



Rehobeth High School

New Student Enrollment

New Student Instructions for Enrollment

Please complete this new student packet and return it along with the following documents.

- Return a **COPY** of the following documents:
 - Childs Birth Certificate
 - Childs Social Security Card (Optional)
 - Childs Alabama Shot Record (Must be converted to AL if out of State)
(Houston Co Health Department can do this for you)
- Guardian's Driver's License
- Proof of Residency in the Guardian's name:
Must provide two of the following forms
 - Electric Bill
 - Water Bill
 - Driver's License with correct address

RETURN ALL THE ABOVE DOCUMENTS WITH THE "COMPLETED PACKET"

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

REHOBETH HIGH SCHOOL

TODAY'S DATE _____

GRADE _____

STUDENTS NAME:

(STUDENTS) CELL PHONE _____

LAST _____ FIRST _____ MIDDLE NAME _____

DATE OF BIRTH ____ - ____ - ____ *SSN (OPTIONAL) _____ SEX-Circle One: **MALE** **FEMALE**

PHYSICAL ADDRESS _____ CITY _____ ZIP CODE _____

STUDENT LIVES WITH—Circle One:

PARENTS MOTHER FATHER GUARDIAN (RELATIONSHIP) _____

PARENT / GUARDIAN INFORMATION

(Verification shall be in accordance with local school board policy)

PLEASE CIRCLE THE PRIMARY PERSON TO CONTACT FOR: ATTENDANCE, DISCIPLINE, ILLNESS AND GRADES

MOTHER/GUARDIAN _____ Cell Phone _____

Address _____ Email _____

EMPLOYER _____ Work Phone _____

FATHER/GUARDIAN _____ Cell Phone _____

Address _____ Email _____

EMPLOYER _____ Work Phone _____

STEP-MOTHER _____ PHONE _____

STEP-FATHER _____ PHONE _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACT INFORMATION

(PLEASE LIST 2 PEOPLE TO CONTACT INCASE PARENTS OR GUARDIAN CAN NOT BE REACHED DURING AN EMERGENCY WITH YOUR CHILD)

EMERGENCY #1

EMERGENCY #2

CONTACT _____

CONTACT _____

Relation _____ Phone _____

Relation _____ Phone _____

ONLY THE PARENTS OR LEGAL GUARDIAN HAVE PERMISSION TO CHECK YOUR CHILD OUT OF SCHOOL

(In accordance to school system check-out procedures)

NAME AND ADDRESS OF LAST SCHOOL ATTENDED:

NAME _____ ADDRESS _____

Has your child previously attended a Houston County School, if yes which one? _____

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.

ADDITIONAL REQUESTED INFORMATION

SIBLINGS – List any siblings that are attending another Rehobeth Schools (CIRCLE ONE)

Name: _____

School: RES RMS

Name: _____

School: RES RMS

Name: _____

School: RES RMS

SPECIAL SERVICES

Please check any special services the student received at the last school they attended

Special Education

(IEP)

Speech/Language Services

504 Plan

Gifted

(ESL)English Second Language

MILITARY

Is the student connected to an Active Duty Military Family?

Yes No

Is the student connected to Guard or reserve Military Family?

Yes No

OTHER

Transportation: Bus Rider Car Rider

Any known medical/health conditions:

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 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 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

Date:

Race – Choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Staff Signature:

**HOUSTON COUNTY SCHOOL
APPENDIX A
RESIDENCY QUESTIONNAIRE**

Student Name: _____

1. Where is the student currently living? (Mark **ONLY** one box from Section A **OR** Section B)

Section A

Doubled Up (more than one family living in a residence)

Hotel/Motel

Shelters/Transitional Housing (FEMA trailers, local shelter, etc.)

Unsheltered (Any living quarters not suitable for human habitation, i.e. tent, car, storage shed)

If you checked a box in Section A, **CONTINUE** to item number 2 and complete the remainder of this form.

Section B

The choices in Section A do not apply.

If you checked the box in Section B, **STOP** here. You do not need to complete the remainder of this form. Submit the form to school personnel.

2. The student lives with:

_____ 1 parent

_____ 2 parent's

_____ 1 parent and another adult

_____ a relative, friend(s), or other adult(s)

_____ alone with no adults

_____ an adult that is not the parent or legal Guardian

School: **Rehobeth High School**

Birth Date: ____ / ____ / ____ Age: _____ Male ____ Female ____

Physical Address (Primary Nighttime Residence of Student)

E-911 Address (Street Address, City, State, & Zip Code)

Telephone Number (____) _____

Printed Name of Parent/Guardian who completed this questionnaire: _____

Signature of Parent(s)/Legal Guardian(s): _____

School Use Only – Do Not Write In This Space

Section A Determination:	
---------------------------------	--

Principal's Signature

Date

***For Section A choices, fax this form to the central office contact person.**



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM	HOUSTON COUNTY
SCHOOL NAME	REHOBETH HIGH SCHOOL

DIRECTIONS






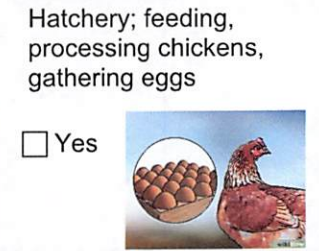


Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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

HOME LANGUAGE SURVEY

Name: _____ Age: _____ Date: _____

School: _____ Teacher: _____ Grade: _____

Please check the appropriate answer:

1. What is the first language the student learned to speak?

English _____ Spanish _____ Other _____

2. What language does the student most often speak?

English _____ Spanish _____ Other _____

3. What language is most often spoken in the students home?

English _____ Spanish _____ Other _____

Student signature (Grades 6-12)

Parent's signature (Grades K-5)