



Kindergarten Checklist

Student Name _____ Grade _____

_____ Alabama Application For Student Enrollment

_____ Home Language Survey

_____ Student Residency Questionnaire

_____ Employment Survey

_____ 2 Proofs of Residence

_____ Immunization Record for the State of Alabama (Imprint)

_____ Birth Certificate or Other Form of Documentation of Age Verification

_____ Student's Social Security Card (Optional)

_____ Powers of Attorney and/or Delegations of Parental Authority

_____ Does your child have a current IEP for Special Education Services? Yes/No

_____ Does your child have a current IEP for Speech Services? Yes/No

_____ Does your child have a current 504 plan? Yes/No

* If you marked yes for any of the above services please provide his/her most recent evaluation and current plan of services.

PLEASE CHECK ALL THAT APPLY

- OUT OF DISTRICT
- CIVILIAN or GOVERNMENT CONTRACTOR (WORKING ON FEDERAL PROPERTY)
- PARENT/GUARDIAN UNIFORMED SERVICES (ACTIVE DUTY ONLY)
- PARENT/GUARDIAN FOREIGN MILITARY
- HOME ADDRESS IS ON FEDERAL PROPERTY

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT *(in ink)*

Must be completed by Parent/Legal Guardian

PLEASE PRINT *(in ink)*

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 # (voluntary) _____ LAST SCHOOL ATTENDED _____

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	EMERGENCY #2
CONTACT _____	CONTACT _____
Relation _____ Phone _____	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.

Additional Requested Information:

OTHER

Student's cell number: () _____

Native language: _____

Name and phone number of family physician: _____

Any known medical/health conditions: _____

Will you give permission for your child to be transported to the nearest clinic for Emergency Treatment?
Circle One: YES NO

Is student eligible for services? Special Education/with IEP: YES NO 504 YES NO
 ESL (English as a Second Language): YES NO

Will student ride a bus? Circle One: YES NO Car Rider: YES NO Daycare: _____

Has the child previously attended a school in the Enterprise City Schools, if yes which one? _____

Release of Directory Information Allowed? (*Information that is generally not considered harmful or an invasion of privacy if released.*) YES ___ NO ___

Additional people who may check your child out:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Office Use Only: S.S. Card Verification, S.S. # _____ Date of Enrollment _____

Name as appears on S.S. card _____ Teacher _____

Birth Certificate _____ Immunization Certificate _____ Residency Verification (2) _____

Custody Verification _____ Next School _____

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: <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Race – Choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Date:	Staff Signature:

PreSchool / Daycare Survey

Student Name: _____ **Date of Birth:** _____

PreSchool / Daycare Name: _____

Headstart:	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	
1st Class Funded Preschool: (State)	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	Candy Cane, EEEC Pre-K (Full Day Program)
Center Based Child Care: ("Daycare", year round licensed childcare with 12 or more children)	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	Almost Home, ECLC, Kiddie Care, Panda Care
Home Based Child Care: (Home based, Licensed day care for no more than 6 children)	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	
Home Visitation Program: (EX: Instruction for Parents of Preschool Youngsters (HIPPPY), Parents as Teachers (PAT))	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	
Other Preschool:	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1 year <input type="checkbox"/> Yes: Less than 1 year <input type="checkbox"/> Yes: More than 1 year	Bubbling Babies, CDC, EPA, FBC, FUMC, Miss Eloise's, Miss Julie's, St. Beulah, Stepping Stones, WCA, YMCA
Preschool Special Education Self contained Class:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vivian B Adams
LEA Inclusion Class:	<input type="checkbox"/> Yes <input type="checkbox"/> No	WeeCats (Part time Program)
No Preschool:	<input type="checkbox"/>	



ENTERPRISE CITY SCHOOLS

HOME LANGUAGE SURVEY

(To be completed for all students enrolling)

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Address:		Phone Number:	
City and Country of Birth:	Date first enrolled in any U.S. School (month/year): _____ School where enrolled: _____	Has the student received ESL services previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where _____	
School Information			
Current School:	School Year:	Homeroom Teacher:	Current Grade:

Questions for Parents/Guardians	Response
What is the native language of the student?	___ English ___ Spanish Other (Specify) _____
What is the predominant language of the student?	___ English ___ Spanish Other (Specify) _____
Which language is most often spoken by the student at home?	___ English ___ Spanish Other (Specify) _____
Is the student attending the school as a foreign exchange student?	___ Yes ___ No

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey and other pertinent information, students will be assessed for their level of English proficiency and services, if eligible. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once the determination of possible eligibility has been made, the following must occur:

- English proficiency assessment/screener, upon enrollment and annually thereafter, to assess level (1-6) of proficiency and measure growth annually.

Parent/Guardian Signature

Date

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 three 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?
