



MOUNTAIN BROOK SCHOOLS

effective • challenging • engaging

Bring with your Completed Forms for Registration:

All of the original documents listed below for school system personnel to copy for your student's permanent file:

- Child's Social Security Card (card required)
- Certified Birth Certificate (certification required), and
- Certificate of Immunization (Original Blue Form)

Bring one of the following documents to prove your residency within the Mountain Brook Schools District:

- Property Deed,
- Settlement Statement
- Title Insurance, or
- Current Lease Agreement

If siblings are currently enrolled in Mountain Brook Schools, and the family residence has not changed, a Letter of Residency must still be obtained but the above documentation is not required.

Kindergarten Students must be 5 years old on or before September 1, 2012.

Visit the Mountain Brook Schools web page at www.mtnbrook.k12.al.us for more information. For up-to-the-minute school system news, follow us on Twitter @mtnbrookschoools.



AFFIDAVIT FOR VERIFICATION OF STUDENT RESIDENCE

Clear Form

STUDENT INFORMATION

1st Student: New Student ___ Returning Student ___ School: _____ (office only)

First Name _____ Middle Name _____ Last Name _____ As it appears on Social Security Card and/or Birth Certificate

2nd Student: New Student ___ Returning Student ___ School: _____ (office only)

First Name _____ Middle Name _____ Last Name _____ As it appears on Social Security Card and/or Birth Certificate

3rd Student: New Student ___ Returning Student ___ School: _____ (office only)

First Name _____ Middle Name _____ Last Name _____ As it appears on Social Security Card and/or Birth Certificate

4th Student: New Student ___ Returning Student ___ School: _____ (office only)

First Name _____ Middle Name _____ Last Name _____ As it appears on Social Security Card and/or Birth Certificate

PARENT/GUARDIAN INFORMATION (student's primary residence)

1. Legal First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

2. Legal First Name: _____ Last Name: _____ Relationship: _____

Cell Phone: _____ Email Address: _____

Who should be designated as Head of Household? _____

Primary Address: _____ Mountain Brook, AL _____

Primary Residence Telephone: (_____) _____ - _____



Other Parental or Guardian Contacts

Legal First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

Legal First Name: _____ Last Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email Address: _____

STUDENT'S RESIDENCE

Student resides permanently in Mountain Brook City Limits? Yes: No:

If no, please explain: _____

Temporary address due to construction or remodeling: _____

Please complete page 5 if you have not closed on your property in Mountain Brook.

Do you agree to notify the Mountain Brook Board of Education at any time that the residence of the parent or student changes? Yes:

Student lives in Mountain Brook with: Parent(s): or Legal Guardian(s):

Guardian Information

If student lives with Guardian, please state:

Name of Guardian: _____

Address of Guardian: _____

Telephone of Guardian: _____ Date Guardian approved by Court: _____
(Please provide a copy of Court Guardianship Paperwork.)

Reasons for Guardianship:

Student lives full-time with Guardian: Yes: No:

If student does not live full-time with Guardian at a residence in Mountain Brook, please explain:

PENDING PURCHASE OR CONSTRUCTION OF HOUSE

If the student does not presently reside within the City Limits of Mountain Brook, but the parents are building or purchasing a home within the City Limits of Mountain Brook, please provide:

Address of New Residence: _____

Present address: _____

Real Estate Agent (Seller) or Building Contractor:

Name: _____

Telephone: _____

Closing Date of Sale or Completion Date for Construction: _____

Mountain Brook Occupancy Policy: To be eligible to attend Mountain Brook Schools, a student must live on a full time basis in the Mountain Brook attendance zones. If a student does not live in Mountain Brook, but the parents of the student will purchase or build a home in Mountain Brook by the end of the first semester the student may attend Mountain Brook Schools by producing the information requested below.

Proof of Occupancy: (1) To verify that a pending purchase of a home will be completed by the end of the first semester, please attach a copy of the Sales Contract. (2) To verify pending construction of a new home that will be completed by the end of the first semester, please attach a copy of the Construction or Building Contract. If the Sales Contract or Building Contract does not set forth when the home will be available for occupancy, attach a signed letter from the Seller (or Real Estate Agent) or the Building Contractor, stating when the residence will be available for occupancy.

CAUTION: Advise the Seller or Building Contractor that the date stated has legal implication; and therefore, must be made in good faith for review by the United States Attorney for accuracy. If occupancy by the end of the first semester, is contingent rather than definite, this should be stated and explained.

State the date you will move into the residence: _____

Do you agree to advise the Mountain Brook Board of Education if there is any changes in occupancy plans extending more than two weeks (14 days) later than the above state date?

Yes (Please Initial) _____

INITIAL HERE



AFFIDAVIT

My signature below as parent or guardian of the student(s) named above, I acknowledge and represent that the information set forth in this Affidavit is true and correct. I further acknowledge that I understand and agree to comply with the Student Attendance Policy of the Mountain Brook Board of Education: namely, that a student is eligible to attend Mountain Brook Schools only if the student resides on a full time basis with the student's parent(s) or legal guardian in Mountain Brook or the attendance zone established by Federal Court Order. A student who does not live in Mountain Brook or its attendance zone at the start of the school year may attend Mountain Brook Schools only if the student will move into a house so located by January 15 (i.e. during the first semester of school).

Furthermore I understand that the information obtained herein has legal significance because the Mountain Brook Board of Education operates under the jurisdiction of the United States District Court. I further understand that the United States District Court requires the Mountain Brook Board of Education to monitor strictly this residential policy and that any violation by any parent, guardian or student might constitute action in contempt of the United States District Court.

By Affidavit of Verification of Student Residency my signature below, I further acknowledge compliance with the condition of the Policy as follows:

1. I am the parent with legal custody or legal guardian of the student(s) named above.
2. This student(s) resides full time with me at my address which is located within the City Limits of Mountain Brook (or the attendance zone established by Federal Court Order).

I agree to respect the letter and spirit of the Student Attendance Policy of the Mountain Brook School System and to advise the Board promptly if I change residence to a location outside the City Limits of Mountain Brook (or attendance zone established by Federal Court Order).

CAUTION AND ACKNOWLEDGEMENT: I acknowledge that false or incorrect information about the student's residence may be investigated by the United State Attorney for report to the United States Federal Court.

Signature of Parent or Legal Guardian

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

NOTARY PUBLIC

My Commission Expires: _____

Clear Form

Enrollment History

Student First Name: Middle: Last:

Has student previously attended Mountain Brook Schools? Yes No

If yes, which school(s)?
 Preschool—Brookwood Forest
 Preschool—Mountain Brook Elementary

If yes, what was the first date of attendance in Mountain Brook Schools?

This form is for the purpose of enrolling in Date:
(Mountain Brook School)

Expected first day of school:

*****If Attended Preschool, Complete Below*****

Name of preschool other than Mountain Brook Preschool, if any attended:

Student is currently receiving special services through: IEP: 504 Plan: LEP Plan: Other: _____

Student attended preschool (check all that apply): 3 year old program 4 year old program 5 year old program

*****If TRANSFERRING TO MOUNTAIN BROOK SCHOOLS, COMPLETE BELOW*****

School transferring from:

Address:

City: State: Zip:

Student is currently receiving special services through: IEP: 504 Plan: LEP Plan: Other: _____



Home Language Survey

Clear Form

Date: _____

Student Name: _____

School: _____ Next Grade: _____

Please check the appropriate answer:

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

English: _____ Other: _____ Other Language is: _____

2. What language does the student most often speak?

English: _____ Other: _____ Other Language is: _____

3. What language is most often spoken in the student's home?

English: _____ Other: _____ Other Language is: _____

Parent signature

**Title VI of the Civil Rights Act of 1964 requires this information be filed in each student's cumulative record.

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ 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? _____



Welcome to Mountain Brook Schools!

New Student Enrollment 2012

Demographic Information



PLEASE PRINT

School student will be attending Fall 2012

- | | | |
|--|---|---|
| <input type="checkbox"/> Brookwood Forest Elementary | <input type="checkbox"/> Cherokee Bend Elementary | <input type="checkbox"/> Crestline Elementary |
| <input type="checkbox"/> Mountain Brook Elementary | <input type="checkbox"/> Mountain Brook Junior High | <input type="checkbox"/> Mountain Brook High |

Student First Name

Middle Name

Last Name

Preferred Name

Date of Birth

Home Phone Number

Social Security Number

Gender

- M F

Race

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Multi Race – 2 or more races | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White | |

Grade Level for Fall 2012

Student Primary Residence Physical Address

Street:

City & State: Mountain Brook, Alabama

Zip Code

Student lives at this address with (check all that apply):

- | | | | |
|--------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other Guardian Type | <input type="checkbox"/> Host Family |

Whom should we designate as this student's Head of Household?

Head of Household First & Last Name

Do you currently have other children enrolled in the Mountain Brook Schools District?

- YES
 NO

Please list all people, including parents/guardians, whom you wish to designate as a contact for this student. For each contact you list, check the specific permissions you grant that contact. You may list up to 8 contacts.

FIRST CONTACT

Contact First & Last Name Gender Email Address

****REQUIRED**** Street Address

City & State Zip Code

Home Phone Number Cell Phone Number Work Phone Number

Relationship to student:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other Guardian Type	<input type="checkbox"/> Host Family
<input type="checkbox"/> Friend	<input type="checkbox"/> Extended Family Member	<input type="checkbox"/> Doctor	

This contact is (check all that apply):

<input type="checkbox"/> Student's Legal Custodian	<input type="checkbox"/> Allowed to checkout	<input type="checkbox"/> An Emergency Contact	<input type="checkbox"/> A Family member
<input type="checkbox"/> Allowed to receive confidential mailings		<input type="checkbox"/> Allowed to view student grades and attendance	

SECOND CONTACT

Contact First & Last Name Gender Email Address

****REQUIRED**** Street Address

City & State Zip Code

Home Phone Number Cell Phone Number Work Phone Number

Relationship to student:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other Guardian Type	<input type="checkbox"/> Host Family
<input type="checkbox"/> Friend	<input type="checkbox"/> Extended Family Member	<input type="checkbox"/> Doctor	

This contact is (check all that apply):

<input type="checkbox"/> Student's Legal Custodian	<input type="checkbox"/> Allowed to checkout	<input type="checkbox"/> An Emergency Contact	<input type="checkbox"/> A Family member
<input type="checkbox"/> Allowed to receive confidential mailings		<input type="checkbox"/> Allowed to view student grades and attendance	

THIRD CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

FOURTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

FIFTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

SIXTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

SEVENTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

EIGHTH CONTACT

Contact First & Last Name

Gender

Email Address

****REQUIRED**** Street Address

City & State

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Relationship to student:

 Father Mother Stepfather Stepmother Grandfather Grandmother Other Guardian Type Host Family Friend Extended Family Member Doctor

This contact is (check all that apply):

 Student's Legal Custodian Allowed to checkout An Emergency Contact A Family member Allowed to receive confidential mailings Allowed to view student grades and attendance

Parent/Guardian Signature



**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			
<input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Special Needs Bus <input type="checkbox"/> 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

<input type="checkbox"/> 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: (Hemophilia, Von Willebrand’s, frequent nosebleeds)	<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: _____

**2012-2013 MOUNTAIN BROOK CITY SCHOOLS
STUDENT HEALTH INFORMATION SUPPLEMENT**

School: _____ Grade: _____

Student Name: _____ Date of Birth: _____
Last First Middle

Preferred Student Name: _____ Preferred Email: _____

I authorized the school nurse to contact me electronically, via email or text.

Emergency Contact Information: *Please list in order to be contacted, please include yourself:*

1. Name: _____ Relationship to Student _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Student _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Name: _____ Relationship to Student _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Name: _____ Relationship to Student _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family Information

Student lives with: Both parents at same home.
 Mother as custodial parent.
 Father as custodial parent.
 Other. If other explain below.

Student Insurance Information

Insurance Provider _____ Insured's Name _____
 Contract or Policy Number _____

As a parent/guardian, I consent to have my child receive first aid by school staff and volunteers. If necessary, I consent to have my child transported to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every school year.

Parent/Guardian Signature: _____ Date: _____



JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 SIXTH AVENUE, SOUTH • P.O. BOX 2648 • BIRMINGHAM, AL 35202-2648 • 205.933.9110 • WWW.JCDH.ORG

Disease Control Services

Date

Dear Parent or Guardian,

Each year the Jefferson County Department of Health conducts an audit of student educational records to ensure that children enrolled in school in Jefferson County are protected from vaccine-preventable diseases or have a valid exemption from vaccination. Documentation of vaccinations and medical exemptions is annotated on the Alabama Certificate of Immunization ("blue form"). Valid documentation from immunizations may also be annotated on the Alabama Certificate of Religious Exemption. During the course of the audit, local health department employees will check for appropriate vaccinations and a valid expiration date on the blue form or for an appropriate exemption form. No identifying information about the child is kept by the health department employees. If a child needs further vaccination or an updated certificate the school will be notified at the completion of the audit.

The Family Educational Rights and Privacy Act mandates parental consent be obtained for persons not employed by your school to review the records of its students. If you do/do not wish for your child's record to be evaluated by health department personnel, please indicate by providing your signature in the appropriate space below. No response from you will indicate that you will allow health department employees to audit the record of your child. Please select the do/do not option below, list your child's name with your signature and return this letter to the school by _____.

Thank you for your assistance,

Sincerely,

Principal's name

School Name

I give permission to the Jefferson County Department of Health of review my child's vaccination record.

I do not give permission to the Jefferson County Department of Health to review my child's vaccination record.

Child's Name _____

Signature of Parent: _____

CLEAR FORM

TECHNOLOGY USAGE POLICY J-43

Technology Usage Agreement Form

Parents/Students:

Students may not be allowed computer access until this form has been completed, signed, and returned or completed online. If you have any specific questions regarding the policy, please contact the Technology Coordinator at your school.

From time to time, your child's school or the district may wish to publish examples of student projects, quotes, photographs, student recognitions and/or video that include your child on the Mountain Brook Schools' web pages, in publications authorized by school officials, or on Mountain Brook's TV channel—Channel 10. Pictures or video posted on the Mountain Brook Schools' web sites, in publications authorized by the school or district, or shown on Channel 10 may include but are not limited to students when they are involved in projects, when they are in large groups, or when they receive recognition. Selected school materials published on the web could include but are not limited to: art work, written papers, videos, and/or class projects.

Students:

I acknowledge that I have read, understand, and agree to all terms in the Mountain Brook Schools Technology Usage Policy as outlined in the Mountain Brook Schools' Policy Manual. I further understand that, as a student in Mountain Brook Schools, I am responsible for appropriate behavior when using any Mountain Brook Schools technology resource or any personal technology resource if allowed on campus.

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:

1. loss of access to any technology resources such as but not limited to computers, printers, the Internet, and/or video equipment;
2. additional disciplinary action determined as appropriate at a specific school by school staff; and/or legal action, when applicable.


I also understand that this agreement will be binding during my entire career at my current school.


_____ As a student of Mountain Brook Schools, I understand and agree to comply with the Technology Usage Policy.


(Initial Here)


INITIAL HERE


Parent/Guardian

 My child may use the Internet while at school according to the rules outlined in the Mountain Brook Schools Technology Usage Policy J-43. _____ Yes _____ No

 My child's picture (including those in a video format) may be published on Mountain Brook web pages, other district/school licensed sites and/or district or school TV channels as outlined above.
_____ Yes _____ No

 My child's full name may be published on the Internet, in publications, authorized by school officials, and/or school and district TV channels. _____ Yes _____ No

 My child's selected school materials may be published on the Internet, in authorized publications, and/or school and district TV channels. _____ Yes _____ No

 My child may have an email account for school related purposes. _____ Yes _____ No

Student Name

Media Waiver

As the parent/guardian, I hereby grant permission to Mountain Brook Schools to allow the publication of the picture and full name of child in school-related articles in the following publications: (1) The Reporter, (2) Village Living, (3) The Birmingham News, and (4) The Over The Mountain Journal. This permission also applies to any and all Internet versions of those publications. I understand that if I deny this permission, my child will be excluded from having his or her photograph taken along with peers and classmates, for such publications.



I give my consent to Name, Photography and Statements. Yes No

Clear Form