

Student Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Should the counselor have any questions regarding your student's enrollment, please provide a phone number.

## PRATTVILLE JUNIOR HIGH SCHOOL

1089 Martin Luther King, Jr. Drive

Prattville, Alabama 36067

334-365-6697

334-361-3870 (Fax)

### WELCOME TO PRATTVILLE JUNIOR HIGH SCHOOL!

In order for a student to be enrolled in the Autauga County School System, parents must provide proof of residence. The current Court Order mandates that certain verifying documents be provided by all students who enroll in our school system. Parents can provide any two of the following items to verify their residence. In cases of custody issues, a court decree declaring the resident to be the legal physical guardian of the student must be provided, along with other required documentation.

#### REQUIRED Documentation of Registration

Enrollment packages are ONLY accepted when 100% complete.

Certified Birth Certificate _____	Withdrawal Form _____
Social Security No. (optional) _____	Report Card (grades)* _____
AL Immunization Card _____	Standardized Test Scores* _____
Parent/Guardian Picture ID _____	Special Ed- IEP (if applies) _____
Custody papers (if applies) _____	504 Plan (if applies) _____

Autauga County Schools has revised its enrollment policy (effective 11/3/2014). The new Student Admissions policy for Autauga County Schools includes the following options to prove residency of a student:

***Two out of the five listed must be provided and MUST BE CURRENT:***

- \_\_\_\_\_ Home Ownership Title (Warranty Deed, Quit Claim Deed, or security deed)
- \_\_\_\_\_ Residential (apartment or home) lease, current year
- \_\_\_\_\_ Utility bill (power, water, gas, only one accepted) cannot be included in lease
- \_\_\_\_\_ Current year property tax record
- \_\_\_\_\_ Current W2 statement of the parent/guardian with the legal residence listed

In the event the student resides with one parent the majority of the time, and the required documents are in the spouse's name, a marriage certificate must be provided along with the proofs of residence.

**\*In order for your child to be considered for any advanced classes at PJHS, you must have a copy of your child's latest report card AND standardized test scores. If you don't have these documents and still want to be considered, placement tests ARE required.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the required documentation needed for the enrollment and placement of my child.

**PRATTVILLE JUNIOR HIGH  
EIGHTH GRADE  
REGISTRATION FORM**

\*Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

**\*Name must appear as is on birth certificate!**

Preferred Phone: ( ): \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: American Indian Gender: Male Student lives with: Both Parents \_\_\_ Father Only \_\_\_ Mother Only  
 Asian Female \_\_\_ Father/Stepmother \_\_\_ Mother/Stepfather  
 Black \_\_\_ Other (Please specify): \_\_\_\_\_  
 Hispanic  
 White

Father: \_\_\_\_\_ Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. # \_\_\_\_\_

Mother: \_\_\_\_\_ Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. # \_\_\_\_\_

Guardian: \_\_\_\_\_ Employed by: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. # \_\_\_\_\_  
 (if different than above)

Health Problems/ Medications: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Address of School: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

**SPECIAL PROGRAMS:** If student is enrolled in a special program, please circle below:

504 EL  
 Gifted IEP  
 Other: \_\_\_\_\_

**EMERGENCY DATA**

In an emergency, school personnel may be required to obtain medical attention for your child. If so, a parent/guardian will be required to assume financial responsibility for the medical attention provided. In some cases, school personnel may be able to secure emergency attention through your family doctor. Please list your family doctor's name, address, and telephone number below:

\_\_\_\_\_ Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**PERSONS TO CALL IF PARENT OR GUARDIAN CANNOT BE CONTACTED IN CASE OF EMERGENCY. THESE PERSONS ARE ALSO AUTHORIZED TO PICK UP YOUR CHILD FROM PRATTVILLE JUNIOR HIGH SCHOOL.**

<u>Name</u>	<u>Phone Number/s</u>	<u>Relation to Student</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE BE SURE TO SIGN AND COMPLETE THE OTHER SIDE OF THIS FORM.**

Student Name: \_\_\_\_\_

**EIGHTH GRADE REGISTRATION**

**REQUIRED COURSES**

English

Math

Science

Social Studies

Physical Education

All 8<sup>th</sup> grade students will be enrolled in the classes listed above.

**Students will be screened for an intervention class using a variety of assessments and placed accordingly.**

**Students will also be screened for advanced classes and placed accordingly.**

**Special Education students will be placed in an elective based on needs addressed in their IEP.**

**ELECTIVE COURSES**

**CHOOSE 1 if choosing from year-long courses:**

\_\_\_\_\_ Band II\*\* (year course) (Pre-requisite-Band I or a year of band)

Instrument \_\_\_\_\_

\_\_\_\_\_ Band I (Student did not take band in 7<sup>th</sup> grade but would like to start the program in 8<sup>th</sup> grade) Instrument \_\_\_\_\_

**OR**

**CHOOSE 2 if choosing from semester courses:**

\_\_\_\_\_ Career Discoveries

\_\_\_\_\_ \$10 materials fee

\_\_\_\_\_ Chorus

\_\_\_\_\_ Computer Applications

\_\_\_\_\_ Health

\_\_\_\_\_ Theatre

**Elective choices ARE NOT guaranteed and are sometimes modified in the summer.**

We must adhere to class size limits. Please note, if a student qualifies for a semester of an intervention class, he/she will not receive the elective chosen above.

\*\*Parent signature required below for students registering for Band I or Band II.

**I understand that band is a full year course that cannot be dropped, and I will provide an instrument for my child's use for the entire year.**

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Date

**Special Notes**

1. Students transferring from outside Prattville zone must have a withdrawal form and report card from their previous school.
2. All students must have a current Alabama immunization certificate on file.
3. All courses are offered in accordance with the provisions of Title IX of the Education Amendment of 1972, the Civil Rights Act of 1964, and the Rehabilitation Act (Handicapped) Number 50.
4. No persons in the United States shall, on the basis of sex, race, handicap, or age be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any educational activity.

I certify that the information provided is true and correct and that I am the parent or legal guardian of the student whose name appears on this form.

\_\_\_\_\_  
Signature (Parent/Legal Guardian)

\_\_\_\_\_  
Date

## **PJHS ELECTIVE Course Descriptions for 8<sup>th</sup> Grade**

### **Band I and Band II:**

Band I is a year-long introduction class in which students learn the techniques of playing an instrument along with the skills needed to read music. Students do not need musical experience to participate in Band I. (8<sup>th</sup> grade students may choose to be in Band I if they have no experience with an instrument.) Students with some instrument-playing experience are eligible for the year-long Band II course. Students in Band II develop individual and group performance skills, using various styles of band literature.

### **Career Discoveries:**

The Career Tech course curriculum is a one-semester course that is design to introduce students to different careers and industrial technologies. The students work in modules for a ten day rotation. They will be introduced to: Auto-Cad, Computer Animations, Computer Numerical Control, Graphics Communication, Meteorology, Multimedia Production, Research and Design, Robotics, Structural Engineering, TV Broadcasting and Video Production, Digital Video Editing, and Electricity.

### **Chorus:**

Chorus is a one-semester course that provides students with the opportunity to explore musical theories, history, and the arts.

### **Computer Applications:**

Computer Applications is a one-semester course that surveys both computer hardware and software. The hardware portion will focus on putting the CS-I curriculum into practice through construction of a working computer from the parts provided. The software portion will be using the Code.Org AppLab to design a working application. This variety makes this course both interesting and academically challenging.

### **Health Education Exploration:**

Health is a one-semester course that focuses on concepts and skills that foster individual personal health and safety, interaction between individuals, and the skills that affect the wellbeing of people collectively. Areas of study include mental and social health, body systems, nutrition, fitness, life stages, drugs, diseases, safety, and first aid

### **Theatre:**

Theatre is a one-semester elective course that covers the basics of theatre. There are three sections: introduction to theatre, acting, and technical theatre. Students will learn general theatre knowledge, do vocal and physical acting work, and explore costume, set, and makeup design. Some of the activities include performing a radio play, acting in scenes, creating costumes, and applying makeup special effects. There will also be an opportunity to go see a performance at the Alabama Shakespeare Festival each semester. This is a performance-based class.

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: (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.

## 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 (Month/Date/Year)

1. Child's date of birth: \_\_\_\_\_  
 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  
 Yes  No

6. Is your child's first-learned or home language anything other than English?

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	

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	Race — Choose one or more: American Indian or Alaska Native
Hispanic/Latino	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White
Date:	Staff Signature:

# ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

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 sea food (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? \_\_\_\_\_



**\*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 Driver's Name: \_\_\_\_\_

Bus Rider  AM  PM  Both

Bus Number: \_\_\_\_\_

Car Rider  AM  PM  Both

Walker  AM  PM  Both

### 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 \_\_\_\_\_

Prattville Jr. High  
Phone: 334-365-6697  
Fax: 334-361-3870

\*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 Jr. 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."