## ALEXANDER CITY SCHOOLS APPLICATION FOR NON-RESIDENT STUDENT ENROLLMENT

(Must be completed and submitted by Parent/Legal Guardian at Alexander City Board of Education)

|   | Application Date:   |  |  |                          |  |
|---|---|--|--|--------------------------|--|
| STUDENT'S NAME: LAST  | _FIRST.   |  | MIDI   | DLE                      |  |
| DATE OF BIRTH   | OF BIRTH GRADE as of Application Date:  |  |  |                          |  |
| Requested Date for Enrollment:  | Expected Grade, if accepted:  |  |  |                          |  |
| STREET ADDRESS  | СІТ   | ΓΥ   |  | ZIP CODE                 |  |
| HOME PHONE  |   |  |  |                          |  |
| CHILD LIVES WITH: PARENTS MO Name and Address of Current/Former School:   | THER  |  | FATHER   | GUARDIAN                 |  |
| Is the applicant a special education student? If yes, student's current IEP must be submitted for review- In the past year, has the student been suspended or expelled from school?   |   |  |  |                          |  |
| PARENT(S)/GUARDIAN(S): If guardian, provide copy of guardianship papers.  |   |  |  |                          |  |
| MOTHER/GUARDIAN TELEPHONE   |   |  |  |                          |  |
| ADDRESS   |   |  |  |                          |  |
| MAIL EMPLOYER   |   |  |  |                          |  |
| ATHER/GUARDIAN TELEPHONE  |   |  |  |                          |  |
| ADDRESS   |   |  |  |                          |  |
| EMAIL   |   |  |  |                          |  |
| Does the parent/guardian own property or a business in the school zone?   |   |  |  |                          |  |
| Is the parent/guardian an employee of the City of Alexander City?   |   |  |  |                          |  |
| List any siblings already enrolled in the Alexander City Schools-   |   |  |  |                          |  |
| REQUIRED DOCUMENTATION – Must be received   |   |  |  |                          |  |
| Copy of parent/legal guardian's Driver's Lice Disciplinary Record for the past calendar year Attendance Record for the past calendar year Grade Report for the past calendar year (365 Special Education Individualized Education F Documentation of property owned within sch Documentation of business owned within city Documentation of employment by the City of Legal Guardianship Papers − IF APPLICABL PARENT SIGNATURE | ar (365 da<br>ar (365 da<br>5 days) –<br>Plan (IEP<br>ool zone<br>y limits of<br>Alexand<br>E | ays) – RE<br>ays) – RE<br>REQUIR<br>) – IF APP<br>– IF APP<br>f Alexando<br>ler City – | QUIRED FOR ALL S<br>QUIRED FOR ALL S<br>ED FOR ALL STUDE<br>PLICABLE<br>PLICABLE<br>er City – IF APPLICAI<br>IF APPLICABLE | TUDENTS TUDENTS ENTS BLE |  |
| It is the policy of the Alexander City Board of Education that no pe<br>age be excluded from participation in, be denied the benefits of o  |   |  |  |                          |  |
| Office Use Only   |   |  |  |                          |  |
| Date of Action:   |   | -  | Accepted   | Denied                   |  |
| Notes:  |   |  |  |                          |  |
|   |   |  |  |                          |  |