



To Enroll at G.W. Long Elementary School

Please provide the following:

1. Copy of birth certificate
2. Copy of social security card
3. An up-to-date Alabama immunization record
4. Withdrawal paperwork, transcript, and/or report card from previous school
5. Two proofs of residence within the Skipperville school district, one from each column:

- *Column 1*

- Insurance or Medicaid with mailing address
- Current utility bill showing address
- Voter registration card
- Driver's license or gov't issued ID

- *Column 2*

- Rent receipt (numbered and signed by landlord)
- Property tax record
- Mortgage document or property deed
- Motor vehicle tag receipt

****Please call the Long Elementary School office at (334) 774-0021 if you have any questions regarding enrollment.**

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

DATE _____ SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX-Circle One: MALE FEMALE HOME PHONE _____

PHYSICAL ADDRESS _____ CITY _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

STUDENT LIVES WITH - Circle One PARENTS MOTHER FATHER GUARDIAN:RELATION _____

*SOCIAL SECURITY NUMBER (voluntary) _____

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

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 CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1	EMERGENCY #2
CONTACT _____	CONTACT _____
Relation _____ Phone _____	Relation _____ Phone _____

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 _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED : _____

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.

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 American, or other Spanish culture or 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 one or more:

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Date:

Staff Signature:

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military parent	Circle One: YES NO
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PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Centered Based Child Care -	Circle One: YES NO	Home Based Child Care – Circle One: YES NO
Home Visitation Program –	Circle One: YES NO	Other Preschool – Circle One: YES NO
No Preschool) – Check if no Preschool		Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
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Please list names of Brothers/Sisters, their grade, and the school they attend.

Brothers/Sisters:

Grade:

School:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Information:

Medical problems requiring attention (diabetes, epilepsy, allergies, ect...): _____

In case of an emergency situation such as an accident or serious illness, I understand that the school shall make every effort to contact the parent/guardian and/or other emergency personnel as needed. I authorize the school to take whatever steps are necessary to provide the best medical care for my child. I will be responsible for any charges for medical assistance and/or ambulance service. I also give the school permission to contact a person listed as emergency contacts if I cannot be reached and they are to assume temporary care of my child. I authorize the school to share health history information as needed with all appropriate school personnel in order to provide the best care for my child.

Signature of parent/guardian: _____ Date: _____

Medication Information:

Will the child take medicine at school for an ongoing condition? Yes _____ No _____
Name of medication: _____ Dosage: _____ Time: _____
Name of prescribing doctor: _____

A medication form must be on file with the school nurse. The form must be completed and signed by the prescribing doctor. All medication must be in the properly labeled bottle from the pharmacist.

Transportation:

Bus #: _____ Bus Driver's Name: _____ Private Trans. _____ Yes _____ No

Unless the school has a written note from the parent/guardian stating a child should get off at a different location, he/she will be returned to the regular residence from which the child was picked up.

Prior School Attended:

School Name: _____ Phone #: _____

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

Grade: _____ Special services provided at previous school: _____

Has the student been expelled or suspended from the previous school? _____ If so, please explain.

Please read and sign the following:

*We do hereby certify that we currently reside in the school's district, and will continue to reside in the district, or have received permission from the Dale County Board of Education to attend this school. We also understand that students enrolling must live with their parents or legal guardians (proof required). If school officials determine this statement to be false the student(s) enrolled will be withdrawn immediately.

Signature of parent/guardian: _____ Relation: _____ Date: _____

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.

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:

Special Services Information

Student's Name

Grade

1. Has this student ever been referred for special services?

_____ Yes _____ No

2. Has this student ever been tested for special services by either a public agency or a private agency?

_____ Yes _____ No

3. If the answer to question number 2 is yes, was the student placed?

_____ Yes _____ No

Please check the type of disability or impairment:

- ___ Autism
- ___ Deaf/Blindness
- ___ Developmental Delay
- ___ Emotional Disability
- ___ Hearing Impairment
- ___ Intellectual Disability
- ___ Multiple Disabilities
- ___ Orthopedic Impairment
- ___ Other Health Impairment
- ___ Specific Learning Disabilities
- ___ Speech or Language Impairment
- ___ Traumatic Brain Injury
- ___ Visual Impairment
- ___ Gifted
- ___ Other _____

****Please provide a copy of the IEP if your child received special services****

Signature of Parent/Guardian

Date

School Name George W. Long Elementary School

**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 _____

Parent/Guardian Signature

Date

**ESCUELAS DEL CONDADO DE DALE
CUESTIONARIO DEL IDIOMA HOGAREÑO**

Nombre Del Niño/Niña _____ **Grado** _____

(DEBE COMPLETARSE POR EL PADRE O EL GUARDIAN:)

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 _____

Que idiomas puede usted leer? Inglés _____ Español _____ Otro _____

Que idiomas puede leer su hijo(a)? Inglés _____ Español _____ Otro _____

Firma del Padre o Guardian

Fecha

**ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY**

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians;

Please, complete the following survey. The results of this survey will be used to determine if you possible eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last 3 years to work or to seek work even if it was for a short period of time? YES _____ NO _____

2. Are you or your spouse working or have you worked in an activity directly related to some of the following? Please, check (✓) all applicable:

- 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....)

3. From what city, state or country did you come from? _____

4. What type of work did you or your spouse do before coming here? _____
