

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 5290-3-1.02(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 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 <input type="checkbox"/>		Special Education Funded – Circle One: YES NO

NAME

GRADE

_____ 2 Proofs of Residence

_____ Birth Certificate

_____ Social Security Card (optional)

_____ Withdrawal Papers/Report Card

_____ AL Immunization Card

_____ Custody Papers (if there are custody issues)

_____ Picture ID of Person Enrolling Student
(Must be Parent or Legal Guardian)

OFFICE USE ONLY

_____ Records Requested

_____ Employment Survey

_____ Placed by Principal

_____ Entered in Computer/
Guardian, Schedule Type

PRATTVILLE INTERMEDIATE SCHOOL

Another Outstanding School in Autauga County



Dear Parents:

In order for a student to enroll in the Autauga County School System, parents must provide proof of residence.

Parents can provide two of the following items to verify their residence. Please note that any documents with a post office box as an address cannot be accepted.

1. Home Ownership Title consisting of a Warranty Deed, Quit Claim Deed, or security deed;
2. Current Residential (apartment or home) lease with the physical add;
3. Utility bill (power, water, or gas; only one accepted – dated within the last 30 days);
4. Current year property tax record; or
5. Current W-2 Statement for the parent/guardian for the location of the legal residence.

Please submit a copy of any two of the documents listed above to the school your child is enrolling in. If you have more than one child enrolling in school, separate copies of verification should be provided for each child. Parents who do not submit these items will not be allowed to enroll their child (ren) into school. Students who change school zones during the school year must re-submit residential verification.

We appreciate your cooperation in helping make the enrollment process go smoothly.

Dr. Hosea Addison, Principal

****For Office Use Only Below****

Autauga County Schools Student Information Form

Enrollment Date: _____

Date(s) Records Requested: _____

Homeroom _____

Date(s) Records Received: _____

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 Rider AM PM Both

Car Rider AM PM Both

Walker AM PM Both

Bus Driver's Name: _____

Bus Number: _____

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: _____

Sibling 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:

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

Parent or Legal Guardian

Date

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? _____

Autauga County School District HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____

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 language is spoken by you and your family most of the time 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. What language did your child learn when he/she first began to talk? _____

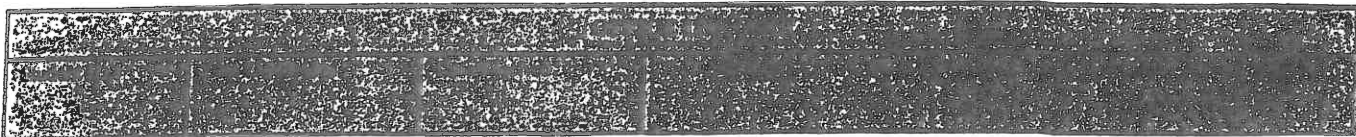
8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____

10. 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



PARENT NOTIFICATION

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school must have a copy of the court order on file; otherwise, either parent may check the child out of school with proper identification.

I have read the above statement of the law.

Parent Signature

Date

Child's Name _____

ABSENCES:

By law, a parent or legal guardian is responsible for sending a doctor's excuse or a written note to school explaining the cause or causes of their child's absence from school. This note must be received as soon as possible or within three days of the particular absence.

CHANGE OF INFORMATION:

In order for school personnel to have current information on your child, you must assume responsibility of contacting the school office to add, change or delete information on this form.

I CERTIFY THAT THE PREVIOUS INFORMATION IS TRUE AND CORRECT AND THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT I AM REGISTERING.

Parent's Signature

Date

PRATTVILLE INTERMEDIATE SCHOOL

Another Outstanding School in Autauga County



Dear Parents/Guardians,

If class sizes require adding additional classes/teachers, new students will be placed first into the new classes. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Addison".

Dr. Hosea Addison
Principal

Student's Name _____ Grade _____

Please sign that you have read and understand the above procedure.

Parent/Guardian _____ Date _____

Prattville Intermediate School
1020 Honeysuckle Drive
Prattville, AL 36067
Phone (334) 361-3880
Fax (334) 361-3884
State of Alabama
Department of Education

OFFICIAL REQUEST FOR STUDENT RECORDS

DATE OF REQUEST _____
DATE REQUEST RECEIVED _____

The Alabama Department of Education and Prattville Intermediate School request that you transmit the following student(s) records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school. [Alabama Administrative Code 290-080-090.09(2)(c)]

LAST	FIRST	MI	GR
LAST	FIRST	MI	GR
LAST	FIRST	MI	GR
LAST	FIRST	MI	GR


Principal

Please send all regular and
Special education records to
Prattville Intermediate School.

Parent's Signature

Mailing address of previous school:
School: _____
Street: _____
P O Box: _____
City: _____
State: _____ Zip: _____

Prattville Intermediate
Phone: 334-361-3880
Fax: 334-361-3884

*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 Prattville Intermediate 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."