Bright Beginnings' Registration Documentation Checklist

Student's Name _____ Teacher's Name _____

Please check the items that parents have submitted:

____ Application (Butler County Board of Education)

____ Application Online (OSR)

____ Birth Certificate

____ Blue Slip (Shot Record)

____ Card (Social Security)

____ Proof of Residency 2 required for school

- ____ Electric Bill
- ____ Gas Bill
- ____ Water Bill
- ____ Divers' License
- ____ Mortgage Receipt
- ____ Rent Receipt
- ____ Tag Receipt
- ____ Voter's Registration
- ____ Affidavit (Faye Stokes)

____ Other _____

____ Home Language Survey

____ Employment Survey

____ Residency Information

____ Health Assessment Record

____ Lunch Application

Date:_____

Dear Parent:

Your child , _____, is missing the following documentation necessary to be enrolled in our Bright Beginnings' Program. Please provide us with the necessary documentation within the next two weeks.

Sincerely,
Catherine Tanner
Administrator's Signature

_____
Teacher's Signature

____ Application (Butler County Board of Education)
____ Application Online (OSR)
____ Birth Certificate
____ Blue Slip (Shot Record)
____ Card (Social Security)
____ Health Record

____ Home Language Survey
____ Employment Survey
____ Residency Information
____ Health Assessment Record
____ Lunch Application

____ Proof of Residency (2 required for school

- ____ Electric Bill
- ____ Gas Bill
- ____ Water Bill
- ____ Divers' License
- ____ Mortgage Receipt
- ____ Rent Receipt
- ____ Tag Receipt
- ____ Voter's Registration
- ____ Affidavit (Faye Stokes)

____ Other _____

BUTLER COUNTY SCHOOLS BRIGHT BEGINNINGS
APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian

PLEASE PRINT **PLEASE PRINT**

SCHOOL (Check One): ☐Georgiana ☐Greenville ☐McKenzie

STUDENT 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_____

E-mail Address_____ Cell Phone_____

EMPLOYER_____ Work Phone_____

FATHER/GUARDIAN_____ Address_____

E-mail Address_____ Cell Phone_____

EMPLOYER_____ Work Phone_____

SPECIAL INFORMATION ABOUT CUSTODY_____

EMERGENCY #1
CONTACT_____

Relation_____ Phone_____

EMERGENCY #2
CONTACT_____

Relation_____ Phone_____

OTHER PEOPLE THAT 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 OF LAST DAYCARE/PRESCHOOL ATTENDED:_____

YEARLY GROSS FAMILY INCOME: (CHECK ONE)

☐ LESS THAN $11,000 ☐ $11,000 - $30,000 ☐ $30,000 - $50,000 ☐ $50,000 - $70,000 ☐ More than $70,000

_____ _____

PARENT SIGNATURE **DATE**

**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 statement student management system.*

JANUARY 2018

BUTLER COUNTY SCHOOLS
STUDENT INFORMATION FORM

STUDENT'S NAME_____ **GRADE**_____

PARENT/GUARDIAN SIGNATURE:_____ **DATE**_____

MILITARY

Student connected to an Active Duty Military family?	☐ **YES**	☐ **NO**
Student connected to a Guard or Reserve Military family?	☐ **YES**	☐ **NO**

PRESCHOOL

Is Student a U.S. Citizen?: ☐Yes ☐No Student Transportation: Walk Personal Vehicle School Bus#_____

Eligible for Special Services?: ☐IEP ☐504 ☐Other:_____ Exceptionality: _____

Attended Head Start?: ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1year

Attended First Class Funded Preschool? ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Attended center based childcare program (daycare)?: ☐ No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Attended home based childcare program?: ☐ No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Participated in home visitation program?: ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Attended any other preschool program not listed above?: ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Attended preschool special education self-contained class?: ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

Attended LEA inclusion class?: ☐No ☐Yes, Less than 1 year ☐Yes, 1 Year ☐Yes, More than 1 year

☐No preschool

Please list any other students living at the same Physical Address as entered for the student above:

Name	School	Grade	Relation

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 INCIAN 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:

RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11432(a). Your answers will assist school officials in meeting the needs of students and families according to the guidelines of the McKinney-Vento Act.

Student Info:

Student _____ School: Bright Beginnings

Age _____ Grade Pre-K D.O.B. _____ Ethnicity: _____ Gender: _____

Parent Info:

Parent/Guardian _____

Address _____

Is this address ☐ temporary or ☐ permanent?

Phone Number: (Home) _____ (Cell) _____

Type of Resident:

Please choose which of the following situations the student currently resides (you can choose more than one):

_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ With friends or family members (other than or in addition to parent/guardian)
_____ Shelter or other temporary housing

Shared Housing:

Shared housing is defined as an arrangement in which two or more people/families share living quarters (house, apartment, motel, etc.)

If you are living in shared housing, please check all of the following reasons that apply:

_____ 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 **without** (outside home with parents) your parents or guardians? ☐ Yes ☐ No

_____

Signature of Parent/Guardian/Unattached Youth *Date*

_____

Signature of McKinney-Vento Liaison *Date*

ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

SCHOOL SYSTEM: Butler SCHOOL YEAR: 2018-19

SCHOOL: Bright Beginnings GRADE: Pre-K

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.....)

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: _____-_____

Part III – Medical History

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

Required Signatures

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

Signature of school nurse: _____ Date: _____

HOME LANGUAGE SURVEY

Date_____

Bright Beginnings
School

_____
Teacher

The Butler County School System would like to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of student:_____ _____ _____ _____
Last First Middle Grade Age Birthdate

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the language most often spoken by the adults at home: _____

THE FOLLOWING INFORMATION WOULD BE VERY HELPFUL, BUT IS OPTIONAL

Each year school districts are required to report the ethnicity of its student population. The district is required to categorize the population by using only these categories; individual students are not identified. The following optional information would be very helpful to the district in preparing these reports.

Am. Indian/Alaskan____ Asian____ Hispanic____ Black____ White____ Other____

_____
Parent/Guardian Signature