Avondale Elementary School
2018-2019 School Registration Packet (Hard Copies)

PARENTS
Please complete the attached forms and send the entire packet to school with your child by August 28, 2018.
Attachments: Home Language Survey
             Employment Survey
             School-Parent Compact
             Residency Questionnaire
             Email Address
             Student Enrollment Information
**Special Incentives Will Be Given To Students For Returning This Very Important Packet To The Main Office!!**

**Students Who Return This Very Important Packet By The Due Date Will Get To Be A Part Of A Drawing For A New Bike!!**

Due Date: August 28, 2018
Avondale Elementary School
Student Enrollment Information 2018-2019

To Be Completed by School Staff Only
Date of Enrollment ___________________ Teacher ___________________

Grade Level 2018-2019 School Year: ___________________

Student: First Name ___________________________ Last Name _______________
Middle Name _________________________________ Date of Birth _______________
Sex: Male____ Female____ Race:____ Age:____

School Dismissal Arrangements (Check One):
• Bus Rider _______ What is the bus number? ________________________________
• Car Rider _______ Name and Contact Number of the Pick-up Person ________________________________

Car Rider Number (To Be Completed By Staff) ________________________________
• Van Rider _______ Name of Daycare Van ________________________________
Telephone Number of Daycare ________________________________
• After-School Care (Avondale Elementary School) ____________ - Walker ________________________________

Other Siblings Who Attend Avondale Elementary: ________________________________

Special Services: IEP _______ 504 Plan _______ Other(s) (Please Specify): ________________________________

Medical Concerns: ________________________________

Address: __________________ Apt# _______ Zip Code _______

Student Lives With: Name ___________________________ Relationship to Child ___________________________

Mother/Guardian: Name ___________________________
                Contact Information – Cell Phone __________________
                Home Phone __________________ Email Address __________________

Father/Guardian: Name ___________________________
                Contact Information – Cell Phone __________________
                Home Phone __________________ Email Address __________________

Emergency Contact Information (Someone Other Than Parent/Guardian Mentioned Above)

Name ___________________________ Phone __________________ Authorized to pick up student? Yes____ No____
Name ___________________________ Phone __________________ Authorized to pick up student? Yes____ No____
Name ___________________________ Phone __________________ Authorized to pick up student? Yes____ No____

Signature of Person Who Enrolled This Student: ___________________________ Date: __________________
Avondale Elementary School
SCHOOL-PARENT COMPACT
School Year – 2018-2019

Mission
The mission of the Birmingham City Schools (BCS) Avondale Elementary School is to guide all students to achieve excellence in a safe, secure, and nurturing environment.

Vision
The Birmingham City Schools (BCS) Avondale Elementary School will be a recognized leader in public education, meeting the needs of a diverse student population prepared to succeed in a global society.

* * * *

The Avondale Elementary School 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.

School Responsibilities

Avondale Elementary School 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, we will:
   - Create a rich learning environment using data driven instruction providing exceptional and targeted teaching that allows students to meet their identified learning goals.
   - Arrange weekly Grade Level and/or Team Meetings for Professional Development and Data Analysis
   - Provide parents with access to a laptop while on school campus and provide additional learning resources as needed.

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:
   - Parent-Teacher Conferences will be held as needed or requested. Before or after school, or during teacher’s planning period, and throughout the school year to ensure that parents are made aware of the elements of this compact.

3. Provide parents with frequent reports on their children’s progress. Specifically, the school will provide reports as follows:
   - Student Folders, Individual student information sheet sent home weekly including teacher communications, classroom objectives, classwork, homework, mid nine week progress reports, nine week report cards, district mark –test reports, and state accountability reports.

4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows:
   - Parent-Teacher Conferences will be held as needed or requested. (Before or after school, or during teacher’s planning period.)
5. Provide parents opportunities to volunteer and participate in their child’s class, and to observe classroom activities, we will provide:
   - Opportunities for parents to volunteer at the start of the school year, during PTA meetings, parent-teacher conferences, open house, and other scheduled school events.
   - Classroom observation visits may be scheduled at one hour maximum intervals.

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, as follows:
   - All written materials will be written on the same grade level which is appropriate for all families.
   - We will send out messages in both English and other languages where appropriate for our school.
   - We will provide translators for parents whose primary language is not English.

Parent Responsibilities

We, as parents, will support our children’s learning in the following ways:
   - Monitoring attendance.
   - Making sure that homework is completed.
   - Volunteering in my child’s classroom.
   - 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 (revise as appropriate to grade level)

We, as students, will share the responsibility to improve our academic achievement and achieve the State’s high standards. Specifically, we will:
   - SOAR – follow the school motto and rules while exhibiting the following behaviors: self-control, on-task, accountable, and respectful
   - Honor education and this school by creating an atmosphere that supports learning.
   - Do my homework every day and ask for help when I need to.
   - Read at least 20-30 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.

<table>
<thead>
<tr>
<th>School Representative Signature</th>
<th>Parent Signature(s)</th>
<th>Student Signature</th>
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<tbody>
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Date       Date       Date
Birmingham City 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
B. ☐ Alaska Native
C. ☐ Native Pacific Islander
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 0-12 ___________________________ Date ________

OFFICE USE ONLY

Student ID # ___________ Date Distributed ___________ Date Received ___________

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10067
Birmingham City Schools
Student Residency Questionnaire

Name of Student: ___________________________ Date of Birth: _______(mm/dd/yyyy)________

Person completing form:
☐ Parent or guardian ☐ Unaccompanied youth (a youth that does not live with a parent or guardian)
☐ Youth ☐ Other: ___________________________

Name: ___________________________________ Email: ___________________________

Phone: ___________________________

Please answer these questions about the student’s residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student’s address a temporary living arrangement?
☐ Yes ☐ No

2. Is the student’s living arrangement due to loss of housing or financial hardship?
☐ Yes ☐ No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)
☐ In a motel or hotel due to loss of housing or financial hardship
☐ In an emergency shelter, transitional housing facility, or abandoned in a hospital
☐ Sharing another family’s house or apartment
☐ In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
☐ In a bus or train station
☐ Moving from place to place (couch surfing)
☐ In a public or private place not meant to be used as a regular place for people to sleep
☐ Other: _____________________________________________

Last school the student attended:
School: ___________________________ District: ___________________________
City: ___________________________ State: ___________________________

Name of Parent, Guardian or education decision maker:
Name: ___________________________ Signature: ___________________________
Name: ___________________________ Signature: ___________________________
Address: ___________________________
City: ___________________________ Signature: ___________________________
Home Phone: ___________________________ Work Phone: ___________________________
Cell Phone: ___________________________ Email: ___________________________
OR
Student (if an unaccompanied youth that is homeless):
Name: ___________________________ Signature: ___________________________
Address: ___________________________
Email: ___________________________ Phone: ___________________________

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY

Date Completed: ___________________________ Eligible: ☐ Yes ☐ No District Representative: ___________________________
Comments: ___________________________

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ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

SCHOOL SYSTEM: BIRMINGHAM CITY SCHOOLS/0114 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: __________________________

Telephone Number: __________________________

1. Have you moved during the last 3 years to work or to seek work even if it was for a short period of time? 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 or process of harvests, milk products, poultry farms, poultry plants, cattle farms.
☐ Fruit farms
☐ The cultivation or cutting of trees
☐ Work in nurseries or sod farms
☐ Fish or shrimp farms
☐ Worm farms
☐ Catching or processing sea food (shrimp, oysters, crabs, fish, etc...)

3. From what city, state or country did you come from? __________________________

4. What type of work did you or your spouse do before coming here? __________________________

Revised 6/1/08 V.2
Email Address
2018-2019

Parent/Guardian Name: __________________________

Email Address: _________________________________

Parent/Guardian Name: __________________________

Email Address: _________________________________