COLBERT COUNTY BOARD OF EDUCATION **STUDENT ENROLLMENT FORM**

FILE: JBC-F1

Must be completed by Parent/Legal Guardian

Please Print	
DATE: SCHOOL:	GRADE: Bus 1: Bus 2:
LAST NAME: FIRST:	MIDDLE:
DATE OF BIRTH: SEX (Circle One): MAL	E FEMALE HOME PHONE:
STREET ADDRESS:CIT	TY: ZIP CODE:
RACE (Circle One): ASIAN BLACK HISPANIC AM. INDIAN	MULTI WHITE PACIFIC ISLANDER
CHILD LIVES WITH (Circle One): PARENTS MOTHER FATHER	GUARDIAN (Relation):
Who has primary custody if parents do not live in same household?	
*SOCIAL SECURITY NUMBER (voluntary):	
PARENT(S) / GUARDIAN NAME: **If guardian, provide school with a copy of guardianship 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 ownvery important.)	
	ERGENCY #2
CONTACT: CON Relation: Phone: Relation:	
THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF 1.	
2 Relation:	Phone:
3 Relation:	Phone:
4 Relation:	Phone:
5 Relation:	Phone:
6 Relation:	Phone:
NAME AND ADDRESS OF FORMER SCHOOL:	

I hereby affirm that the above named student resides with parent(s)/guardian(s)/custodian(s) at the address listed above and does in fact occupy this residence. I further declare that this residence is located within the boundaries for which the student is registering. I understand that if I move out of the school zone I am responsible for reporting my new address to the school.

PARENT / GUARDIAN / CUSTODIAN 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.