

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

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

Student Name _____ Grade _____

SPECIAL SERVICES

Please check any special services the student received at the last school he/she attended.

IEP for Special Education 504 Plan Speech/Language Services Gifted

MILITARY

Is the student connected to an Active Duty Military parent? Yes No

PRESCHOOL- Please tell us about your child's preschool experience(s).

Head Start <input type="checkbox"/> Yes <input type="checkbox"/> No	First Class Funded Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No
Centered Based Child Care <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Based Child Care <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Visitation Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Preschool <input type="checkbox"/> Yes <input type="checkbox"/> No
No Preschool- Check if no preschool attended <input type="checkbox"/>	Special Education Funded <input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS- List any siblings that are attending Limestone County Schools.

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

TRANSPORTATION- Please tell us how your child will be transported to and from school.

Morning: Bus # _____ Car Rider Peaches & Cream Daycare Other _____

Afternoon: Bus # _____ Car Rider Peaches & Cream Daycare Extended Day Other _____

Directions to Home (Please include name of subdivision if applicable.)

AUTOMATED EMERGENCY/IMPORTANT INFORMATION NOTIFICATION

Limestone County Schools uses the School Messenger Program to contact parents/guardians in the event of a schoolwide emergency or to provide important information. Please list up to 5 direct numbers to be called in case of emergency or general announcements. Only the first number will be called for general information. All numbers will be called in the event of a schoolwide emergency.

Name:	Will be used for:	Relationship:	Phone Number:
1. _____	Student Primary	_____	_____
2. _____	Emergency Only	_____	_____
3. _____	Emergency Only	_____	_____
4. _____	Emergency Only	_____	_____
5. _____	Emergency Only	_____	_____

Limestone County Schools Student Residency Questionnaire

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Person completing form:

- Parent or guardian Unaccompanied youth (a youth that does not live with a parent or guardian)
 Youth Other: _____

Name: _____
 Email: _____ Phone: _____

Please answer these questions about the student's residency. The information you provide is confidential and protected by the law called the Federal Education Rights and Privacy Act. We use this information to decide which schools students should attend. We also use this information to make sure the rights of a child, youth or an unaccompanied youth are met based on a law called the McKinney-Vento Homeless Assistance Act.

1. Is the student's address a temporary living arrangement? Yes No
 2. Is the student's living arrangement due to loss of housing or financial hardship? Yes No

If the answer to any of the above is YES, please complete the following:

Where is the student identified above currently living? (Please check one)

- In a motel or hotel due to loss of housing or financial hardship
 In an emergency shelter, transitional housing facility, or abandoned in a hospital
 Sharing another family's house or apartment
 In a car, park, trailer park (this does not refer to a mobile home (trailer) park, this refers to a type of camping ground for fifth wheel camper trailers or other types of movable campers), camping ground, street, public space, substandard housing (housing that does not meet modern standards of living), or abandoned building
 In a bus or train station
 Moving from place to place (couch surfing)
 In a public or private place not meant to be used as a regular place for people to sleep
 Other: _____

Last school the student attended:

School: _____ District: _____
 City: _____ State: _____

Name of Parent, Guardian or education decision maker:

Name _____ Signature: _____
 Name _____ Signature: _____
 Address: _____
 City: _____ Signature: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

OR

Student (if an unaccompanied youth that is homeless):

Name _____ Signature: _____
 Address: _____
 Email: _____ Phone: _____

If a child, youth or unaccompanied youth is NOT living in permanent housing, proof of residency and other documents (health, school records, etc.) normally needed for enrollment are NOT required. The child, youth or unaccompanied youth must be enrolled immediately in his or her school of origin, the school where other children attend that is in the area where the student is currently living, or another school that the student may attend based on what is best for the student.

OFFICE USE ONLY

Date Completed:	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	District Representative:	Comments:
-----------------	---	--------------------------	-----------

Limestone County Schools

HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)

Was your child born in the United States?

Yes No

If yes, in which state? _____

If no, in what other country? _____

If no, date child entered the United States: _____

_____ (Month/Date/Year)

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 is the language most frequently spoken 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
 B. Alaska Native

C. Native Pacific Islander
 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. In what country did your child most recently reside? _____

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

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

10. What language do you most frequently speak to your child? _____

(Father) _____

(Mother) _____

11. 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	
--------------	------------------	---------------	--

**ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY**

SCHOOL SYSTEM: Limestone County SCHOOL YEAR: _____

SCHOOL: Creekside Elementary GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last three years **to work or to seek work** even if it was for a short period of time? YES ___ NO ___
2. Are you or your spouse **working or have you worked** in an activity directly related to some of the following? Please, check (√) all applicable:
 - The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
 - Fruit farms
 - The cultivation or cutting of trees
 - Work in nurseries or sod farms
 - Fish or shrimp farms
 - Worm farms
 - Catching or processing seafood (shrimp, oysters, crabs, fish, etc.)
3. From what city, state, or country did you come from? _____

4. What type of work did you or your spouse do before coming here?
