

ENTERPRISE CITY SCHOOLS

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

CONTACT _____ Relation _____ CONTACT _____ Relation _____

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(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: _____ 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:

