

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent/Legal Guardian

PLEASE PRINT

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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 _____
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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:

MILITARY

Student connected to an Active Duty Military parent	Circle One: YES NO
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PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Centered 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	<input type="checkbox"/>	Special Education Funded – Circle one: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
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Does the student have an **IEP** (Individualized Education Plan)? This is for students who are enrolled in Special Education. If yes, please explain.

Does the student have a **GEP** (Gifted Education Plan)? This is for students who are enrolled in Gifted Education. If yes, please explain.

Does the student have a **504 Plan**? This is for students with disabilities. If yes, please explain.

Does the student have an **EL Plan** (English Learner Plan)? This is for students whose native language is not English. If yes, please explain.

Will the student ever ride a bus or will he/she be a car rider? If riding a bus, please list address and any special instructions for the bus driver.

Does the student play sports? If so, please list the sport(s).

Does the student participate in Band? If so, please list the instrument(s).
