



1665 Honeysuckle Road
Dothan, Alabama 36305

334-793-1397

www.dothan.k12.al.us

Dr. Phyllis A. Edwards
Superintendent

Mike Schmitz
Chairman

Brenda Guilford
Vice-Chair/District 1

Franklin Jones
District 2

Susan Vierkandt
District 3

Brett Strickland
District 4

Amy Bonds
District 5

Chris Maddox
District 6

Dothan City Schools mission is to prepare all students for the choices and challenges of the 21st Century (the future). Our goal is to prepare all students to participate productively and responsibly in a rapidly changing society.

Dear Parents or Legal Guardian:

Dothan City Schools is adhering to the orders provided by Governor Ivey. While there may be a skeleton crew in schools at this time, they are not allowed to have the public in the schools.

If you are trying to enroll for the remainder of this school year, please know that school will not reopen for this school year.

If you are withdrawing your child, please follow the directions and if you have questions, contact Mr. Darius McKay.

These forms are not for next school year.

Thank you for your understanding!

Sincerely,

Dr. Phyllis A. Edwards

Dr. Phyllis A. Edwards
Superintendent



ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

PLEASE PRINT

DATE _____ SCHOOL _____ 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 CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

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

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

NAME 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.

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:	

PLEASE SEE REVERSE SIDE

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military family	Circle One:	Yes	No
Student connected to a Guard or Reserve Military family	Circle One:	Yes	No

PRESCHOOL

Head Start	Circle One:	YES	NO	First Class Funded Preschool	Circle One:	YES	NO
Center-Based Child Care	Circle One:	YES	NO	Home-Based Child Care	Circle One:	YES	NO
Home Visitation Program	Circle One:	YES	NO	Other Preschool	Circle One:	YES	NO
No Preschool – Check if no Preschool <input type="checkbox"/>				Special Education Funded	Circle One:	YES	NO

PLEASE SEE REVERSE SIDE



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

CONDITIONAL ENROLLMENT

Your child will be enrolled under Conditional Status pending receipt of records from previous school. Therefore, until all paperwork has been cleared, all lunches will be full price. Class schedules are subject to change as is Enrollment Status.

Parent/Guardian Signature

Date _____



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

STUDENT ENROLLMENT/EXCLUSION STATUS

During the 1993 legislative session, the Alabama Legislature passed ACT 93-368, a somewhat comprehensive piece of legislation, which attaches school attendance standards with the right to retain, apply, renew, or reinstate a driver's license or learner's permit to operate a motor vehicle. The Act became effective at the beginning of the 1993-94 school year.

The school system is required by law to submit information of attendance or absences to the Department of Public Safety. Students who are not enrolled or have accumulated more than 10 consecutive or 15 days total unexcused absences during a single semester will be unable to obtain or renew their driver's license. Few exceptions exist and these are to be determined at the Department of Public Safety Office.

I hereby acknowledge by my signature that I have received and read, or had read to me, the foregoing information pertaining to ACT 93-368 passed during the 1993 legislative session. I also acknowledge that I understand that it applies to all students enrolled in the Dothan City Schools.

Student Signature

Date

Parent/Legal Guardian Signature

Date



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

Dear Parents:

Alabama law requires all children between the ages of seven and seventeen to attend school. If a child fails to attend school without legal excuse, that child and the person having custody of that child will be referred to the Juvenile Court.

Any child who is prosecuted for truancy may be placed in a juvenile facility or in long-term residential care. Any custodial adult who is prosecuted for failing to require a child to attend school may be jailed for up to one year or fined up to \$500 or both.

A free public education is one of the greatest benefits available to the children of our state. Please ensure that your child achieves his or her full potential by attending school regularly.

Sincerely,

Principal

I have read the above letter and am fully aware of my responsibility to see that my child attends school daily and the penalty for my failure to do so.

Signature of Parent or Guardian

Date



Dothan City Schools

1665 Honeysuckle Road

Dothan, Alabama 36305

ENROLLMENT FORM

PARENT OR LEGAL GUARDIAN MUST BE PRESENT AT TIME OF ENROLLMENT

Student's Name

Date

GRADE: _____

SPECIAL EDUCATION: Yes No (If yes send name to DESS for temporary IEP)

The student named below has enrolled in our school. Please send the following information and any other information that would help in placing this student:

Are you leaving your former school with disciplinary action pending? Yes No
Are you coming from a youth detention facility? Yes No

The following items may be requested for admission to Dothan City Schools:

FOR OFFICE USE ONLY

- | | | | | |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| 1. Social Security Card | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Birth Certificate | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Current Alabama Immunization | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Proof of residency (2 forms) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Transcript | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Proof of Legal Custody | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Attendance Records | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Withdrawal Form (Previous School) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Discipline Records | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Individual circumstances may make it necessary for us to request additional information.

Administrator Signature

Date

I have read and understand fully the requirements for admission to Dothan City Schools and by signing affirm the information above is true and correct and further acknowledge if the information is found to be false, my student is subject to placement at long-term PASS or immediate withdrawal from Dothan City Schools.

Parent/Guardian Signature

Date

Student Signature

Date



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

HOME LANGUAGE SURVEY

Federal and State regulations require school districts to have procedures in a place to identify specific language needs of students and families. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the district is required to assess the student's proficiency in English. Please help us meet these important requirements by answering the following questions.

*Information provided in this confidential and only for the local school district's purpose.

Date _____ School _____ Grade _____ Teacher _____

Student Name _____ Gender Male Female

Parent/Guardian Name _____ Phone Number _____

1. Child's date of birth (month/day/year) _____
 Was you child born in the United States? Yes No
 If yes, which state? _____
 If no, what other country? _____
 If no, date child entered the United States. _____

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 _____ City, State _____ Dates Attended _____
 Name of School _____ City, State _____ Dates Attended _____
 Name of School _____ City, State _____ Dates Attended _____

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

4. Parent Communication:
 If you prefer written communication in a language other than English, in what language would you prefer to receive communication? _____
 Will you need an interpreter/translator at Parent-Teacher meetings? Yes No

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

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

Only if you responded "Yes" to question #6 above, please answer questions 7-10.*

7. Which 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 other language does your child speak? (list all, including dialects) _____
 10. What language do you most frequently speak to your child?
 (Father) _____
 (Mother) _____
 (Other Guardian/Caregiver) _____

Parent Signature

Date

EL Office: Form Reviewed _____ Notes: _____
 (Initials) (Date)



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

PLEASE COMPLETE THIS FORM ONLY IF IT PERTAINS TO YOU

Student	Parent/Guardian	
School	Phone/Pager	
Age	Grade	D.O.B.
Address	City	
Zip Code	Is this address: (check one) <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	

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

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

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

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento Liaison, Mr. Darius McKay, at 334-793-1397 ext. 236220 or you may email him at damckay@dothan.k12.al.us.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth	Date
Signature of McKinney-Vento Liaison	Date



Dothan City Schools

1665 Honeysuckle Road
Dothan, Alabama 36305

RECORDS REQUEST

<hr/> Previous School <hr/>		<hr/> Phone Number <hr/>
<hr/> Address <hr/>		<hr/> Fax Number <hr/>
<hr/> City <hr/>	<hr/> State <hr/>	<hr/> Zip Code <hr/>

The student named below has enrolled in our school. Please send the following information and any other information that would help in placing this student:

<input type="checkbox"/> Official Transcript (letter and number grade)	<input type="checkbox"/> Standardized Test Scores
<input type="checkbox"/> Grades at time of Withdrawal: 1 st , 2 nd , 3 rd , 4 th term	<input type="checkbox"/> Grading Scale
<input type="checkbox"/> Attendance	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Immunization Form, Copies of Birth Certificate and Social Security Card	<input type="checkbox"/> 504 Information
<input type="checkbox"/> IEP (Special Education Records, if applicable) Send these to the ESS Office, Dothan City Schools, 1665 Ross Clark Circle, Dothan, Alabama 36305	<input type="checkbox"/> ESL Records
<input type="checkbox"/> Other: _____	

<hr/> Student Name <hr/>		
<hr/> Date of Birth <hr/>	<hr/> Grade Last Enrolled <hr/>	<hr/> Date Last Attended <hr/>
<hr/> Counselor/Registrar <hr/>		<hr/> Date <hr/>

According to the Family Educational Rights Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records to school officials in systems where the student is enrolled.

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: DOTHAN CITY SCHOOLS SCHOOL YEAR: _____

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: _____

Home Telephone No: _____ Cell Telephone No: _____

1. Have you **moved** during the last 3 years **to work or to seek work** even if it was for a short period of time? **YES** _____ **NO** _____

If so, what type work are you or your spouse doing now:

2. If you marked "**yes**" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (√)** all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm Farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.....)