

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 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
(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/GUARDIAN 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 students 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

<ul style="list-style-type: none">• Student connected to an Active Duty Military Family	Circle One:	Yes	No	
<ul style="list-style-type: none">• Student connected to a Guard or Reserve Military Family	Circle One:	Yes	No	

PRESCHOOL

<ul style="list-style-type: none">• Head Start	Circle One:	Yes	No	<ul style="list-style-type: none">• FirstClass Funded Preschool	Circle One:	Yes	No
<ul style="list-style-type: none">• Center-Based Child Care	Circle One:	Yes	No	<ul style="list-style-type: none">• Home-Based Child Care	Circle One:	Yes	No
<ul style="list-style-type: none">• Home Visitation Program	Circle One:	Yes	No	<ul style="list-style-type: none">• Other Preschool	Circle One:	Yes	No
<ul style="list-style-type: none">• No Preschool - Check if no Preschool <input type="checkbox"/>				<ul style="list-style-type: none">• Special Education Funded	Circle One:	Yes	No