



Dale County High School

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Midland City, Alabama 36350
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Mr. Matt Humphrey
Principal

Mr. Bucky Sconyers
Assistant Principal

Mrs. Abby Saunders
Counselor

Registration Process

The following conditions are required prior to registration:

- Discipline and Attendance from previous school
- Parent or Guardian – Dale County School System requires court ordered guardianship/custody
- Two (2) forms of proof of residency (see residency form for documentation requirements - one from each column)
- Proof of age (birth certificate)
- Social Security Card
- Proof of Immunization
- Withdrawal Form
- Transcript

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
in DALE COUNTY HIGH SCHOOL

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX (circle one) MALE FEMALE HOME PHONE _____

*SOCIAL SECURITY NUMBER (voluntary) _____ GRADE _____

Hispanic/Latino? YES NO RACE: American Indian Asian Black/African American Native Hawaiian/other Pacific Islander White

PHYSICAL ADDRESS _____ CITY _____ STATE _____ Zip _____

MAILING ADDRESS (if different) _____ CITY _____ STATE _____ Zip _____

STUDENT LIVES WITH (circle one) BOTH PARENTS MOTHER FATHER GUARDIAN: Relation _____

PARENT(S)/GUARDIAN (court ordered documentation required for verification)

MOTHER/GUARDIAN _____ ADDRESS _____
EMAIL ADDRESS _____ CELL PHONE _____
EMPLOYER _____ WORK PHONE _____

FATHER/GUARDIAN _____ ADDRESS _____
EMAIL ADDRESS _____ CELL PHONE _____
EMPLOYER _____ WORK PHONE _____

SPECIAL INFORMATION ABOUT CUSTODY: (circle one) YES NO IF YES, EXPLAIN _____

LIST ANYONE PROHIBITED FROM CHECKING CHILD OUT OF SCHOOL _____

EMERGENCY CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

<u>EMERGENCY #1</u>	<u>EMERGENCY #2</u>
CONTACT NAME _____	CONTACT NAME _____
Relation to student _____ Phone _____	Relation to student _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL (in accordance school system check-out procedures)		
1. _____	Relation to student _____	Phone _____
2. _____	Relation to student _____	Phone _____
3. _____	Relation to student _____	Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

HAS/IS STUDENT: Been expelled? Yes No Under suspension? Yes No Enrolled in Alternative School? Yes No Asked to withdraw? Yes No

SPECIAL SERVICES: Is student currently receiving special education services? YES NO

Is the student connected to an Active Military Family Parent? YES NO

TRANSPORTATION: (Circle One) Bus Rider Car Rider

PRESCHOOL: Head Start Center-Based Child Care Home Visitation Program No Preschool First Class Funded Preschool
 Home-Based Child Care Special Education Funded Other Preschool _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

*Disclosure if 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.

DALE COUNTY SCHOOL SYSTEM
Residency Enrollment Application Form (5.20 Attachment)

An in-district student is defined by a student living in an established dwelling with the legal parent/guardian in Dale County; but outside of the city limits of Ozark and Daleville.

A. Background Information

Full Legal Name of Student: _____ Age _____ Grade _____

Name of Zoned Dale County School Applying for Enrollment: _____

Name of School and School System last attended: _____ / _____

Name of Parent/Legal Guardian: _____

* Legal guardians and foster care parents must provide a court decree declaring him/her to be the legal guardian or the foster care parent of the student.

List any sibling(s)/or any other children you have guardianship of:

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

B. Residency Information

Residence Information

Location of Your Physical Residence/Complete Mailing Address (Including number and street -- No PO Boxes)

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

C. Residency Verification

Please check one (1) item from each column that you will provide to verify your residence. Please attach the two (2) documents to this form.

Column One

- _____ Insurance or Medicaid mail with address
- _____ Current utility bill showing residence address
- _____ Voter Registration Card
- _____ Driver's License or Government Issued ID

Column Two

- _____ Property tax record (tax appraisal postcard)
- _____ Rent Receipt; Numbered/signed by Landlord
- _____ Mortgage documents or a property deed
- _____ Motor Vehicle Tag Receipt

Certification and Acknowledgement

I, (full name) _____, am the legal guardian of the above-named student, and do hereby certify that the information stated above on this form and in the supporting documentation are true. I consent and agree that the Dale County School System will have the right to verify the information provided above and that this form and any supporting documentation may be subject to review and/or verification by the Superintendent and/or his/her designee. **I fully understand that falsifying residency information will result in the immediate removal of the above-named student from school.**

I further agree that, if there is any change in my residence or the residence of the above-named student, I will notify the school administration within ten (10) days of the date of such change.

Signature: Parent/Legal Guardian _____

Date: _____

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Dale County SCHOOL YEAR: 2020-2021

SCHOOL: Dale County High 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: _____

1. Have you **moved** in the last three years to work or to seek work, even if it was for a short period of time? YES _____ NO _____

If so, what type work are you or your spouse doing now:

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please check (√) all that apply:

- The production of the 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 seafood (shrimp, oysters, crabs, fish, etc.....)

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO: _____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____ Celular: _____

1. ¿Se ha **mudado** usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

Si marcó Sí. ¿Que tipo de trabajo hace usted o su esposa(o) ahora?

2. Si marcó **Sí** en la pregunta número 1. ¿De que ciudad, estado o país vinieron?

3. ¿Usted o su esposa(o) **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (✓) todos los aplicables:

- La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- Huertas de frutas.
- La cultivación o corte de árboles.
- Trabajo en Invernaderos o granjas de Césped
- Granjas de pescados o camarones
- Granjas de gusanos
- La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc...)

DALE COUNTY SCHOOLS
HOME LANGUAGE SURVEY

Student's Name _____ Grade _____

(TO BE FILLED IN BY PARENT OR GUARDIAN)

What language did your child learn to speak first? English ____ Spanish ____ Other ____

What language is spoken in your home most of the time? English ____ Spanish ____ Other ____

What language does your child speak outside of the home? English ____ Spanish ____ Other ____

In what language do you read? English ____ Spanish ____ Other ____

In what language does your child read? English ____ Spanish ____ Other ____

Signature _____ Date _____

ESCUELAS DEL CONDADO DE DALE
CUESTIONARIO DEL IDIOMA HOGAREÑO

Nombre Del Niño/Niña _____ Grado _____

(DEBE COMPLETARSE POR EL PADRE O EL GUARDIÁN:)

¿Cuál fue el primer idioma que aprendió a hablar su hijo(a)? Inglés ____ Español ____ Otro ____

¿Cuál es el idioma que más se habla en su hogar? Inglés ____ Español ____ Otro ____

¿Cuál es el idioma que más se habla fuera de hogar? Inglés ____ Español ____ Otro ____

¿Qué idiomas puede usted leer? Inglés ____ Español ____ Otro ____

¿Qué idiomas puede leer su hijo(a)? Inglés ____ Español ____ Otro ____

firmar _____ fecha _____