



George W. Long High School

2565 County Road 60
Skipperville, Alabama 36374

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(334) 774-2380
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Daniel Barrentine
Principal

Drew Miller
Assistant Principal

Enrollment Procedures for George W. Long High School

Please provide the following:

1. Social Security Card (copy)
2. Birth Certificate (copy)
3. Withdrawal form from previous school
4. Alabama Immunization Form
5. Proof of residency (2) (see Section C of the Residency Enrollment Form)

Please complete the following forms (must be completed by the parent or guardian):

1. Registration Form
2. Residency Enrollment Application Form
3. Special Services Information
4. Home Language Survey
5. Employment Survey
6. Student Handbook Forms (except for Summer Enrollees)
7. Free Lunch Form (if applicable) (except for Summer Enrollees)
8. Health Form (except for Summer Enrollees)
9. Remind Information (except for Summer Enrollees)

Note: Only a parent or guardian may enroll a child in school. Please provide custody information if applicable.

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 _____ STATE _____ Zip _____

MAILING ADDRESS (if different) _____ CITY _____ STATE _____ Zip _____

STUDENT LIVES WITH (circle one) BOTH 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)

<u>EMERGENCY #1</u>	<u>EMERGENCY #2</u>
CONTACT NAME _____	CONTACT NAME _____
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 to student _____	Phone _____
2. _____	Relation to student _____	Phone _____
3. _____	Relation to student _____	Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

*Disclosure if 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: <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Race - Choose one or more: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Date: _____	Staff Signature _____

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

Course Options 9th-12th: (Check one)

_____ Standard Courses

_____ Honor Courses

Transportation:

_____ Bus Rider _____ Car Rider

Prior School Attended:

School Name: _____ Grade: _____

Special services provided at previous school: _____

Has the student been expelled or suspended from the previous school? _____ If yes, please explain:

Has the student previously attended a school in Dale County? If yes, which one: _____

Please list names of brothers/sisters, their grade, and the school they attend.

Brothers/Sisters:	Grade:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DALE COUNTY SCHOOL SYSTEM
Residency Enrollment Application Form (5.20 Attachment)

An in-district student is defined by a student living in an established dwelling with the legal parent/guardian in Dale County; but outside of the city limits of Ozark and Daleville.

A. Background Information

Full Legal Name of Student: _____ Age _____ Grade _____

Name of Zoned Dale County School Applying for Enrollment: _____

Name of School and School System last attended: _____ / _____

Name of Parent/Legal Guardian: _____

* Legal guardians and foster care parents must provide a court decree declaring him/her to be the legal guardian or the foster care parent of the student.

B. Residency Information

Residence Information

Location of Your Physical Residence/Complete Mailing Address (Including number and street -- No PO Boxes)

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

*** C. Residency Verification**

Please check one (1) item from each column that you will provide to verify your residence. Please attach the two (2) documents to this form.

*** Column One**

- ____ Insurance or Medicaid mail with address
- ____ Current utility bill showing residence address
- ____ Voter Registration Card
- ____ Driver's License or Government Issued ID

*** Column Two**

- ____ Property tax record (tax appraisal postcard)
- ____ Rent Receipt; Numbered/signed by Landlord
- ____ Mortgage documents or a property deed
- ____ Motor Vehicle Tag Receipt

Certification and Acknowledgement

I, (full name) _____, am the legal guardian of the above-named student, and do hereby certify that the information stated above on this form and in the supporting documentation are true. I consent and agree that the Dale County School System will have the right to verify the information provided above and that this form and any supporting documentation may be subject to review and/or verification by the Superintendent and/or his/her designee. I fully understand that falsifying residency information will result in the immediate removal of the above-named student from school.

I further agree that, if there is any change in my residence or the residence of the above-named student, I will notify the school administration within ten (10) days of the date of such change.

* _____
Signature: Parent/Legal Guardian

Date:

Special Services Information

Student's Name

Grade

1. Has this student ever been referred for special services?

_____ Yes _____ No

2. Has this student ever been tested for special services by either a public agency or a private agency?

_____ Yes _____ No

3. If the answer to question number 2 is yes, was the student placed?

_____ Yes _____ No

Please check the type of disability or impairment:

- ___ Autism
- ___ Deaf/Blindness
- ___ Developmental Delay
- ___ Emotional Disability
- ___ Hearing Impairment
- ___ Intellectual Disability
- ___ Multiple Disabilities
- ___ Orthopedic Impairment
- ___ Other Health Impairment
- ___ Specific Learning Disabilities
- ___ Speech or Language Impairment
- ___ Traumatic Brain Injury
- ___ Visual Impairment
- ___ Gifted
- ___ Other _____

****Please provide a copy of the IEP if your child received special services****

Signature of Parent/Guardian

Date

DALE COUNTY SCHOOLS
HOME LANGUAGE SURVEY

Student's Name _____ Grade _____

(TO BE FILLED IN BY PARENT OR GUARDIAN)

What language did your child learn to speak first? English ___ Spanish ___ Other ___

What language is spoken in your home most of the time? English ___ Spanish ___ Other ___

What language does your child speak outside of the home? English ___ Spanish ___ Other ___

In what language do you read? English ___ Spanish ___ Other ___

In what language does your child read? English ___ Spanish ___ Other ___

Parent/Guardian Signature

Date

ESCUELAS DEL CONDADO DE DALE
CUESTIONARIO DEL IDIOMA HOGAREÑO

Nombre Del Niño/Niña _____ Grado _____

(DEBE COMPLETARSE POR EL PADRE O EL GUARDIÁN:)

Cuál fue el primer idioma que aprendió a hablar su hijo(a)? Inglés ___ Español ___ Otro ___

Cuál es el idioma que más se habla en su hogar? Inglés ___ Español ___ Otro ___

Cuál es el idioma que más se habla fuera de hogar? Inglés ___ Español ___ Otro ___

Qué idiomas puede usted leer? Inglés ___ Español ___ Otro ___

Qué idiomas puede leer su hijo(a)? Inglés ___ Español ___ Otro ___

Firma del Padre o Guardián

Fecha

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Dale County 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: _____

Home Telephone No: _____ Cell Telephone No: _____

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 _____

If so, what type work are you or your spouse doing now:

2. If you marked "yes" on question number 1, what city, state, or country did you move from?

3. Have you or your spouse **ever worked** in an activity directly related to any of the following? Please **check (✓)** all that apply:

- 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.....)