

# ENROLLMENT GUIDELINES

Parent/Guardian must provide all of the following information:

**Two** Proofs of Residence. **Only one of each** of the following forms can be used for proof of residence:

- ☐ Warranty Deed, Quit Claim Deed, or Security Deed
- ☐ Current Residential Lease Agreement (*must include the name, address, and/or telephone number of the lessor*)
- ☐ Current Utility Statement (power, water, or gas *only*)
- ☐ Current Autauga County Property Tax record
- ☐ Current W-2 statement for the parent/guardian for the location of the legal residence

\*In the event that the required documents are in the spouse's name, a *marriage certificate* must be provided.

## CHECKLIST:

- ☐ Parent/Guardian Photo ID
- ☐ Birth Certificate
- ☐ Social Security Card (Optional)
- ☐ Alabama Immunization Record
- ☐ Official custody paperwork (if applicable)
- ☐ School records:
  - Withdrawal Form
  - Discipline Clearance
  - Current Report Card
  - Unofficial Transcript

**During the school year, please contact the PHS Registrar if the following changes occur:**

- Change in Residence (*Residency documents must be provided in order for us to update our records / assign a new bus number*)
- Change in custody
- Change in e-mail address or phone number

## FOR OFFICE USE ONLY:

\_\_\_\_ Custody Agreement  
\_\_\_\_ IEP  
\_\_\_\_ 504  
\_\_\_\_ Home Language Survey  
\_\_\_\_ Military Family  
\_\_\_\_ DO NOT RELEASE

\_\_\_\_ Transportation Form  
\_\_\_\_ Cafeteria Form  
\_\_\_\_ Employment Survey  
\_\_\_\_ Immunization Record  
\_\_\_\_ Records Request  
\_\_\_\_ Transfer Grades



# PRATTVILLE HIGH SCHOOL

P. O. Box 680810  
Prattville, Alabama 36068  
(334) 365-8804  
Fax (334) 358-0011

**Brock Dunn**  
Principal

Dear Parent,

In order for a student to be enrolled in school in the Autauga County School System, parents must provide proof of residence. The current court order and the Autauga County Board of Education mandates that certain verifying documents be provided by all new students who will enroll in our system.

Parents can provide any two (2) of the following items to verify their address. (Please note that any documents with a post office box as an address cannot be accepted).

1. Warranty Deed
2. Residential Lease Agreement *(must include the name, address, and/or telephone number of the lessor)*
3. Current Utility Statement (power, water, or gas *only*)
4. Autauga County Property Tax Statement
5. Current W-2 statement of the parent/guardian for the location of the legal residence

Please submit a copy of any two (2) of the documents listed above to Prattville High School at the time of registration. Students who do not submit these items will not be registered for the current school year. We appreciate your cooperation in helping make this process as smooth as possible.

Sincerely,

Principal

RETURN THIS FORM, WITH THE COPY OF YOUR CHILD'S DOCUMENTS, TO THE REGISTRAR'S OFFICE.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
Street / Apt Number City State Zip

Date Submitted \_\_\_\_\_

## 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: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1

CONTACT \_\_\_\_\_

Relation \_\_\_\_\_

EMERGENCY #2

CONTACT \_\_\_\_\_

Relation \_\_\_\_\_

## 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.

January 2015

## 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. **\*\*If you do not choose a race/ethnicity, your failure to do so gives us permission to declare a race/ethnicity based on the visual observations of the attending staff.\*\****

#### 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

Special Education Funded — Circle One: YES NO

# Autauga County Schools

## Student Enrollment 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: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

\*\*Student's Social Security #: (optional) \_\_\_\_\_ Language Spoken by Child: \_\_\_\_\_

Race (Choose one only): ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Pacific Islander ☐ White ☐ MixedStudent lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Mother/Step Father ☐ Father/Step Mother☐ Legal Guardian Relationship: \_\_\_\_\_ (Aunt, Uncle, Grandmother, Grandfather, etc.)

### Primary Contact Information

Mother's/Guardian's Full Legal Name: \_\_\_\_\_

Home Phone (include area code): \_\_\_\_\_ Cell Phone (include area code): \_\_\_\_\_

Mother's/Guardian's Place of Employment: \_\_\_\_\_

Work Phone (include area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's/Guardian's Full Legal Name: \_\_\_\_\_

Home Phone (include area code): \_\_\_\_\_ Cell Phone (include area code): \_\_\_\_\_

Father's/Guardian's Place of Employment: \_\_\_\_\_

Work Phone (include area code): \_\_\_\_\_ Email Address: \_\_\_\_\_

### 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.

\*\*Disclosure of a students' social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes.

\*\*\*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.

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

Date(s) Records Requested: \_\_\_\_\_

Date(s) Records Received: \_\_\_\_\_

**Release Authorization and Emergency Contacts:**

\* To add or delete individual(s) from list, a parent or guardian must come by the School Office

Contact's Full Name (as shown on License): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (include area code): \_\_\_\_\_ ☐ Home ☐ Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Full Name (as shown on License): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (include area code): \_\_\_\_\_ ☐ Home ☐ Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact's Full Name (as shown on License): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone (include area code): \_\_\_\_\_ ☐ Home ☐ Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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  
☐ 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 ☐ BothCar Rider ☐ AM ☐ PM ☐ BothWalker ☐ 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: \_\_\_\_\_

**DO NOT RELEASE CHILD TO:**

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

Full Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**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

Prattville High  
Phone: 334-365-8804  
Fax: 334-358-0011

\*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 High 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."



# 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

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name			
	First Name	Middle Initial	Last Name

Parent or Guardian's Name \_\_\_\_\_

First Name	Middle Initial	Last Name
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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	