

Bus _____

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 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 §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 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	Circle One: Yes No	Special Education Funded	Circle One: Yes No

Does Student take any special classes? Yes () No () 504 () Sp. Ed () If yes, please specify what type of classes

Has student ever been retained? Yes () No () If yes, what grade _____

Last school attended _____ Grade this school year _____ State _____

Certificate of Immunization: Yes () No () Does your child have:

Vision problems? Yes () No () Hearing problems? Yes () No () Allergies? Yes () No () Speech problems? Yes () No ()

List any medical or physical conditions of your child: _____

List any medication(s) your child takes regularly: _____

Family Physician _____ Telephone number: _____

I GIVE PERMISSION FOR MY CHILD TO BE GIVEN MEDICAL ATTENTION IN AN EMERGENCY SITUATION, IF I CANNOT BE LOCATED.

Parent Signature

Date

It is the policy of Morgan County Schools to afford equal opportunities in education and in employment to qualified persons regardless of age, color, handicap, national origin, race, religion, or sex.

SCHOOL PERSONNEL ONLY!

If a child is Homeless, ESL, or Migrant, the school personnel should call the Federal Programs Office at 256-309-2126 for further instructions.