

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 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	<input type="checkbox"/>	Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
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SOUTH SHADES CREST ELEMENTARY SCHOOL
New Student Information Page

Student's Full Name _____ Grade Entering _____

Student's Preferred Name _____ Date of Birth _____ Age _____

Parent/Guardian's Name _____

Please answer the following questions about your child:

<p>Is your child currently enrolled in a school/preschool program? If YES, name of the school/program and how long attended:</p>	Yes	No
<p>Is any language other than English spoken at home? If YES, please list language(s):</p>	Yes	No
<p>Does your child follow single directions or requests the first time asked? Comments:</p>	Yes	No
<p>Does your child take care of personal needs such as toileting and dressing independently? Comments:</p>	Yes	No
<p>Does your child exhibit any of the following behaviors: <ul style="list-style-type: none"> - Defiance of adults? - Aggression towards others? (biting, hitting, throwing objects, etc) - Anxiety or fears? Comments:</p>	Yes	No
<p>Has your child had any of the following experiences in the last 6 months? Circle any that apply <ul style="list-style-type: none"> - Serious illness - Death in the family - Moved or plan to move - Birth of sibling - Separation or divorce of parents - Other Comments:</p>	Yes	No

Please check any of the following needs that apply to your child and comment in the space below:

	Special Education (placement/IEP)
	Speech/Language Concerns
	504 Plan (please describe below)
	Academic/Instructional Support Concerns
	ADD/ADHD
	Difficulty adapting to new situations or changes
	Counseling or Emotional Support
	Behavior Support
	Gifted/Enrichment
	Special Talents (please describe below)
	Hearing Concerns
	Vision Concerns
	Occupational and/or Physical Therapy (please describe below)
	Physical or health requirements (please describe below)
	Divorce decree/ Custody Information

Use the space below to give any additional information about your child and to clarify/explain any of the above information.

Describe the type of classroom setting/ teaching style that you feel your child needs in order to be successful.

Please list any students that will be familiar faces for your child as he/she transitions to SSC.

Hoover City Schools

HOME LANGUAGE SURVEY

Schools are required to determine the language(s) spoken by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us to meet this important requirement is requested. Please answer the following questions and return this form to the school's office.

Student's Name _____ Date of Birth ____/____/____
(Last) (First) (Middle)

Country of Birth (if other than United States): _____

Grade Level Entered U.S. Schools (if lived outside of U.S. at any time): _____

Date of Entry in U.S. Schools (if lived outside of United States at any time): ____/____/____

School _____ Grade _____ Date Enrolled ____/____/____

1. What language did your child first learn to speak? _____

1. What language does your child most often speak? _____

3. What language is most often spoken in your home? _____

If English is not your child's primary language, has your child ever participated in an English as a Second Language Program? YES _____ NO _____ If yes, when? ____/____/____
In which school district and state? _____

(Parent's Signature)

____/____/____
(Date)