2020-2021 REGISTRATION GUIDELINES FOR NEW STUDENTS TO
MEADOW VIEW ELEMENTARY SCHOOL

If you were enrolled at the end of the year at MVES you will only provide a new proof of residence and updated custody documents (if applicable)

Due to Covid-19 precautions we have formulated a plan for 2020-21 registration. You have several options to provide the necessary documents needed for enrollment. Please take a clear picture with your telephone and send directly to me via email. It is my highest priority to keep your child’s sensitive documents confidential. I will print and attach them to your child’s enrollment forms. You will receive a response back from me that I have received them safely and assure you of their permanent deletion from my email/trash. If you do not feel comfortable emailing you may wait until the school is open to the public to present your documents. When it is determined that we can open the office to the public you will be able to register in person as normal. Please do not hesitate to call with any questions or concerns. We are all here to help! Teresa Davenport, MVES Registrar

- Complete packet and return to the school with the following items:
  1. ORIGINAL up to date Alabama Immunization form (Can be blue or white with the IMPRINT logo in the left hand corner) (We must have an ORIGINAL so you can mail or put in our lock box outside our front door)
  2. A copy of the Birth Certificate
  3. A copy of the Social Security Card or a tax document to verify number (If you do not have a SS# OR choose NOT to provide this document (written reason why for our files i.e. identity theft concern) a number will be assigned for your child
  4. Copy of ONE (1) Major utility bill (Power, water, gas, garbage or monthly mortgage statement) Bills must be in parent/legal guardian’s name and dated within 30 days of enrollment. Bills must be a full bill which shows physical service address and usage. Letters from utility companies will NOT be accepted. Current apartment/house lease (Must list ALL occupants and signed by manager or property owner on record INCLUDING a major utility bill)
     If you cannot provide call the school office for instructions
  5. A copy of the parents driver’s license/picture ID
  6. Copy of Final Divorce Decree or current court ordered custody documents (if applicable)

Pick up/Drop off: Mon-Thurs from 7:00am to 3:00pm and Fri 7:00am to 11:00pm. Packets will be available to pick up from a plastic box outside the door. A secured lock box is available outside the door when you are ready to drop off a completed packet. The boxes will be checked daily and sanitized.

Mail to: Meadow View Elementary School 2800 Smokey Rd Alabaster, AL 35007 Attn: Teresa Davenport, Registrar
FAX: 205-621-4943

Drive through dates: To be determined. Watch the MVES website for updates.

Office open to the public: To be determined. Watch the MVES website for updates.

If a conference is necessary, please email or call so that we might schedule a Google Meet. This is preferred at this time. However, if you prefer a face to face conference please email us so we may assist you.

Main office: 205-685-4300.
Mrs. Michelle Brakefield, Principal: michelle.brakefield@acsboe.org
Mrs. Teresa Davenport, Registrar: teresa.davenport@acsboe.org

LAST STEP! You will receive an email from InfoSnap. Please check your spam and trash periodically. You MUST
1 follow the link they provide, 2 log in, 3 set up an account and 4 submit. Only after InfoSnap is submitted will you be officially enrolled for the 2020-21 school year. If you have not received your InfoSnap email by June 12th OR 48 hours after a new student/transfer enrollment please call the office.

Note: You will be notified of your classroom teacher approximately one week prior to school starting.
Students new to the Alabaster City School System must present to the school the following documents:

1. A certified birth certificate and verification of guardianship if different from birth certificate.
2. Student’s social security card (Optional) (Example: identity theft concern, not born in USA)
3. An up-to-date ORIGINAL State of Alabama Immunization Certificate (May be blue or white with state seal AND Imprint Logo)
4. Verification of Residence: One proof of physical residency – Document submitted as proof of residence must contain the parent or legal guardian’s physical address in order for the school to verify that the residence is in zone. (No Post Office Box address will be accepted)

Provisions for determining residence: Must submit at least one primary proof

Primary Proofs:
1. Utility Bills or Deposit Receipts
   a. Electric bill
   b. Water bill
   c. Gas bill
   d. Garbage bill
2. Apartment or Home Lease/Mortgage
   a. Apartment lease (Listing ALL occupants and signed by manager)
   b. House lease (Listing ALL occupants and signed by property owner on record)
3. Monthly Mortgage Statement

Note: Letters requesting service from utility companies will NOT be accepted.

These items are examples of what are considered secondary proofs. If this is all you have in your name you may need to complete an Affidavit at the school board. See school personnel for further instructions.

1. Property Tax Record or deeds
   a. Tax receipt
   b. Property deed
2. Income Tax records
   a. Copy of check from the IRS
   b. Correspondence from the IRS
   c. Copy of W2 Form
   d. Business Tax records or receipts
3. Other Official Proof of Residence Documents
   a. Social Security checks or other correspondence from Social Security office
   b. Miscellaneous correspondence from other US Government agencies
4. Employment Records
   a. Paycheck stub issued from employer showing the physical address of the employee
5. Bank Records
   a. Bank or Savings account statement
   b. Loan statements
6. Non-utility Bills
   a. Cell phone bill
   b. Credit card bill
   c. Cable Bill

If a student is unable to provide any of the above documentation, the family will need to contact Central Office for an enrollment appointment.

Telephone 205-663-8400
Alabaster City Schools-Central Office
10111 Highway 119
Alabaster, AL 35007

The enrollment of homeless, migrant, immigrant, and limited English proficient children shall not be denied due to any of the following barriers: lack of birth certificate; lack of school records or transcripts; lack of immunization records; lack of proof of residency, lack of transportation; unaccompanied; no guardian.
**DO**

- ACS will email each parent/guardian InfoSnap instructions by 1st week of June so that you may pre-register your student. Please be certain MVES has your current email address.

- EVERY parent/guardian must have their own valid email address. You may set up your own email address through Google or other free websites.

- ONLY a student’s legal parent or legal guardian can enroll through InfoSnap. Remember you are enrolling this student in school as if you are standing at the registrar’s desk. This is sensitive and confidential information.

- Be certain all persons allowed to visit or checkout your child from school are in InfoSnap. Use one person per entry line. Such as John Doe. Do not list John and Jane Doe. You will need to come in person to the school to make additions to check out people.

- ALL Students must be registered in InfoSnap and (1) power, water, gas, garbage bill, or mortgage statement dated June/July/August in parent/guardian name must be uploaded or presented to the school to be enrolled for the 2019-20 school year. Utility bills must be the full statement showing usage and physical address.

  We will accept an apartment/house lease. Leases must list ALL occupants and signed by manager or property owner on records INCLUDING a utility bill. If you cannot provide, call the school office for further instructions.

- Do check your email spam/trash to make certain the InfoSnap letter did not go there. The address it goes to is “ACS No-Reply No-reply”. This depends on your email settings.

**DO NOT**

- EVERY STUDENT has their own InfoSnap number therefore, emails and passwords should not be shared with your family/friends. **DO NOT** use your family/friend’s email address to pre-register! This causes an error for your family member/friend’s own student and InfoSnap resets can take up to 3 days during busy registration times.

- When entering checkout people. **DO NOT** enter multiple people on the same line. (Example: John and Jane Doe)

- You were asked to save your password from last year. If you do not know your password you will have to call InfoSnap at 1-866-752-6850 (8:00am – 5:00pm). It could take up to 3 days for them to respond to you during busy registration times. **DO NOT** make multiple telephone calls.

**REMEMBER**

- Your child will not be assigned to a classroom until we receive an acceptable proof of residence **AND** InfoSnap has been completed.
We are excited to announce the opening of online Registration for the upcoming school year! Your Registration for your student at Alabaster City School District is now available online.

Do you have an email address? You will need one to complete this online registration. IMPORTANT* DO NOT use someone else’s email account. A parent/guardian must have their own personal email address to register their children. (Example Google or Yahoo)

How do I get started?

Visit http://www.alabasterschools.org/ and click the Registration link.

Then, enter your student’s snapcode: __________________

What’s a snapcode?

The snapcode is like a key to your child’s Registration for the upcoming school year. You should receive a unique snapcode for each child. Make sure you enter it exactly as it appears above, with no spaces or punctuation.

Should I create an account?

If you’ve never completed an online Registration with infosnap, you should create an infosnap Account. This allows you to securely save your work and come back at a later time if necessary. You can use your email address or cell phone number.

If you already have an account, you can sign in and complete the form. (You should use the same account to complete forms for multiple children.)

Do I have to answer all the questions?

Questions marked with a red asterisk (*) are required.

What if I make a mistake?

If you would like to make a change, click on the underlined field or click “< Prev” to return to a previous page.

I’ve completed the form, now what?

When you have finished entering your information, click “Submit.” This will send all of the information you’ve entered to the school. If you cannot click on this button, you will need to make sure that you have answered all required questions.

What if I have more than one student in the district?

Do I need to do this for each child? Yes, because you’ll need to provide information that is specific for each child. We recommend that you submit one Registration and then start another – this will allow you to “snap over” shared family information, which will save you time.

I don’t know what a question is asking.

You can contact your local school to ask any general questions about the form or the Registration process.

Thompson High School (205) 685-6700
Thompson Middle School (205) 685-8100
Thompson Sixth Grade Center (205) 685-9600
Thompson Intermediate School (205) 685-6200
Meadow View Elementary School (205) 685-4300
Creek View Elementary School (205) 685-6100

Help! I’m having technical difficulties.

For technical support click “Contact Us” from any InfoSnap page or call 1-866-752-6850 Available 8:00am-5:00pm

Thank you!

Alabaster City School District
Alabaster City Schools Enrollment Form

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian PLEASE PRINT

DATE_________________ SCHOOL: ___________________ GRADE: _______ TEACHER: ___________________

LAST NAME____________________ FIRST NAME_________________ MIDDLE NAME_________________

PREFERRED NAME______________________________________________________________

DATE OF BIRTH_________ Gender — circle one MALE FEMALE PRIMARY PHONE__________________

PHYSICAL ADDRESS________________________________ CITY_________ ZIP_________

MAILING ADDRESS________________________________ CITY_________ ZIP_________

STUDENT LIVES WITH — (Circle One) BOTH PARENTS MOTHER FATHER GUARDIAN RELATION________

PARENT(S)/GUARDIAN(S) (verification shall be in accordance with local school board policy)

#1 Guardian (Notify 1st)________________________________ Circle One Mother Father Guardian Other

ADDRESS (If different than the student)________________________________________

EMAIL ADDRESS_____________________________ CELL PHONE________________________

EMPLOYER________________________________ WORK PHONE__________________________

#2 Guardian (Notify 2nd)________________________________ Circle One Mother Father Guardian Other

ADDRESS (If different than the student)________________________________________

EMAIL ADDRESS_____________________________ CELL PHONE________________________

EMPLOYER________________________________ WORK PHONE__________________________

SPECIAL INFORMATION ABOUT CUSTODY___________________________________________

Name/City/State of previous school attended:_____________________________________

Siblings at other Alabaster City Schools____________________________________________

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 _______

4. __________________________________ Relation _______ Phone _______

Parent/Guardian Signature_______________________________________________________
Dear Parent:

Welcome to Meadow View Elementary. To ensure your child's successful school experience, it is important that the teacher know something of your child's background. For this reason, you are asked to respond to the following questions. This will become part of your child's school record. Your cooperation is appreciated.

GENERAL INFORMATION

Student's Full Name: (First) __________________________ (Middle) __________________________ (Last) __________________________

Name Your Child Uses: __________________________ Date of Birth: __________________________

Race: ( ) Asian ( ) Black ( ) White ( ) Hispanic Origin ( ) Indian/Alaska/Central America ( ) Hawaiian/Pacific Islander

FAMILY INFORMATION

List Sibling(s) and ages:

How long have you and your child lived at your present address? ____

How many different places has your child lived? ____

Has anyone else helped to rear this child? ____ Who? __________________________

Does your child regularly stay away from home? ( ) No ( ) Yes (If yes, check those that apply)

( ) With a babysitter ( ) In a Mother's Day Out Program ( ) At a daycare center ( ) With a relative ( ) Other ______

Are there any illnesses in your family that seriously affect your family? __________________________

Has your child had any kind of traumatic experience of which the school needs to be aware (i.e. divorce, death in the family, serious accident)? __________________________

GENERAL HEALTH/NURSE INFORMATION

Please describe any usual fears or nervous habits.

Does your child have any medical problem, or condition, such as an allergy or tootling concerns which might affect his/her participation in the program? __________________________

Is your child taking any type of medication? __________________________

Will this be given at home or at school? __________________________

SOCIAL DEVELOPMENT

Indicate schools he/she attended prior to this year. (Include Preschools or Mother's Day Out Programs)

<table>
<thead>
<tr>
<th>School Name, City and State</th>
<th>Age</th>
<th>Grade or Year</th>
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My child repeated grade: _______ Academically my child may need extra help with: __________________________

Is/Has your child ever been referred for intervention services or received accommodations? (Example: Behavior Plan, BBSSST, PST, Section 504 Plan, large print, shortened tests, additional time, etc.) ( ) Yes ( ) No

If yes, please list the types of services/accommodations. Include info such as when or how long they were successful.

______________________________

DEVELOPMENT OF SKILLS

Does your child dress himself? Yes _____ No____

Can your child attend to him/herself in the restroom independently/without assistance? __________________________

Can your child's speech be understood by persons unfamiliar to him/her? Yes _____ No____

Does your child seem to be ( ) Left Handed or ( ) Right Handed?

Does your child follow directions? ( ) Always ( ) Usually ( ) Seldom ( ) Never

This information is correct and complete. Signature of parent/guardian __________________________ Date _______
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 America, or other Spanish culture of 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 only one:

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Did your child participate in any of these programs? Circle One

Head Start YES NO
Center-Based Child Care YES NO
Home Visitation Program YES NO
No Preschool - check if no preschool
First class Funded Preschool YES NO
Home-Based Child Care YES NO
Other Preschool YES NO
Special Education Funded YES NO
LANGUAGE QUESTIONNAIRE

Student Name: ____________________________________________ Grade: ____

City/State of Birth ___________________________ (If not born in USA) Date entered the USA) _____ Month _____ Day _____ Year

Is a language other than English most often spoken in your home? _____ YES _____ NO

If YES, what language: ______________________________________

What language did your child first learn to speak? __________________________

Does your child speak a language other than English? _____ YES _____ NO

Does parent/guardian request school communications translated? _____ YES _____ NO

If YES, what language? __________________________