

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:            - 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            - 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.

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

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

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# 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)



# South Shades Crest Elementary School



Kara Scholl, Ph.D. Principal

Leslie Clark Assistant Principal

3770 South Shades Crest Road ♦ Hoover, Alabama 35244 ♦ Phone: (205) 439-3000 ♦ Fax (205) 439-3001

## State of Alabama Department of Education

### OFFICIAL REQUEST FOR STUDENT RECORDS

DATE OF REQUEST: \_\_\_\_\_

DATE REQUEST RECEIVED: \_\_\_\_\_

*The Alabama Department of Education and South Shades Crest School request that you transmit the following student records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school (Alabama Administrative Code 290-080-090-09(2)(e)).*

LAST	FIRST	M.I.	GRADE

\_\_\_\_\_  
Kara Scholl, Ph.D., Principal

Last School Attended:

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

School Requesting Records:

South Shades Crest School  
3770 South Shades Crest Road  
Hoover, AL 35244  
(205) 439-3000 / (205) 439-3001 FAX

ATTN: Shay Hammonds

Parent/Guardian Signature: \_\_\_\_\_