

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 CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY CONTACT #1 Relation: Phone: EMERGENCY CONTACT #2 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/GUARDIAN 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 students 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 | • FirstClass 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 |