



Where Children Come First!

Welcome!
to P.E.S.

ENROLLMENT REQUIREMENTS

Students cannot be registered until ALL enrollment documents are received.

- TWO proofs of residency in Parent or Legal Guardian's name
 - Warranty Deed, Security Deed or Quit Claim Deed
 - Current Lease
 - One current utility bill (water, power or gas) ; cannot accept "Disconnect Notice"
 - Current W-2
 - Property Tax Record
- Parent/Legal Guardian's Picture ID
- Birth certificate
- Social Security card
- State of Alabama Immunization Record; Original required
- Court recorded custody documents, if applicable
- Withdrawal form from previous school with grades or most recent report card
- Completed PES Enrollment Packet

If Parent/Legal Guardian cannot provide two proofs of residency in their name, a Residency Affidavit must be completed.

- I attest under the penalty of perjury that I reside with the student enrolling at the residence stated on enrollment documents at all times of the week.
- I attest that the student is not currently under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.
- I understand that if any of the information provided on the enrollment documents is changed for any reason, it is my responsibility to notify the school within **three** days. If I move outside the school district, my child must be withdrawn on that date.
- If fraud or misrepresentation is discovered, the child will be withdrawn from school and I will be prosecuted, held criminally liable, fined, or imprisoned if found guilty of forgery in the first degree and/or Perjury in the second degree. (Section 6-5-180 Import of accusations of false swearing or commission of crime & Section 13A-10-102 Perjury in the second degree)
- If I falsify information or defraud the school system, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate Autauga County Schools and any attorney fees associated with this.

If class sizes require adding additional classes, new students will be placed first into the new classes.

Please sign below as confirmation that you have read and understand the above procedures.

Parent Signature

Date

PRATTVILLE ELEMENTARY SCHOOL 2020-2021

Student Registration Form

Phone: (334) 361-3885

Fax: (334) 361-3835

Student Information

Student Name _____ Grade _____ Entry Date _____ SSN _____

_____ M F Hispanic Pacific White
 Date of Birth _____ Age _____ Gender _____ Asian Indian Black

Physical Address: _____ Phone: _____
 Mailing Address: _____ Zip Code: _____

Student lives with: Both Parents Mother only Father only Guardian
 Bus Rider: AM PM Car Rider: AM PM Walker: AM PM Other: _____

Parent Information

1. Guardian: _____
 Mother Father Other: _____
 Employer: _____ Work#: _____
 Cell _____ Home _____
 Email: _____
 Emergency Contact: Yes No Military: Yes No

2. Guardian: _____
 Mother Father Other: _____
 Employer: _____ Work#: _____
 Cell _____ Home _____
 Email: _____
 Emergency Contact: Yes No Military: Yes No

Emergency Contact Information

#1 - Name: _____ Relationship: _____ Phone #: _____
 #2 - Name: _____ Relationship: _____ Phone #: _____
 #3 - Name: _____ Relationship: _____ Phone #: _____

***** A Biological Parent may NOT be blocked without a current Court Order on file *****

Person(s) **NOT** allowed to pick-up student: _____
 Medical Concerns/Allergies: _____

Sibling Information

Brother/Sister Names:	Grade:	School:	Brother/Sister Names:	Grade:	School:

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to prosecution, fines and/or imprisonment. By signing below, you certify that the information given above is correct and you have custody of the child you are enrolling.

Parent or Guardian Signature _____ Today's Date _____

(For Office Use Only)

Teacher Name: _____ Withdrawal form/grades from previous school
 Guardian's ID Custody Order on file
 Birth Certificate Foster Care
 AL Immunization Record Military
 Social Security Card Lunch: Paid Free
 Two Proofs of Residency/R.A. Home Language: _____

Special Education: Gifted IEP 504 ESL/LEP Speech

CLASS SIZES:

If class sizes require adding additional classes, new students will be placed first into the new classes.

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.

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.

Please sign below that you have read and understand the above procedures and statements of the law.

Parent Signature

Date

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

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:

Race — Choose one or more:

NOT

American Indian or Alaska Native

Hispanic/Latino

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Date:

Staff Signature:



PRATTVILLE ELEMENTARY SCHOOL

134 PATRICK STREET
PRATTVILLE, ALABAMA 36067
PHONE: (334) 361-3885 FAX: (334) 361-3835



OFFICIAL REQUEST FOR STUDENT RECORDS

DATE OF REQUEST: _____

The Alabama Department of Education and Prattville Elementary School request that you transmit the following student 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)(e)]

STUDENTS NAME:

LAST _____ FIRST _____ M.I. _____
D.O.B.: _____ / _____ / _____ GRADE: _____

PREVIOUS SCHOOL: _____ PHONE: _____

CITY: _____ STATE: _____ FAX: _____

Please send records to:

Kelly.Floyd@acboe.net

PRATTVILLE ELEMENTARY SCHOOL
134 PATRICK STREET
PRATTVILLE, AL 36067
PHONE: (334) 361-3885
FAX: (334) 361-3835

Stefanie S. Aaron

Stefanie S. Aaron, Principal

If Special Education services were rendered, please indicate correct placement:

Please include:

- ✓ Grades
- ✓ Health records
- ✓ Immunization certificates
- ✓ Test data
- ✓ Psychological reports
- ✓ Recorded behavior statement

- SLD
- MR
- SLI
- ED
- HEARING IMPAIRED
- GIFTED
- OTHER – Please specify: _____

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
 B. Alaska Native
 C. Native Pacific Islander
 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	

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? _____

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.

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

Prattville Elementary
Phone: 334-361-3885
Fax: 334-361-3835

*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 Elementary 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."