



Application for 2019-2020 Non-Resident Admission

PO Box 939
Satsuma, AL 36572

satsumaschools.com

Non-Resident Application Overview

The Satsuma City School System is now accepting non-resident student applications for the 2019-2020 school year. The Satsuma City School Board allows non-resident students to attend school in the Satsuma City School System when there is space available, the student meets academic, behavioral, and attendance criteria, and the student submits a complete application to attend a Satsuma City School. All submitted applications will be screened, but may not be accepted for either principal interview or accepted for enrollment. Submission of an application and accompanying documentation in no way guarantees acceptance into the Satsuma City School System.

The Application

Interested students must submit a completed application by fax, email, or hard copy application to:

Satsuma City School System
Attn: Non-Resident Student Application
P.O. Box 939
Satsuma, AL 36572
FAX: 251-380-8201
Email: studentapplications@satsumaschools.com

Interested students may also hand deliver a completed hard copy application to the Satsuma City School Board of Education, located at 220 Baker Road Satsuma, AL 36572.

Interested students, except for incoming kindergarten students, must also have official education records from their current school. Education records must include a copy of the current report card, unofficial transcript, discipline, and attendance records.

Please note: no application will be considered complete until all educational records from the student's current school have been received.

The Review

The principal at each school will screen applications, and the applying student and parent may be required to interview with the principal. Interviews will be scheduled after submission of the application. In addition to the requirements of the Non-Resident Student Policy, the principals will also consider the size of the class in the grade level to which the student is making application as a part of the screening process.

The Acceptance Letter

Each student applicant interviewed will be issued a letter either declining or accepting the student's application for enrollment as a Non-Resident Student.

The Tuition

Tuition for both newly accepted and continuing Non-Resident Students must be paid in full no later than 5:00 PM Thursday, July 11, 2019 or 3 business days following official notification. No partial payments, payment plans, or hardships will be considered. Extenuating circumstances will not be allowed. Accepted student applicants whose tuition is not paid in full by the deadline will not be enrolled into the Satsuma City School System, but may reapply the following year.



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The tuition schedule for the Satsuma City School System is as follows.

First family member	\$ 950.00
Second family member	\$ 700.00
Third family member	\$ 0
Each additional member	\$ 0

Tuition payments will only be accepted by the following options: cashier's check, money order, and debit or credit card. Payment of money order or cashier's check made payable to Satsuma City School System may be submitted via US Mail to:

Satsuma City School System
Attn: Tuition Payment
P.O. Box 939
Satsuma, AL 36572

Tuition payments may be made in person at the Satsuma City Schools Board of Education Office located at 220 Baker Road Satsuma, AL 36572. Tuition money order or cashier's check should be made payable to Satsuma City School System.

Continuing Enrollment as a Non-Resident Student

All Non-Resident Students will be evaluated at the end of each semester. Those not meeting the requirements of the policy will be withdrawn from the Satsuma City School System.

At the end of each school year, all Non-Resident Students will be evaluated and issued a letter from the principal notifying the student of either withdrawal from the system or continuing enrollment. The letter of continuing enrollment will contain the deadline date for payment of tuition. **Please note that failure to pay tuition in full by the deadline date will result in the withdrawal of the student.**



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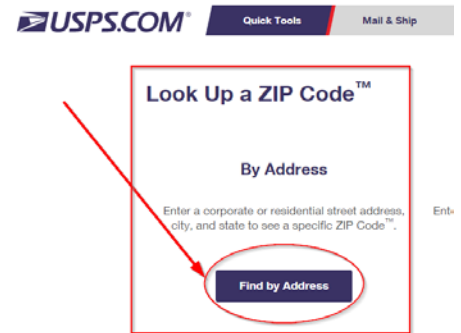
PO Box 939
Satsuma, AL 36572

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Please complete the forms in their entirety as outlined below.

1. Alabama Application for Student Enrollment

**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 Meal 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.



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If your student is accepted to attend 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.

Vaccines Required for School

Prior to entering Alabama schools, each pupil in kindergarten through twelfth grade must* receive age-appropriate immunizations.

Grade	DTap	IPV	MMR	Varicella	Hib	PCV	Tdap
Child Care Centers (By 12 Months of Age)	4	3	1	1	4	4	
K-5	5	4	2	1			
6-12	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 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.

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: 2019 - 2020

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: 2019 - 2020

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: _____

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.

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:

Parent or Guardian's Signature

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: SATSUMA CITY SCHOOL SYSTEM

SCHOOL YEAR: 2019-2020

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 2019-2020 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.

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)



Application for 2019-2020 Non-Resident Admission

PO Box 939
Satsuma, AL 36572

satsumaschools.com

PARENT/STUDENT CONTRACT FORM: (MUST BE SUBMITTED WITH NON-RESIDENT APPLICATION PACKET)

GENERAL INFORMATION

- This application is for **new** non-resident students only
- A current report card, transcript, discipline, and attendance record must be submitted with this application (except for incoming kindergarten students). Poor records may result in the rejection of the student's application.
- Placement will be on a space-available basis only. The superintendent or designee will make the final decision regarding admission.
- Non-residents must provide transportation for their child.

FINANCIAL AND ELIGIBILITY AGREEMENT

- I verify that the above information is accurate and current.
- I understand that I am financially responsible for all applicable tuition fees as well as fees for any special services for my son or daughter to attend Satsuma City Schools and that no statement or invoice will be sent. I am responsible for making my tuition payment when it is due. If tuition is unpaid, my child may not be allowed to attend classes. I may not be notified in advance.
- I understand that my child's behavior, attendance, and grades can affect his/her enrollment in Satsuma City School System, as stated in Policy 5.10.3 - Admission of Non-Resident Students. Problems including, but not limited to, excessive tardiness, truancy, disciplinary issues, and/or poor grades may constitute a basis for the student's dismissal.
- I agree that transportation arrangements are my responsibility, except as required by law.
- Non-resident admission may be rescinded per Satsuma City School System policy.

Signature: _____ Date: _____
Parent/Legal Guardian

Signature: _____ Date: _____
Parent/Legal Guardian

STUDENT ACKNOWLEDGEMENT (3rd GRADE STUDENTS AND ABOVE ONLY)

- I understand that my attendance in the Satsuma City Schools is dependent upon my behavior and attendance as well as acceptable academic performance.

Signature: _____ Date: _____
Student