

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	EMERGENCY #2
CONTACT _____	CONTACT _____
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 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.

*For Office Use Only Below**

Date(s) Records Requested: _____

Date(s) Records Received: _____

Autauga County Schools Student Information Form

Enrollment Date: _____

Homeroom _____

Grade _____

Full Legal Name of Student: _____ Name Called: _____

*Student's Physical Address _____ City: _____ Zip Code: _____

*Student's Mailing Address: _____ City: _____ Zip Code: _____

Language Spoken by Child: _____ Age: _____

Previous School / Daycare Information:

Name of last school/daycare attended: _____

School Address: _____ City: _____ State: _____ Zip Code: _____

Check box if student is currently receiving services: 504 ED ESL/LEP Gifted Homebound RTI
 IEP MR SLD Speech Title One Other

If so, describe services provided: _____

Transportation Arrangements:

How will your child be transported? Check one

Bus Driver's Name: _____

Bus Rider AM PM Both

Bus Number: _____

Car Rider AM PM Both

Walker AM PM Both

Medical Information:

List any Known Allergies: _____

Does your child have any Health Conditions or Concerns? List the name of primary doctor and medical conditions or concerns.

Primary Doctor: _____ Conditions/Concerns: _____

Siblings Information:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

***RESIDENCY VERIFICATION:** The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

****** A biological parent may not be blocked from checking out his/her child without a Court Order

*******Students enrolling in Autauga County Schools must meet the criteria for grade placement. Students will not be enrolled without proper credentials (transcripts, immunization form, withdrawal form, etc.). Any discrepancy in placement, which may be identified upon receipt of an official transcript, will be determined by the Principal of the school.

Information Certification:

_____ hereby certify that the above information is true and correct and that I am the parent/legal guardian of the student I am registering.

Parent or Legal Guardian _____

Date _____

Autauga County School District

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 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. 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	

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military family	Circle One: YES NO
Student connected to a Guard or Reserve Military family	Circle One: YES NO

PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: YES NO
Center-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	___	Special Education Funded – Circle One: YES NO

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:

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ 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 3 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? _____

Billingsley School
Phone: 205-755-1629
Fax: 205-755-1633

***Revised 7/18/19**

Autauga County Schools Transportation Department
202 Hughes St.
Prattville, AL 36067
Phone: 334-361-3897 Fax: 334-361-3823

STUDENT VERIFICATION OF ADDRESS/BUS ASSIGNMENT

Student Name: _____
Address: _____
Phone #'s: _____
Parent/Guardian: _____

Mr. Messick,
I am requesting bus transportation for my student listed above who has registered and will be attending Billingsley School.

Parent Signature **Date**

Address Verified By: _____

TRANSPORTATION DEPARTMENT INFORMATION:	
Bus #: _____	
Driver Name: _____	Phone #: _____
FAXED: _____	Approval: _____

Please provide a copy of this form to the student and instruct the student to give the form to their bus driver. Please retain a copy for the school's records as well. Drivers will not allow new students to ride their bus without having the proper documentation.

Parents are welcome to call the bus driver at the number given to inquire about pick-up and drop-off times.

"Bus drivers are the driving force to a good education."