



# Kindergarten Registration 2019-20 School Year

Registration Begins:  
May 6 - May 10  
8:00 am - 2:30 pm

Please provide the following:

1. Copy of **Birth Certificate** (child must be five years old on or before Sept. 1, 2019)
2. Copy of **Social Security Card**
3. An up-to-date **Alabama Immunization record**
4. **Two Proofs of Residence** within the school district. (provide two of the following: Property tax, mortgage documents or property deed, rent receipt, current utility bill, voter identification, and/or driver's license)

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



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  
 CONTACT \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_

EMERGENCY #2  
 CONTACT \_\_\_\_\_  
 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 family	Circle One: YES NO
Student connected to a Guard or Reserve Military family	Circle One: YES NO

**PRESCHOOL**

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Center-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	<input type="checkbox"/>	Special Education Funded – Circle One: YES NO

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 Form of Student Living with Parent, Legal Guardian, or Foster Care Parent

A. Background Information

Full Legal Name of Student: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Legal Guardian\*/Foster Care Parent\* \_\_\_\_\_

\* 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

i. Residency Status (Check appropriate status)

Dale County Resident (Outside of Ozark or Daleville City Limits) \_\_\_\_  
OR

Out-of-District Resident \_\_\_\_

ii. Residence Information

Location of Your Physical Residence  
(Including number and street -- No PO Boxes)

Complete Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Name, Address and Phone Numbers \_\_\_\_\_

C. Residency Verification

Please check the two (2) items you will provide to verify your residence. A post office box is not acceptable as an address. Please attach the two (2) documents and return them with this form.

- \_\_\_ 1. Property tax records that indicate the location of the homestead.
- \_\_\_ 2. Mortgage documents or a property deed.
- \_\_\_ 3. Apartment or home lease, or rent receipt indicating the current 911 address and the persons who made and received the rent payment. If a rent receipt is submitted, the next month's rent receipt, including the required information, must be submitted within thirty (30) days.
- \_\_\_ 4. Current utility bill showing residence address.
- \_\_\_ 5. Voter precinct identification indicating the current 911 address.
- \_\_\_ 6. Driver's license.

**D. School District Information (For Out-of-District Applicants)**

- i. School Currently Attended/Zoned: \_\_\_\_\_
- ii. Is the student currently expelled from school district or subject to other out-of-school discipline \_\_\_\_\_  
-If Yes, please provide documentation related to the disciplinary action.
- iii. Has school district student is currently attending or zoned for provided a release of this student \_\_\_\_\_  
-If No, please provide a copy of documentation requesting release.

**E. Transportation (For Out-of-District Applicants)**

The Dale County School System is not required to provide transportation to students who are not residents of the area zoned to attend a Dale County School System school. By signing this application, the parent/legal guardian/foster parent acknowledges that the Dale County School System does not have an obligation to provide transportation services. By signing this application the parent/legal guardian/foster parent acknowledges that he/she will provide the necessary transportation for the nonresident student to attend a Dale County School System school.

**Acknowledgment of Transportation**

\_\_\_\_\_  
Signature: Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Date

**F. School Requesting to Attend (For Out-of-District Applicants)**

Please list the name of the school that you are requesting the student attend: \_\_\_\_\_

**\* Certification and Acknowledgement \***

I, (full name) \_\_\_\_\_, am (*check one*) the mother \_\_\_\_\_, father \_\_\_\_\_, legal guardian \_\_\_\_\_, foster care parent \_\_\_\_\_ of the above-named student, and do hereby certify under oath that the information stated above on this form and in the supporting documentation is 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 submitted to a federal court or the U.S. Department of Justice to ensure compliance with any federal court orders. I fully understand that the execution of a false certificate 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 Dale County School Board in writing within fifteen (15) days of the date of such change.**

\_\_\_\_\_  
Signature: Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
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
- \_\_\_ 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

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**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: Dale County SCHOOL YEAR: \_\_\_\_\_

SCHOOL: Long Elementary 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: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell Telephone No: \_\_\_\_\_

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 \_\_\_\_\_

**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 or 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.....)