

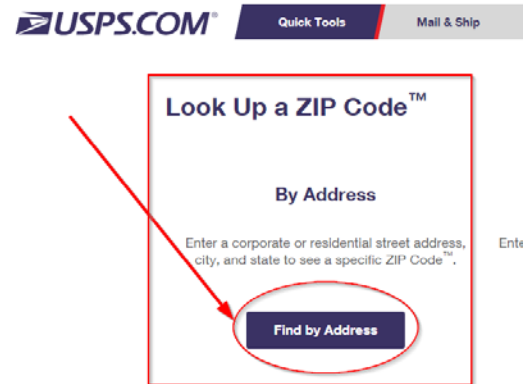
# 2018-2019 New Student Registration Forms

We welcome prospective students and their family to come and explore the hidden gem that is Satsuma. Registration for the 2018-2019 school year is now open. Please complete the following registration forms, and be sure to have the REQUIRED DOCUMENTS as listed on page 2 and 3 with you at registration.

## 1. Alabama Application for Student Enrollment

- Required to be submitted prior to student admission

\*\*Parents, please note that you MUST provide both a physical and mailing address. P.O. Boxes will NOT be accepted as physical addresses. In addition, ALSDE now requires that all addresses include a zip code+4, therefore this information must be included on your registration forms. If you do not know your zip code+4, please visit the USPS website (<https://tools.usps.com/go/zip-code-lookup.htm>) and select Look up a Zip Code.”



## 2. Health Assessment Record

- Required to be submitted yearly for each student
- Please be sure to thoroughly and accurately complete the health assessment form. It is ESSENTIAL that all health related information be included on this form.

## 3. Ethnicity and Race Form.

- Required to be submitted yearly for each student

## 4. Home Language Survey

- Required to be submitted for each newly enrolled student

## 5. Employment Survey

- Required to be submitted for each newly enrolled student

## 6. Student Pick up Affidavit

- Persons of less than 21 years of age may be listed on student enrollment form as additional contacts but cannot pick up students unless this signed affidavit is on file.

## 7. Child Nutrition Meals Application\*\**To be completed in July*

- Required to be submitted yearly but one application can be submitted for a family
- Satsuma City Schools uses an online lunch application system. The new CNP application will be available in July. We will share the information electronically with parents at that time.

To enroll your child in Satsuma City Schools, the following **REQUIRED DOCUMENTS** must be presented in person by a parent or legal guardian at the school your child will attend:

- **Parent/Legal Guardian Photo ID**

- Photo ID may include a driver’s license, a state identification card, a passport, or other official photo identification, such as an ID card obtained through an official government agency or consulate.

- **Birth Certificate**

- The parent is requested to provide a birth certificate for documentation to serve as age verification for the student.

\*To enter kindergarten, a child must be 5 years old on or before September 2.

\*To enter first grade, a child must be 6 years old on or before December 31. (New Law)

- **Social Security Card**

- A copy of the social security card is highly recommended but a student will NOT be denied enrollment or admission to school due to a failure to provide a social security card.

- **Immunization Record (Blue Card)**

- The parent shall provide an up-to-date Certificate of Immunization (“Blue Card”) detailing proof of immunization or a Certificate of Exemption issued by the Alabama Department of Health. Immunization certificates are available from the Mobile County Health Department Immunization Clinic located at 251 North Bayou Street in Mobile (251) 690-8821 and from local physicians or military clinics. A valid immunization form must be marked with either “Date of Expiration” or as “Complete for School Attendance.” (A certificate marked with a “Date of Expiration” expires on the date indicated. A current certificate must be submitted within 30 days of expiration.) A medical exemption should be noted on the immunization form with a current date of expiration. For more information, visit [adph.org/immunization](http://adph.org/immunization).

<b>Vaccines Required for School</b>							
Prior to entering Alabama schools, each pupil in kindergarten through twelfth grade must* receive age-appropriate immunizations.							
<b>Grade</b>	<b>DTap</b>	<b>IPV</b>	<b>MMR</b>	<b>Varice lla</b>	<b>Hib</b>	<b>PCV</b>	<b>Tdap</b>
<b>Child Care Centers (By 12 Months of Age)</b>	4	3	1	1	4	4	
<b>K-5</b>	5	4	2	1			
<b>6-12</b>	5	4	2	2**			1
*Code of Alabama §16-30-4							
**1 dose for <13 years of age or 2 does for >13 years of age							

- **Proof of Residence**

–The parent/guardian who owns/rents the property shall provide two current, valid documents as proofs of residence. The proofs of residence that must be provided are a utility bill and one of the following items: current mortgage statement, tax assessment letter, or signed notarized lease. The proofs of residence must be for the address being verified and utility bills/mortgage statements must not be past 30 days old.

\*\*For parents/guardians living with another person or family, a residency affidavit will have to be completed at the school. The owner of the property will have to provide two current, valid documents as proofs of residence (from list above). The parent/guardian must also provide an official document addressed to them at that address. Both parties must meet with the Principal AND School Resource Officer to present the proofs of residence and complete the residency affidavit.

- **Student Records**

– Students enrolling in grades 1<sup>st</sup> through 12th shall present their most recent report card and transcript of work or credit at the time of enrollment. If a transcript is not presented, the student shall be accepted provisionally in the grade to which they indicate membership based upon the report card. If, upon receipt of an official transcript, it is found that the student has been enrolled in the wrong subject or grade, the student shall be withdrawn immediately and re-enrolled in the appropriate grade or subjects. The parent(s)/legal guardian(s) shall be informed in writing of the change. Students enrolling without transcripts shall be accepted provisionally in the grade to which they indicate membership based upon report card. Records of each student's previous work should be required before final placement is determined. A reasonable effort should be made to obtain such records. If the records are not forthcoming within 30 calendar days, an academic assessment shall be made by the school to determine final placement.

- **Proof of Legal Custody**

–If legal custody of a child is split between two parents, a certified copy of the most recent court order identifying each parent's respective award of physical custody is required. The parent is responsible to immediately inform the school of any changes to the court order.

If you have additional questions about the enrollment process, you may contact the appropriate school office for help.

Satsuma Board of Education: 251-380-8200

Robert E. Lee Elementary School: 251-380-8210

Satsuma High School: 251-380-8190

Satsuma City School System  
ALABAMA APPLICATION FOR STUDENT ENROLLMENT  
Must be completed by Parent/Legal Guardian

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ New Student \_\_\_ Re-Enrollment \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_ Is this a new contact #? \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Is this a new address? \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Is this a new address? \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Lives with: \_\_\_\_\_ If guardian, what relation: \_\_\_\_\_

Social Security Number (voluntary) \_\_\_\_\_

Parent/Guardian Name: **\*\*If guardian, provide school with a copy of guardian papers.\*\***

Parent/Guardian 1: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address? \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_ Is this a new contact #? \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian 1 is:    \_\_\_\_\_ Custodian    \_\_\_\_\_ Authorized to pick up student    \_\_\_\_\_ Responsible for bill  
\_\_\_\_\_ Family member (only select if resides in the same household as student)    \_\_\_\_\_ Receives mailings

Parent/Guardian Name: **\*\*If guardian, provide school with a copy of guardian papers.\*\***

Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_ Is this a new address? \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_ Is this a new contact #? \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian 2 is:    \_\_\_\_\_ Custodian    \_\_\_\_\_ Authorized to pick up student    \_\_\_\_\_ Responsible for bill  
\_\_\_\_\_ Family member (only select if resides in the same household as student)    \_\_\_\_\_ Receives mailings

Special Information about Custody:

Additional Contacts **\*\*Must list at least one additional contact.\*\***

Additional Contact #1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Additional Contact #1 is authorized to: (check all that apply)

\_\_\_\_\_ Pick-up student      \_\_\_\_\_ Emergency contact

\_\_\_\_\_ Is family member (residents in the same household as student)

Additional Contact #2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Additional Contact #2 is authorized to: (check all that apply)

\_\_\_\_\_ Pick-up student      \_\_\_\_\_ Emergency contact

\_\_\_\_\_ Is family member (residents in the same household as student)

Additional Contact #3 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Additional Contact #3 is authorized to: (check all that apply)

\_\_\_\_\_ Pick-up student      \_\_\_\_\_ Emergency contact

\_\_\_\_\_ Is family member (residents in the same household as student)

Additional Contact #4 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Additional Contact #4 is authorized to: (check all that apply)

\_\_\_\_\_ Pick-up student      \_\_\_\_\_ Emergency contact

\_\_\_\_\_ Is family member (residents in the same household as student)

Sibling Name(s) and Grade(s): \_\_\_\_\_

Name and Address of Former School: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

(must be original 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.



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: 2018 - 2019

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: 2018 - 2019

Name of Student

Part III – Medical History

Form with multiple rows for medical history assessment, including sections for Known Health Problems, ADD/ADHD, Allergies, Asthma, Blood/Bleeding Problems, Diabetes, Emotional/Behavioral/Psychological, etc.

Required Signatures

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

# Ethnicity and Race

Student's Name

Grade:

Parent/Guardian Signature: \_\_\_\_\_

**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 Phillipine 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.

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**Office use only:**

Ethnicity - Choose only one:

NOT Hispanic/Latino

Hispanic/Latino

Race - Choose on or more:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Date:

Staff Signature: \_\_\_\_\_



Additional Requested Information:

**MILITARY**

Student connected to an Active Duty Military family

Yes

No

Student connected to a Guard or Reserve family

Yes

No

**PRESCHOOL**

Head Start

Center-Based Child Care

Home Visitation Program

No Preschool

First Class Funded Preschool

Home-Based Child Care

Other Preschool

Special Education Funded

# Home Language Survey

Student Name:

Birth Date:

Sex:

Parent/Guardian Name:

Address:

Home Telephone:

Work Telephone:

School:

Grade:

Date:

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk?
2. What language does your child most frequently speak at home?
3. What language is spoken by you and your family most of the time at home?

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school?

Date:

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Parent or Guardian's Signature

# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: SATSUMA CITY SCHOOL SYSTEM

SCHOOL YEAR: 2018-2019

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:

Telephone Number:

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?

2. Are you or your spouse working or have you worked in an activity directly related to some of the following?  
Please, check all applicable:

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 sea food (shrimp, oysters, crabs, fish, etc.....)

3. From what city, state or country did you come from?

4. What type of work did you or your spouse do before coming here?

Revised: 6/1/08 V.2

# Student "Pick Up" Affidavit 2018-2019 School Year

Student's Name

Grade:

Persons of less than 21 years of age may be listed but cannot pick up students unless this signed affidavit is on file.

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As parent/legal guardian, I grant permission for the following people listed below who are less than 21 years of age to pick up my student:

First & Last Name  
(As it appears on their Drivers License)

First & Last Name  
(As it appears on their Drivers License)

First & Last Name  
(As it appears on their Drivers License)

First & Last Name  
(As it appears on their Drivers License)

First & Last Name  
(As it appears on their Drivers License)

First & Last Name  
(As it appears on their Drivers License)

Date:

Parents Signature \_\_\_\_\_  
(original signature only)