaii, Guam, Samoa, or other Pacific Islands. WHITE. A person having origins in any of the original peoples of Europe, Christer A person having origins in any of the original peoples of Europe, Hincity-Choose only one: Race- Choose on NOT Hispanic/Latino American Asian Black or A Mative Ha Mative Ha | <i>selected above, please continue</i> <i>to indicate what you consider your</i> ny of the original peoples of North and community attachment. East, Southeast Asia, or the Indian aysia, Pakistan, the Philippine Islands, black racial groups of Africa. | |
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| Ethnicity-Choose only one: Race- Choose on the constraint on the constrain | | |
| NOT Hispanic/LatinoAmerican Hispanic/LatinoAsianBlack or / Native Ha White | | |
| DATE: Staff Signature: | Race- Choose one or more American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander | |
| | | |
| dditional Requested Information ILITARY Student connected to an Active Duty Military parent Circle One: YES N | 0 | |
| RESCHOOL Head Start Circle One: YES NO First Class Funded I | Preschool - Circle One: YES NO | |
| | are- Circle One- YES NO | |
| | | |
| Ū | | |
| · | nded- Circle One: YES NO | |
| PECIAL EDUCATION SERVICES | | |
| Student currently receiving special education services Circle One: YES | | |

Fort Payne City Schools Student Information Sheet

Parent(s) or Guardian(s) of _____

Student Name

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes. Thank you for your cooperation.

| TRANSPORTATION | | | | | | |
|---|--|--|--|--|--|--|
| K-12 STUDENTS | | PRE-K STUDENTS | | | | |
| Will your child be riding a school bus? Yes \Box No | | Please check one: | | | | |
| Morning Bus Number Afternoon Bus Number | | My child will be picked up at 2:30pm each day. | | | | |
| Morning pick-up address: Afternoon drop-off address: | | My child will participate in the Extended Day Program (EDP) for an additional fee. | | | | |

HOME LANGUAGE INFORMATION

Fort Payne City Schools are required to survey <u>all</u> students to identify language proficiencies.

| Was your child born in the United States? Yes No If yes, in which state? | | | | | |
|--|---------------|-----------|---------|-------------------|---------------------|
| If no, in what other country? | | | | | |
| First Year Enrolled in U.S. school | Date: | | | | |
| Was English the first language spoken by student? | Yes □ | No 🗆 | | | |
| If NO, what was the first language spoken by student? | Language: | | | | |
| | Dialect: | | | | |
| What language is most often spoken by student at home? | Language: | | | | |
| | Dialect: | | | | |
| Is English the only language spoken by parents? | Yes 🗆 | No 🗆 | | | |
| If NO , what language is spoken most often by parents at home? | | | | | |
| Language: | D | ialect: | | | |
| What language (if other than English) has been used by student's car | egivers inclu | ding gran | dparent | s, other relative | es and babysitters? |
| Language: | D | vialect: | | | |
| Has student had previous ESL (English as a Second Language) instru- | uction? Y | es □ | No 🗆 | 2 | |
| If yes, when? | | | | (| Month/year) |
| ADDITIO | NAL INFOR | RMATIO | N | | |
| Has student ever attended Fort Payne City Schools? Yes □ N | o 🗆 | _ | | | |
| | | | | If yes, year(s) | attended |
| Is student currently under expulsion? | | Y | les □ | No 🗆 | |
| Did student withdraw from previous school due to possible expulsion? | | | les □ | No 🗆 | |
| Does student have any special learning needs? | | | les □ | No 🗆 | |
| Does student have an IEP? (Individualized Education Plan) | | | les □ | No 🗆 | |
| Has student ever been enrolled in a special needs program? | | | ∕es □ | No 🗆 | |
| Has student ever been enrolled in a 504 program? | | | | | |

August 3, 2017

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

| SCHOOL SYSTEM: | SCHOOL YEAR: | | | |
|--|-----------------|--|--|--|
| SCHOOL: | GRADE: | | | |
| Dear Parents or Guardians: | | | | |
| Complete the following survey. The inform determine if you might be eligible for the I | - | | | |
| Student Name: | | | | |
| Name of Parent(s) or Guardian(s): | | | | |
| Address: | | | | |
| Cell Phone: Other Ph | one: | | | |
| Have you traveled during the last 3 years to work in agriculture or fishing or to look for work in agriculture or fishing? YES NO | | | | |
| 2. Where did you travel from? | | | | |
| 3. What type work are you or your spo | ouse doing now? | | | |
| the last 3 years. Check (√) all that apply: Poultry plants, poultry farms, or cardio and the second s | | | | |
| Production or processing of milk p Catching or processing seafood or Cultivation or cutting of trees Harvesting of crops Nurseries or sod farms | | | | |

- _____ Fish or shrimp farms
- Worm farms
 Fruit farms

Revised 12/23/2020

Fort Payne City School RESIDENCY VERIFCATION INFORMATION

The residency of a child is determined by the residence of his or her parent(s) or legal guardian(s). Residency is defined as a regular, and adequate nighttime residence located within the boundaries of Fort Payne City limits. Occasional visits or overnight stays do not constitute residency and ownership of real property in the district does not in and of itself constitute residency in the district. Persons who knowingly or fraudulently present misinformation to the Fort Payne City School District concerning place of residence should expect the removal of the student(s) from the school district.

NEW IN-DISTRICT STUDENTS

<u>All parents or guardians of students who wish to enroll in Fort Payne City Schools are required to provide (2)</u> proofs of bona fide residency during enrollment/registration. Whoever is registering the student must demonstrate that the student lives in the district and is domiciled there. Copies of this documentation must be placed in the student's cumulative folder. Each parent or guardian must present two original copies of documentation to be filed in the student's cumulative folder which must include the name of the person enrolling the child and current home address.</u>

Each parent or guardian <u>MUST</u> present <u>two</u> of the following:

Example of original documents used to provide proof of bona fide residency include:

- 1. Current property tax bill/statement
- 2. Current rental lease agreement
- 3. Current utility bill or letter of utility activation (electric, gas, home phone)
- 4. Driver's license or State Issued ID
- 5. Automotive Insurance Card
- 6. Voter's registration card or letter of verification from DeKalb County Board of Registrars
- 7. Credit card statement or current pay check
- 8. Current tag receipt or current vehicle registration
- 9. Any other original document that will verify residency as approved by the Superintendent or his designee
- 10. When a child does not live in the home owned or leased by the parent/guardian, the owner must provide the following to verify the parent/guardian resides at this address: A current property tax statement or current rental agreement and a current utility bill to provide proof of residency of the owner/leaser, and a signed notarized affidavit attesting that the student resides in their home which shall be witnessed by a person designated by the Superintendent. The affidavit must be renewed annually. If it is determined that the student enrolled in Fort Payne City Schools is ineligible to attend due to misrepresentation of the principle residence and place of domicile of the parent or guardian, the student will be promptly dis-enrolled. If option 10 is selected, then you are required to provide 2 additional proofs of residency.

******The Fort Payne City Board reserves the right to routinely check addresses to verify residence which may include a home visitation.**