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
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 ___________________ Phone __________

Relation ___________________ Phone __________

EMERGENCY #2
CONTACT ___________________ 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.

January 2015
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:

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<thead>
<tr>
<th>Ethnicity – Choose only one:</th>
<th>Race – Choose one or more:</th>
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<tbody>
<tr>
<td>_______ NOT Hispanic/Latino</td>
<td>_____ American Indian or Alaska Native</td>
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<tr>
<td>_______ Hispanic/Latino</td>
<td>_____ Asian</td>
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<td></td>
<td>_____ Black or African American</td>
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<td>_____ Native Hawaiian or Other Pacific Islander</td>
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<td>_____ White</td>
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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 |
| Center-Based Child Care | Circle One: YES  NO |
| Home Visitation Program | Circle One: YES  NO |
| No Preschool – Check if no Preschool |  |

| First Class Funded Preschool | Circle One: Yes  NO |
| Home-Based Child Care | Circle One: YES  NO |
| Other Preschool | Circle One: YES  NO |
| 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)

________________________________________________________________________

________________________________________________________________________

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.
   -If No, please provide a copy of documentation requesting release.

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:

Page 2 of 2
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 __________
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____

__________________________________________ Date

Parent/Guardian Signature

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____

__________________________________________ Fecha

Firma del Padre o Guardian
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......)

Revised: 6/14/2011  V.1