



CHOCTAW COUNTY SCHOOL DISTRICT
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 _____	Relation _____
Phone _____	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 ☐

Special Education Funded

Circle One: ☐ YES ☐ NO

PLEASE SEE REVERSE SIDE



Choctaw County Schools

107 Tom Orr Drive

Butler, Alabama 36904

ENROLLMENT FORM

PARENT OR LEGAL GUARDIAN MUST BE PRESENT AT TIME OF ENROLLMENT

(not applicable if student is identified as unaccompanied youth under McKinney Vento)

Student's Name

Date

GRADE: _____

SPECIAL EDUCATION: ☐ Yes ☐ No (If yes, send name to SPED Department)

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 Choctaw County 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 or omit additional information.

Administrator Signature

Date

I have read and understand fully the requirements for admission to Choctaw County 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 immediate withdrawal from Choctaw County Schools.

Parent/Guardian Signature

Date

Student Signature

Date



Choctaw County Schools

107 Tom Orr Drive

Butler, Alabama 36904

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)



Choctaw County Schools

107 Tom Orr Drive

Butler, AL 36904

RESIDENCY QUESTIONNAIRE

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

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

<input type="checkbox"/> House or apartment with parent or guardian	Other <i>Specify</i> : <hr/>
<input type="checkbox"/> Motel, car, or campsite	<hr/>
<input type="checkbox"/> Shelter or other temporary housing	<hr/>
<input type="checkbox"/> With friends or family members (other than or in addition to parent/guardian)	<hr/>

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

<input type="checkbox"/> Loss of housing
<input type="checkbox"/> Economic situation
<input type="checkbox"/> Temporarily waiting for house or apartment
<input type="checkbox"/> Provide care for a family member
<input type="checkbox"/> Living with boyfriend/girlfriend
<input type="checkbox"/> Loss of employment
<input type="checkbox"/> Parent/Guardian is deployed
<input type="checkbox"/> 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, Dr. Jamara Wright, at 205-459-3031 ext. 2005

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

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



Choctaw County Schools

107 Tom Orr Drive

Butler, Alabama 36904

RECORDS REQUEST

Previous School

Phone Number

Address

Fax Number

City

State

Zip Code

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) | <input type="checkbox"/> EL Records |
| <input type="checkbox"/> Other: _____ | |

Student Name

Date of Birth

Grade Last Enrolled

Date Last Attended

Counselor/Registrar

Date

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.



**CHOCTAW COUNTY SCHOOL DISTRICT
AFFIDAVIT OF RESIDENCY**

Revised January 2024

Parent's Name (Please Print) _____

Physical Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Number _____

Applicable School- Aged Children/Students:

Student #1 _____ Grade _____ Student #2 _____ Grade _____

Student #3 _____ Grade _____ Student #4 _____ Grade _____

I certify that I am the **parent** or **legal guardian** (court documents required) of all applicable students listed above

Parent/Guardian's Signature _____ **Date** _____

Residence Verification (Must be submitted to school staff at the time of registration):

I certify that I am (Please check one) **Owner** **Tenant** **Resident**

1. **Owner:** If you are the owner of the dwelling, any two of the following items listed below are acceptable:
(Please check items presented to school official)

<u> </u> Insurance policy on dwelling	<u> </u> Paycheck stub with address	<u> </u> Tax bill
<u> </u> Gas bill or deposit receipt	<u> </u> Purchase/Construction Contract	<u> </u> Electric bill
<u> </u> Mortgage coupon	<u> </u> Water/Sewage bill	<u> </u> Telephone bill

2. **Tenant:** If you are a tenant of the dwelling, a copy of your current signed lease agreement is required. Please complete the name, address, and phone number of the owner/management company: (See Notary Section)

Note: A copy of at least two of the items listed in the owner's section must be provided by the owner/management company as proof of ownership.

3. **Resident:** If you reside with a resident of Choctaw County, the owner of the property must complete the section below and provide two of the items listed in the owner's section – **OR**- a signed lease agreement. (See Notary Section)

For Applicable Tenant and Resident Sections: To be completed by the Owner in the presence of a Notary Public:

I certify that _____ is a resident of the property in which I own. **Date of Occupancy** _____

Name of the Owner: _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Owner Signature _____ Date Signed _____

Sworn to and subscribed before me this _____ day of _____.

Signature of Notary Public _____ **Expiration Date** _____ (Affix Seal Here)

To be completed by parent/guardian if you are a Tenant or Resident, please sign this section in the presence of a Notary Public:

I certify that I am a tenant or resident who lives on the property indicated by the owner above.

Parent's Signature _____ **Date** _____

Sworn to and subscribed before me this _____ day of _____.

Signature of Notary Public _____ **Expiration Date** _____ (Affix Seal Here)

To be completed by parent or guardian:

I certify that I am a full-time resident of the above address located within the Choctaw County School District, and **do not** maintain a separate primary residence elsewhere. I have read the entire document, and the information provided by me on this document is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code. I also understand that immediate withdrawal will occur.

Parent's Signature _____ **Date** _____ **Telephone** _____



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM

STUDENT NAME

SCHOOL NAME

DIRECTIONS






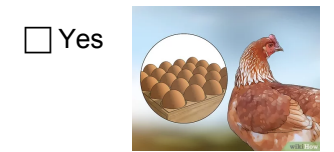


Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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



State of Alabama 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 strictly confidential.

To be completed by parent/guardian.

PLEASE PRINT. Return to the School Nurse.

Name of Student (Last, First, Middle)		Birth Date	Sex
Address (Street)	Race/Ethnicity		
(City and Zip code)	<input type="checkbox"/> American Indian <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Other		
Home Telephone Number	Cell Telephone Number	School	Grade
Name of Parent/Guardian (Last, First, Middle)			

Transportation

☐ Bus Rider ☐ Car Rider ☐ Special Needs Bus ☐ After School Program

Part I – Health Information

Place where your child receives regular health care:	Place where your child receives regular dental care:	Type of Insurance your child has:
<input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> Private Doctor/HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> No regular place	<input type="checkbox"/> Health Department <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Community Health Center <input type="checkbox"/> Private Doctor/HMO <input type="checkbox"/> Other _____ <input type="checkbox"/> No regular place	<input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance <input type="checkbox"/> ALLKIDS <input type="checkbox"/> Other: _____
Physician's Name: _____	Dentist's Name: _____	
Address: _____ _____	Address: _____ _____	
Tel: _____	Tel: _____	

Authorizations:

- ☐ I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.
- ☐ I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.
- ☐ I authorize for my child to participate in all school health screenings, such as vision, hearing and scoliosis.
- ☐ I authorize the yearly review of my child's Certificate of Immunization (Blue Slip) by the local Public Health Department.

FOR OFFICE USE ONLY Acuity Scale:			
Level A Nursing Dependent	Level B Medically Fragile	Level C Medically Complex	Level D Health Concerns



State of Alabama Department of Education
Health Assessment Record
 School Year: _____ - _____



Part II – Medical History

☐ **NO KNOWN HEALTH PROBLEMS**

(If no, please go directly to the bottom of the page and provide parent/guardian signature.)

<input type="checkbox"/> Attention Deficit Disorder (ADD) OR <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/> Requires medication? <i>(Requires medication authorization from physician)</i> <input type="checkbox"/> To be given while at school?
<input type="checkbox"/> Allergies: <i>Please Specify :</i> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____	<input type="checkbox"/> Hives/rash? <input type="checkbox"/> Breathing difficulty? <input type="checkbox"/> Epi-pen? <i>(Requires medication authorization from physician)</i>
<input type="checkbox"/> Asthma:	<input type="checkbox"/> He/She uses an inhaler at school? <i>(Requires authorization from physician)</i> <input type="checkbox"/> He/She uses an inhaler at home?
<input type="checkbox"/> Bleeding Problems: <i>(Hemophilia, Von Willebrand's, frequent nosebleeds)</i>	<input type="checkbox"/> Requires medication? Please explain: <i>(Requires medication authorization from physician)</i>
<input type="checkbox"/> Cancer/Leukemia:	Please explain:
<input type="checkbox"/> Cerebral Palsy:	Please explain:
<input type="checkbox"/> Cystic Fibrosis:	Please explain:
<input type="checkbox"/> Dental Problems:	<input type="checkbox"/> Braces? OR Please explain:
<input type="checkbox"/> Diabetes: <i>(Requires medication and procedure authorization from physician)</i> <input type="checkbox"/> Type 1 Diabetic <input type="checkbox"/> Type 2 Diabetic	<input type="checkbox"/> Monitors Blood Sugars while at school? <input type="checkbox"/> Requires Insulin at school? <input type="checkbox"/> Glucagon order? <input type="checkbox"/> Insulin pump? <input type="checkbox"/> Managed with diet?
<input type="checkbox"/> Emotional/Behavioral/Psychological: <i>Please explain:</i>	
<input type="checkbox"/> Gastrointestinal/Stomach Problems: <i>Please explain:</i>	
<input type="checkbox"/> Genetic Disorder: <i>Please explain:</i>	
<input type="checkbox"/> Headaches: <i>Please explain:</i>	
<input type="checkbox"/> Hearing Problems:	<input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Tubes <input type="checkbox"/> Hearing loss? <input type="checkbox"/> Hearing aid? <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> Heart Condition: <i>Please explain: Are there any activity restrictions? Any medications taken at home only?</i>	
<input type="checkbox"/> Hypertension (High Blood Pressure):	
<input type="checkbox"/> Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>	
<input type="checkbox"/> Kidney Problems: <i>Please explain:</i>	
<input type="checkbox"/> Scoliosis:	<input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery
<input type="checkbox"/> Seizures/Convulsions: <i>Please explain:</i>	Type of seizure: _____ <input type="checkbox"/> Diastat order
<input type="checkbox"/> Sickle Cell Anemia:	
<input type="checkbox"/> Spina Bifida:	
<input type="checkbox"/> Special Diet: <i>Please explain:</i>	
<input type="checkbox"/> Vision Problems:	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other, _____
<input type="checkbox"/> Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>	

Part III – Medical Equipment /Procedures Required at School

<input type="checkbox"/> Catheter <input type="checkbox"/> Gastric Tube <input type="checkbox"/> Nebulizer Treatments <input type="checkbox"/> Oxygen Supplement <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Vagal Nerve Stimulator (VNS) <input type="checkbox"/> Ventilator <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker

Required Signatures

Signature of parent(s) or guardian: _____ Date: _____

Signature of school nurse: _____ Date: _____



CHOCTAW COUNTY SCHOOL DISTRICT New Student Enrollment Checklist

School: _____ Date: _____ Grade: _____

Last Name: _____ First Name _____ Middle _____

Provide the following required documents for enrollment:

- _____ Withdrawal forms from previous school
- _____ Proof of custody when warranted (see definition below)
- _____ Student's certified birth certificate or other certificate for age verification
- _____ Student's valid social security card (optional)
- _____ Original immunization form (must be up to date) Verified by school nurse _____
- _____ Copy of Parent/Guardian driver's license or photo ID (contact courthouse to get Driver's License Division schedule)
- _____ Proof of residency—must provide two of the following:
 - Copy of lease or mortgage agreement
 - *Copy of current utility bill in a parent's/guardian's name (power, gas, water, phone, etc.)
 - Property tax notice, voter's registration card

**If the current utility bills are not in the parent or guardian's name, an "affidavit of residence" must be completed and notarized to verify that the student resides in the enrolling zone.*

Note:

Registration is tentative until all required records are received. If a student has documentation of previous school records or grades, the student's grade placement will be based on the completion of the previous grade level indicated on the previous school records until current school records are produced. If a student attempts to register without any proof of previous or current grade level, actual enrollment cannot occur until the student's records are produced.

Legal Custody Definition:

Only the parent of record, legal guardian, or parent with court approved custody shall be recognized and considered to be the legally authorized person in any school-related matters pertaining to an individual student. The school system will afford a natural parent(s) of record the right that the Family Education Right and Privacy Act of 1974 affords him/her unless the court or a responsible party has provided the school system with a legal binding document that specifically revokes or extinguishes the parent(s) of record's right to have knowledge and participate in the child's schooling.

We do not accept custody papers that have been notarized ONLY.

When the parent of record enrolls a student in school, the principal should be notified of any completed or pending legal action affecting the family and of any previous placement or expulsion at any school. The principal should be given a copy of the most recent court order creating or limiting the rights of the non-custodial parent(s) of record. If neither parent of record presents a court order to the school, the school presumes that the person who enrolls the child in school is the custodial parent and that there are no restrictions on the other parent's rights.

Forms to be signed and returned:

- _____ Choctaw County registration form
- _____ Home residency form
- _____ Employment survey
- _____ Home language survey
- _____ CCBOE Code of Conduct—Notice of receipt pages from the Student Handbook—all areas signed
- _____ Health form
- _____ Home-School Title I Compact Form