



REQUIREMENTS FOR REGISTRATION

Parents must accompany students to enroll and provide the following items at time of registration:

1. Parental identification .
2. Current Alabama immunization certificate
3. (2) Proofs of residency *
4. Copy of birth certificate
5. Copy of Social Security card
6. Withdrawal form from previous school
7. Transcript from previous school
8. Copy of IEP (if applicable)
9. Custody documentation (if applicable)

(Guardianship must be established by the courts and signed by a judge.
Power of attorney is NOT acceptable.)

- * Rental or lease agreement
- Property tax record
- Mortgage document or property deed
- Residential lease
- Utility bill or utility deposit receipt
- Driver's license
- Voter precinct identification
- Automobile registration

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT (in ink)

Must be completed by Parent/Legal Guardian

PLEASE PRINT (in ink)

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.

Additional Requested Information:

MILITARY/FEDERAL PROPERTY

Is parent(s) a federal employee or in uniform services? YES NO
 Is home address on federal property? YES NO

OTHER

Student's cell number: () _____
 Native language: _____
 Name and phone number of family physician: _____
 Any known medical/health conditions: _____
 Will you give permission to take your child to the nearest clinic for Emergency Treatment? Circle One: YES NO
 Is student eligible for services? Special Education/with IEP: YES NO 504 YES NO
 ESL (English as a Second Language): YES NO
 Will student ride a bus? Circle One: YES NO Car Rider: YES NO Daycare: _____
 Has the child previously attended a school in the Enterprise City Schools, if yes which one? _____
 Release of Directory Information Allowed? (Information that is generally not considered harmful or an invasion of privacy if released.) YES NO

Additional people who may check your child out:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Office Use Only: S.S. Card Verification, S.S. # _____ Date of Enrollment _____
 Name as appears on S.S. card _____ Teacher _____
 Birth Certificate _____ Immunization Certificate _____ Residency Verification (2) _____
 Custody Verification _____ Next School _____

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 <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Race - Choose one or more <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> ASIAN <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Date	Staff Signature