

James A. Mulkey Elementary School

Registration Packet and Instructions

Dear Parent/Guardian,

We are so excited about your child(ren) attending school with us here at Mulkey. Please complete the attached application and have the following required documents to enroll your student(s):

- **Copy of Birth Certificate**
 - A copy can be purchased at the Geneva Co. Health Dept. located at 300 County Road 41 Hartford, AL.
- **Alabama Shot Record**
 - Can be obtained from the Geneva County Health Dept. or your child's pediatrician.
 - If you are moving from out of state, your child's immunizations must be transferred to Alabama. Please visit the Geneva Co. Health Dept. for assistance at 300 County Road 41 Hartford, AL.
- **Copy of Social Security Card**
 - You can apply for a new card, if needed, at the US Social Security Administration Office located at 1778 Whatley Drive Dothan, AL.
- **Copy of one parent/guardian's driver's license or ID card.**
- **2 proofs of address showing residency in Geneva City School District**
 - This can be a copy of water, power, cable bill, etc.
 - Students not living within the district will also need to complete an Out of District Application. This can be found on the district's website or in the office.
- **Copy of any court or custodial documents that we would need for your child**

We look forward to receiving your application. If you have any questions, please feel free to contact us.

Thank you,



Brittany Parrish
School Counselor
Mulkey Elementary
P: 334-684-2294
F: 334-684-2543

Options for Returning Your Application & Documents:

- Email them to register@gck12.com
- Fax them with a cover page to 334-684-2543
- Place in the black drop-box outside of the Mulkey Office
- Mail them to:
 - Mulkey Elementary School
 - Attn: Registrar
 - 800 W. Meadow Ave.
 - Geneva, AL 36340

Date _____ School _____ Mulkey Elementary _____ 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 Contacts: Please list numbers other than your own.

Emergency Contact #1 _____ Emergency Contact #2 _____

Relation _____ Phone _____ Relation _____ Phone _____

These people have permission to check my child out of school:		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____
4. _____	Relation _____	Phone _____

Name and Address of Former School: _____

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.

Military Affiliation: Please mark if either of these apply.

_____ Student connected to an active duty military parent _____ Guard or reserve military family

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 Asian, 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 American or Other Pacific Islander

_____ White

Date: _____

Staff Signature: _____

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Geneva City Schools

SCHOOL YEAR: 2021-2022

SCHOOL: Mulkey Elementary School

GRADE: _____

Dear Parents or Guardians:

Complete the following survey. The information in this survey will be used to determine if you might be eligible for the Migrant Education Program.

Student Name: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Cell Phone: _____ Other Phone: _____

1. Have you **traveled** during the last 3 years **to work** in **agriculture or fishing** or **to look for work** in **agriculture or fishing**?
YES _____ **NO** _____

2. Where did you travel from?

3. What type work are you or your spouse doing now?

4. Check any activities below that you or your spouse have worked in during the last 3 years.

Check (✓) all that apply:

_____ Poultry plants, poultry farms, or cattle farms

_____ Production or processing of milk products

_____ Catching or processing seafood or fish

_____ Cultivation or cutting of trees

_____ Harvesting of crops

_____ Nurseries or sod farms

_____ Fish or shrimp farms

_____ Worm farms

_____ Fruit farms

Geneva City Board of Education

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: Mulkey Elementary School Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

10. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

**APPENDIX C-1
GENEVA CITY SCHOOLS
RESIDENCY QUESTIONNAIRE**

1. Where is the student currently living?

Section A	Section B
<input type="checkbox"/> In a shelter	<input type="checkbox"/> The choices in Section A do not apply
<input type="checkbox"/> With more than one family in a house or apartment	
<input type="checkbox"/> In a motel, car, or campsite	
<input type="checkbox"/> With friends or family members (other than parent/guardian)	<i>If you checked this section, the only thing you need to do is sign near the bottom of the page and submit the form to school personnel.</i>
<i>If you checked a box in Section A, CONTINUE to item Number 2 and complete the remainder of this form.</i>	

2. The Student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adult(s) |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School Mulkey Elementary School Grade _____

Name of Student _____

Birth Date / / Age Social Security - -
Month Day Year

Printed Name of Parent(s) Legal Guardian(s) _____

Current Address _____

_____ , _____
City State Zip Code

Telephone Number (_____) _____ - _____ Homeroom Teacher _____

Signature of Parent(s) Legal Guardian(s) _____

School Use only – Do Not Write in this Space	
Section A Determination:	
_____	_____/_____/_____ Date
Principal's Signature	

For Section A choices, fax this form to the Central Office Contact Person