

APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian

Date: _____ School: _____ Grade: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Sex: Male Female Home Phone: _____

Street Address: _____ City: _____ Zip: _____

Race: Asian Black Hispanic Am. Indian Multi. White Pacific Islander

Child Lives With: Parents Mother Father Guardian Relation: _____

*Social Security Number (voluntary): _____

PARENT(S) GUARDIAN NAME **If guardian, provide school with a copy of guardian papers**

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...VERY IMPORTANT!!!

Emergency Contact #1: _____ Emergency Contact #2: _____

Relation: _____ Phone: _____ Relation: _____ Phone: _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

#1: _____ Relation: _____ Phone: _____

#2: _____ Relation: _____ Phone: _____

#3: _____ Relation: _____ Phone: _____

#4: _____ Relation: _____ Phone: _____

Name of Former School : _____

Address of Former School : _____

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.