



# HOUSTON COUNTY VIRTUAL ACADEMY

## Enrollment Packet

### Enrollment Requirements

Guardian's driver's license
Birth Certificate
2 Proofs of Residency in our district (electric and water bill with <b>guardians</b> name) If you live with somebody, same requirement AND complete a Verification of Residency form and have it notarized
Alabama shot record (blue)
Social security card
Legal Custodial paperwork for students living with a guardian or if parents are divorced

- Once the Enrollment Packet is complete and turned in you will be contacted by email when your child is ready to begin classes.
- For questions please contact your child's counselor: 334-702-4168

K-8 Carole Cobb at [ccobb@hcboe.us](mailto:ccobb@hcboe.us)

9-12 Cathy Keasler at [ckeasler@hcboe.us](mailto:ckeasler@hcboe.us)

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

PLEASE PRINT

DATE \_\_\_\_\_ SCHOOL Houston County Virtual Academy GRADE \_\_\_\_\_

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 _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

FATHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY \_\_\_\_\_

EMERGENCY CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1 CONTACT _____	EMERGENCY #2 CONTACT _____
Relation _____ Phone _____	Relation _____ Phone _____

<b>THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL</b> (In accordance to school system check-out procedures)		
1. <u>N/A</u> _____	Relation _____	Phone _____
2. <u>N/A</u> _____	Relation _____	Phone _____
3. <u>N/A</u> _____	Relation _____	Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED : \_\_\_\_\_

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.

**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: **HCVA** \_\_\_\_\_

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  
EMPLOYMENT SURVEY**

**SCHOOL SYSTEM:** Houston County **SCHOOL YEAR:** 20\_\_ / 20\_\_

**SCHOOL:** Houston County Virtual Academy **GRADE:** \_\_\_\_\_

**Dear Parents or Guardians;**

Please, complete the following survey. The results of this survey will be used to determine if you are possible eligible for the Migrant Education Program.

**Student Name:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone 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? YES \_\_\_\_\_ NO \_\_\_\_\_

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 of the 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....)

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? \_\_\_\_\_

# Houston County Schools

## HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No  
If yes, in which state? \_\_\_\_\_  
If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

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

5. Please check if your child is:  
A.  Native American Indian C.  Native Pacific Islander  
B.  Alaska Native D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_  
(Mother) \_\_\_\_\_

10. Please describe the language understood by your child. (Check only one)  
A.  Understands only the home language and no English.  
B.  Understands mostly the home language and some English.  
C.  Understands the home language and English equally.  
D.  Understands mostly English and some of the home language.  
E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature Grades 9-12

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Student ID#	Parent ID#	Date Received	

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

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:

## SPECIAL SERVICES INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child currently have an individualized Education Plan (IEP)? \_\_\_ Yes \_\_\_ No

Does your child currently have a 504? \_\_\_ Yes \_\_\_ No

Has your child received interventions to address academic/behavioral concerns? \_\_\_  
Yes \_\_\_ No

\*If yes please note are(s):

\_\_\_ Reading \_\_\_ Math \_\_\_ Writing \_\_\_ Behavior (Please describe behavior)

Has your child ever been tested for special education services? \_\_\_ Yes \_\_\_ No

Was testing completed prior to withdrawing from the previous school? \_\_\_ Yes \_\_\_ No

Was an eligibility meeting held and an IEP implemented? \_\_\_ Yes \_\_\_ No

Was a Behavior Intervention Plan (BIP) developed? \_\_\_ Yes \_\_\_ No

Can you provide a copy of your child's current IEP? \_\_\_ Yes \_\_\_ No

Specify the type of disability or impairment:

\_\_\_\_\_  
\_\_\_\_\_

Who was your child's Resource Teacher? \_\_\_\_\_

\*I, \_\_\_\_\_, am the parent/legal guardian of  
(Parent/Legal Guardian Name)

\_\_\_\_\_. My signature below confirms that the  
(Child's Name)

Information provided above is accurate and currently up-to-date.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



**ALABAMA STATE DEPARTMENT OF EDUCATION**  
**Parent Survey**  
 for Newly Enrolled Students



SCHOOL SYSTEM **Houston County Schools**

SCHOOL NAME **Houston County Virtual Academy**

**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.



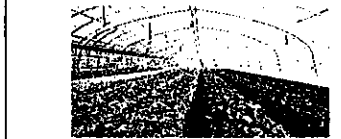

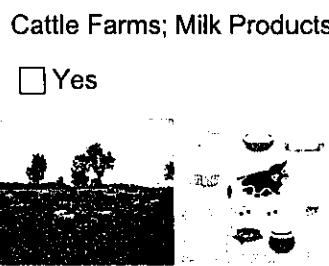
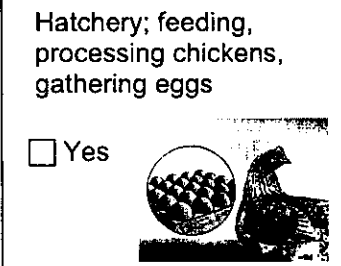
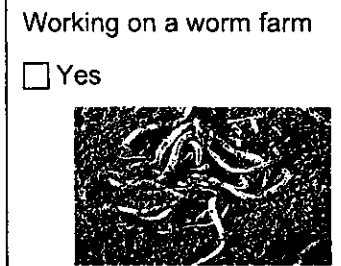
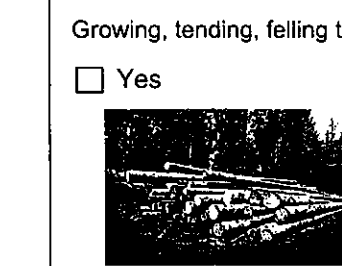
**RELOCATION HISTORY**

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?  Yes  No

Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?  Yes  No

Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.  Yes  No

Other work you have done that is not shown in a picture below: \_\_\_\_\_

<b>Fruit or Tomato Farms</b> <input type="checkbox"/> Yes 	<b>Fish or Shrimp Farms</b> <input type="checkbox"/> Yes 	<b>Nursery, greenhouse, sod farm</b> <input type="checkbox"/> Yes 	<b>Planting / Harvesting Crops</b> <input type="checkbox"/> Yes 
<b>Cattle Farms; Milk Products</b> <input type="checkbox"/> Yes 	<b>Hatchery; feeding, processing chickens, gathering eggs</b> <input type="checkbox"/> Yes 	<b>Working on a worm farm</b> <input type="checkbox"/> Yes 	<b>Growing, tending, felling trees</b> <input type="checkbox"/> Yes 

**PARENT INFORMATION**

**PARENT / GUARDIAN**

ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	PLACE OF EMPLOYMENT
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NUMBER OF CHILDREN IN HOME	DATE OF MOVE
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# Houston County Virtual Academy

662 W. Main Street  
Dothan, AL 36303  
Phone: (334) 702-4168  
Fax: (334) 899-8854

Delbert Bradley, Principal

## SCHOOL-PARENT COMPACT

The Houston County Virtual Academy, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during the school year 2022-2023.

### School Responsibilities

**The Houston County Virtual Academy will:**

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**
  - a. Employ a learning management system to access high quality education using technology to improve student outcomes.
  - b. Individualized instruction in a familiar environment to reach diverse learners.
  - c. Data meetings with teachers and instructional leaders.
- 2. Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held:**
  - a. Promptly after each progress report.
  - b. As needed per parent or teacher request.
- 3. Provide parents with frequent reports on their children's progress. Specifically, the school will provide reports as follows:**
  - a. Progress reports are maintained online constantly.
  - b. Report cards will be issued every nine weeks.
  - c. Parents receive feedback on students' progress via email from the teacher as needed.
- 4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:**
  - a. Appointments for parent/teacher conferences may be scheduled by contacting the school office.
  - b. Emails and telephone correspondence.

5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:
  - a. Parents are encouraged to monitor students' behavior at times of instruction.
  - b. School administration is receptive to parents' ideas of extracurricular activities.
6. Ensure regular two-way, meaningful communication between family members and school staff, and, to the extent practicable, in a language that family members can understand.
  - a. Materials will be provided in a families native language by using Microsoft Translate
  - b. Utilize interpreters for IEP and 504 meetings

**Parent Responsibilities**

We, as parents, will support our children's learning in the following ways:

- Monitoring attendance.
- Making sure that classwork is completed.
- Participating, as appropriate, in decisions relating to my children's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district.
- Serving, to the extent possible, on advisory groups, such as Title I advisory committees and parent and family engagement committees.

**Student Responsibilities**

We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:

- Do our classwork every day and ask for help when needed.
- Read at least 30 minutes every day outside of school time.
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

School/Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Annual Notification Regarding School Provided or Sponsored Mental Health Services**

### ***Mental Health Services***

The school system provides or sponsors the following mental health services [Note: You are required to include the purpose and general description of each of the mental health services you provide here. The following list contains examples, but should be updated to reflect the services your local school system provides]:

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers, Big Brothers/Big Sisters, and/or Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. [Note: Most school systems obtain written permission for outside counseling or one-on-one school counseling and will continue to do so. If that is the case, you may wish to add the following language to this paragraph: Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.]

### ***Review of Materials***

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal [Note: You may choose another person for the parent to contact or another method for parents to obtain information.]

### ***Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services***

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or**

**provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

**Parent of students with disabilities:** Please note that the opt-in process is not applicable to any school counseling services or “mental health services” contained in a student’s IEP or §504 plan. Consent for those services will be obtained and information regarding your child’s mental health services will be provided through the usual special education process.

## OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, \_\_\_\_\_, is under the age of 14 years old:

Yes

No

**If No, stop here.**

**If Yes, continue below.**

**I hereby give my permission for my child to participate in the following mental health services:**

**[Check the box for each mental health service you want to be available to your child]**

**Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.

**Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.

**Mentoring** - Peer Helpers, Big Brothers/Big Sisters, Social Work Interns work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.

**Assessments/Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.

**Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.

**School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. [Note: Most school systems obtain written permission for outside counseling or one-on-one school counseling and will continue to do so. If that is the case, you may wish to add the following language to this paragraph: Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.]

You may rescind permission for a student to participate in mental health services at any time by providing written notice to school administration [Note: School systems who want parents to submit this notice to a particular person should simply insert the person's title in place of "school administration" (i.e., principal, school counselor, etc.)].

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Signature)



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

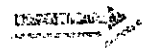
Place your child receives health care: Physician's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO
Preferred Hospital:
Your child's Insurance Information:
 ALL KIDS
 Medicaid
 No Insurance
 Other
 Private Insurance
Place your child receives dental care:
Dentist's Name:
Address:
Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO

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:

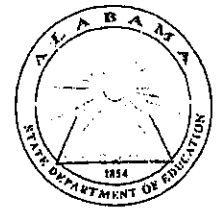
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>KNOWN HEALTH PROBLEMS</b> 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	<b>Attention Deficit Disorder (ADD)</b> <b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <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	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <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"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <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	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <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	<b>Seizures/Convulsions:</b> 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	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <i>Please include any medications taken at home only.</i>

Required Signatures

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

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

Please return this agreement when the device is picked up.

**HOUSTON COUNTY SCHOOLS STUDENT/PARENT DIGITAL DEVICE USE AGREEMENT**

Student: \_\_\_\_\_  
Last First

Parent Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

~~Serial #~~: HCU # \_\_\_\_\_ Barcode: \_\_\_\_\_

**Terms:**

1. I have read and agree to comply at all times with the Houston County Schools District's Technology Usage Policy. Any failure to comply may terminate my rights of possession, effective immediately, and the school system may repossess the digital device and its accessories.
2. I agree to pay for any damages as applicable.
3. I agree to practice digital citizenship and responsible social networking.
4. I understand that any HCS digital device I use may be monitored online and/or physically inspected at any time without notice.
5. All devices and accessories must be returned to schools when requested by Houston County Schools.

**Title:**

Legal title to any HCS digital device I use and its accessories is in the name of Houston County Schools and shall at all times remain so. My right of possession and use is limited to and conditioned upon my full and complete compliance with this Digital Device Use Agreement and the Acceptable Use Policy for technology resources.

**Repossession:**

If I do not timely and fully comply with all terms of this Agreement, including the timely return of any HCS digital device and its accessories that I take off premises, the school system or law enforcement shall be entitled to declare me in default and come to my place of residence, or other location of the digital device and its accessories, to take possession of the digital device and its accessories. Failure to return the digital device will result in a theft report being filed with the Houston County Sheriff's Department.

**SIGNATURES:**

---

Student Parent/Guardian Date



**HOUSTON COUNTY SCHOOLS  
STUDENT INTERNET AND EMAIL PERMISSION  
FORM**

Student ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: **Houston County Virtual Academy**

I understand that when using the Houston County Schools Network for any use, including but not limited to Internet and/or email use, that I am responsible for acting considerably and appropriately, in accordance with Houston County Schools Technology Acceptable Usage Policy in reference to:

- send, display or download offensive messages or pictures
- use obscene language
- harass, insult, or attack others
- damage computers, computer systems, or computer networks (this includes changing workstation or printer configurations, deliberately destroying data and/or spreading computer viruses or malware)
- violate copyright laws
- use other users' passwords
- trespass in other users' files, folders or work
- intentionally waste limited resources (unauthorized downloading of files, spamming and unsupervised browsing)

I understand that any or all of the following sanctions could be imposed if I violate any of the policies and procedures regarding the use of Houston County Schools Network, including the Internet:

- a. Loss of access
- b. Violation of this agreement may be handled in the Code of Conduct
- c. Legal action, when applicable.

**The use of the Internet and/or email through the Houston County Schools Network is a privilege; thus, Houston County Schools reserves the right to read and retain any electronic messages transmitted via the Houston County Schools Network.**

- My child has my permission to access the Internet under the supervision of his/her teacher.  
 My child has my permission to have a Houston County Schools provided email account.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_

Please verify that you have read the handbook. You can access the Houston County Schools handbook by visiting <https://al02210044.schoolwires.net/cms/lib/AL02210044/Centricity/Domain/4/HCS%202021-2022%20Code%20of%20Conduct%20%20PDF%20Version.pdf>

### Acknowledgement

I \_\_\_\_\_ enrolled in  
(Student)

Houston County Virtual Academy and my parent(s)/guardian hereby acknowledge by our signature that we have received access to and are responsible for reading, or having read to us, the foregoing Student Code of Conduct.

Media Waiver: The Houston County School System has permission to use my child's picture in publications and video for the purpose of promoting the Houston County School System and its programs.

(Signed) \_\_\_\_\_  
Parent/Guardian

(Signed) \_\_\_\_\_  
Student

(Signed) \_\_\_\_\_  
Parent/Guardian

(Signed) \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

Note: Please return this page after reading and signing to Houston County Virtual Academy. This ACKNOWLEDGMENT WILL BECOME A PART OF THE STUDENT'S CUMULATIVE FILE.



# Houston County Virtual Academy

662 W. Main Street  
Dothan, AL 36303  
Phone: (334) 702-4168  
Fax: (334) 899-8854

Delbert Bradley, Principal

**THIS FORM IS OPTIONAL. ONLY COMPLETE THE BACK OF THIS FORM IF YOU WANT TO KNOW INFORMATION ABOUT THE PROFESSIONAL QUALIFICATIONS OF YOUR STUDENT'S TEACHER(S).**

**2022-2023**

Dear Parent(s)/Legal Guardian(s)

We are pleased to notify you that in accordance with the *Every Student Succeeds Act of 2015*, you have the right to request information regarding the professional qualifications of your child's teacher. Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please complete the form on the following page, and return it to your child's school. Should you have any questions, feel free to contact Houston County Virtual Academy.

Sincerely,

Delbert Bradley, Principal

# Houston County Virtual Academy

## Parents Right-To-Know • Request Teacher Qualifications

Title I, Part A, Section 1112(c)(6), *Every Student Succeeds Act.*, Public Law 114-95

I am requesting the professional qualifications of \_\_\_\_\_

who teaches my child, \_\_\_\_\_ at \_\_\_\_\_  
Child's Name (Please Print) School (Please Print)

My mailing address is \_\_\_\_\_  
Street (Please Print) City Zip

My telephone number is \_\_\_\_\_

My name is \_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature Date

### This Section to be Completed by School/Central Office

Date Form Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Has the teacher met state qualifications and licensing criteria for the grade levels and subject areas in which he/she teaches? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the teacher teaching under emergency or other provisional status? \_\_\_\_\_ Yes \_\_\_\_\_ No

Undergraduate Degree \_\_\_\_\_ (University/College)  
Major Discipline \_\_\_\_\_

Graduate Degree \_\_\_\_\_ (University/College)  
Major Discipline \_\_\_\_\_

Does a paraprofessional provide instructional services to the student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are the qualifications of the paraprofessional?

High School Graduate \_\_\_\_\_ (Year)

Undergraduate Degree \_\_\_\_\_ (University/College)  
Major/Discipline \_\_\_\_\_

College/University Credit \_\_\_\_\_ (Hours)  
Major/Discipline \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form Date Returned to Parent