

****For Office Use Only Below****

Autauga County Schools Student Information Form

Enrollment Date: _____

Date(s) Records Requested: _____

Homeroom _____

Date(s) Records Received: _____

Grade _____

Full Legal Name of Student: _____ Name Called: _____

*Student's Physical Address _____ City: _____ Zip Code: _____

*Student's Mailing Address: _____ City: _____ Zip Code: _____

Language Spoken by Child: _____ Age: _____

Previous School / Daycare Information:

Name of last school/daycare attended: _____

School Address: _____ City: _____ State: _____ Zip Code: _____

Check box if student is currently receiving services: 504 ED ESL/LEP Gifted Homebound RTI
 IEP MR SLD Speech Title One Other

If so, describe services provided: _____

Transportation Arrangements:

How will your child be transported? Check one

Bus Rider AM PM Both

Car Rider AM PM Both

Walker AM PM Both

Bus Driver's Name: _____

Bus Number: _____

Medical Information:

List any Known Allergies: _____

Does your child have any Health Conditions or Concerns? List the name of primary doctor and medical conditions or concerns.

Primary Doctor: _____ Conditions/Concerns: _____

Sibling Information:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

***RESIDENCY VERIFICATION:** The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

****** A biological parent may not be blocked from checking out his/her child without a Court Order

*******Students enrolling in Autauga County Schools must meet the criteria for grade placement. Students will not be enrolled without proper credentials (transcripts, immunization form, withdrawal form, etc.). Any discrepancy in placement, which may be identified upon receipt of an official transcript, will be determined by the Principal of the school.

Information Certification:

I, _____, hereby certify that the above information is true and correct and that I am the parent or legal guardian of the student I am registering.

Parent or Legal Guardian

Date