To Enroll at G.W. Long Elementary School

Please provide the following:

1. Copy of **birth certificate**
2. Copy of **social security card**
3. An up-to-date **Alabama immunization record**
4. **Withdrawal paperwork**, transcript, and/or report card from previous school
5. Two proofs of residence within the Skipperville school district, one from each column:

- *Column 1*
  - Insurance or Medicaid document with mailing address
  - Driver's license or gov't issued ID
  - Current utility bill showing address
  - Voter registration card
- *Column 2*
  - Rent receipt (numbered and signed by landlord)
  - Property tax record
  - Mortgage or property deed
  - Motor vehicle tag receipt

**Please call the Long Elementary School office at (334) 774-0021 if you have any questions regarding enrollment.

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: _____-_____

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School

Address (Street)

Home Telephone Number	Cell Phone Number	Additional Phone Number:	Grade	Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) — Work Phone Number

Transportation
☐ Bus Rider Bus Number ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:
Physician's Name: _____
Address: _____
Phone: _____
☐ Community Health Center
☐ Health Department
☐ Hospital Clinic
☐ No Regular Place
☐ Private Doctor /HMO

Your child's Insurance Information:
☐ ALL KIDS
☐ Medicaid
☐ No Insurance
☐ Other _____
☐ Private Insurance

Place your child receives dental care:
Dentist's Name: _____
Address: _____
Phone: _____
☐ Community Health Center
☐ Health Department
☐ Hospital Clinic
☐ No Regular Place
☐ Private Dentist /HMO

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy

☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker

☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
in GW Long Elementary School

PLEASE PRINT Must be completed by Parent/Legal Guardian *PLEASE PRINT*

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ AGE _____ GRADE _____ HOME PHONE _____

SEX (circle one) MALE FEMALE **RACE:** American Indian/Alaska Native Asian Black/African American Hispanic/Latino Middle Eastern or North African Native Hawaiian/other Pacific Islander White

PHYSICAL ADDRESS _____ CITY _____ STATE ____ Zip _____

MAILING ADDRESS (if different)_____ CITY _____ STATE ____ Zip _____

STUDENT LIVES WITH (circle one) BOTH PARENTS MOTHER FATHER GUARDIAN: Relation _____

PARENT(S)/GUARDIAN (court ordered documentation required for verification)

MOTHER/GUARDIAN _____ ADDRESS _____

EMAIL ADDRESS _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

FATHER/GUARDIAN _____ ADDRESS _____

EMAIL ADDRESS _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

SPECIAL INFORMATION ABOUT CUSTODY: (circle one) YES NO IF YES, EXPLAIN _____

_____

LIST ANYONE PROHIBITED FROM CHECKING CHILD OUT OF SCHOOL _____

EMERGENCY CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1
CONTACT NAME _____
Relation to student _____ Phone _____

EMERGENCY #2
CONTACT NAME _____
Relation to student _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL (in accordance school system check-out procedures)

1. _____ Relation to student _____ Phone _____
2. _____ Relation to student _____ Phone _____
3. _____ Relation to student _____ Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

HAS/IS STUDENT: Been expelled? Yes No Under suspension? Yes No Enrolled in Alternative School? Yes No Asked to withdraw? Yes No

SPECIAL SERVICES: Is student currently receiving special education services? YES NO

Is the student connected to an Active Military Family Parent? YES NO

TRANSPORTATION: (Circle One) Bus Rider Car Rider

PRESCHOOL: Head Start Center-Based Child Care Home Visitation Program No Preschool First Class Funded Preschool Home-Based Child Care Special Education Funded Other Preschool _____

Certification and Acknowledgement

I, *(full name)* _____, am the legal guardian of the above-named student, and do hereby certify that the information stated above on this form and in the supporting documentation are true. I consent and agree that the Dale County School System will have the right to verify the information provided above and that this form and any supporting documentation may be subject to review and/or verification by the Superintendent and/or his/her designee. **I fully understand that falsifying residency information will result in the immediate removal of the above-named student from school. I further agree that, if there is any change in my residence or the residence of the above-named student, I will notify the school administration within ten (10) days of the date of such change.**

_____ _____

Signature: Parent/Legal Guardian Date:

Rev. 4/16/25

DALE COUNTY SCHOOL SYSTEM
Residency Enrollment Application Form

An in-district student is defined by a student living in an established dwelling with the legal parent/guardian in Dale County; but outside of the city limits of Ozark and Daleville.

A. Background Information

Full Legal Name of Student: _____ Age _____ Grade _____

Name of Zoned Dale County School Applying for Enrollment: _____

Name of School and School System last attended: _____/_____

Name of Parent/Legal Guardian: _____
* Legal guardians and foster care parents must provide a court decree declaring him/her to be the legal guardian or the foster care parent of the student.

List any sibling(s)/or any other children you have guardianship of:

Name_____Age____Grade____School_____
Name_____Age____Grade____School_____
Name_____Age____Grade____School_____
Name_____Age____Grade____School_____

B. Residency Information

Residence Information
Location of Your Physical Residence/Complete Mailing Address (Including number and street -- No PO Boxes)

_____
_____
_____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address: _____

C. Residency Verification

Please check one (1) item from each column that you will provide to verify your residence. Please attach the two (2) documents to this form.

Column One	***Column Two***
_____ Insurance or Medicaid mail with address	_____ Property tax record (tax appraisal postcard)
_____ Current utility bill showing residence address	_____ Rent Receipt; Numbered/signed by Landlord
_____ Voter Registration Card	_____ Mortgage documents or a property deed
_____ Driver's License or Government Issued ID	_____ Motor Vehicle Tag Receipt

Certification and Acknowledgement

I, *(full name)* _____, am the legal guardian of the above-named student, and do hereby certify that the information stated above on this form and in the supporting documentation are true. I consent and agree that the Dale County School System will have the right to verify the information provided above and that this form and any supporting documentation may be subject to review and/or verification by the Superintendent and/or his/her designee. **I fully understand that falsifying residency information will result in the immediate removal of the above-named student from school**.

I further agree that, if there is any change in my residence or the residence of the above-named student, I will notify the school administration within ten (10) days of the date of such change.

_____ _____
Signature: Parent/Legal Guardian Date:

Rev 7/18/22

RACE AND/OR ETHNICITY

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

What is the student's race and/or ethnicity? SELECT ALL THAT APPLY:

□ **AMERICAN INDIAN OR ALASKA NATIVE**
For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

□ **ASIAN**
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

□ **BLACK OR AFRICAN AMERICAN**
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

□ **HISPANIC OR LATINO**
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

□ **MIDDLE EASTERN OR NORTH AFRICAN**
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

□ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marsha/lese, etc.

□ **WHITE**
For example, English, German, Irish, Italian, Polish, Scottish, etc.

Office use only:	
	Race – Choose one or more: _____American Indian or Alaska Native _____Asian _____Black or African American _____Hispanic or Latino _____Middle Eastern or North African _____Native Hawaiian or Other Pacific Islander _____White
Date:	Staff Signature:

Special Services Information

Student's Name: _____ Grade: _____

1. Has this student ever been referred for special services?
   _____Yes _____No

2. Has this student ever been tested for special services by either a public agency or a private agency?
   _____Yes _____No

3. If the answer to question number 2 is yes, was the student placed?

   _____Yes _____No

   Please check the type of disability impairment:

   ____ Autism

   ____ Deaf/Blindness

   ____ Developmental Delay

   ____ Emotional Disability

   ____ Hearing Impairment

   ____ Intellectual Disability

   ____ Multiple Disabilities

   ____ Orthopedic Impairment

   ____ Specific Learning Disability

   ____ Speech or Language Impairment

   ____Visual Impairment

   ____ Gifted

   ____ Other: _____

****Please provide a copy of the IEP if your child received special services****

_____ _____

Signature of Parent/Guardian Date

Dale County Schools Home Language Questionnaire

Federal and State regulations require school districts to have procedures in place to identify language needs of students and families to provide meaningful instruction for all students. This form will be used only for determining whether the student needs English Learner services.

Student Name:	**Gender (circle one) Male Female**	**Date:**
School:	**Grade:**	**Teacher:**
Parent/Guardian Name:		

Student Information	
Child's Date of Birth:	
Was your child born in the United States? (circle one) Yes No	If YES, what State?
If NO, what country?	If NO, date child entered the United States

Educational Background

Has your child attended school in the United States for any 3 years during their lifetime? **YES** **NO**

Previous schools attended starting with most recent

City and State_____School _____Dates attended_____
City and State_____School _____Dates attended_____
City and State_____School _____Dates attended_____

Language Background

1. What language is spoken by you and your family most of the time at home?_____

2. Parent Communication: Will you need an interpreter or a translator at Parent and Teacher conferences? **YES** **NO**
   If you prefer written communication in a language other than English, in what language would you prefer?_____

3. What language is understood by your child? **(Check ONLY ONE)**
   ☐ **ONLY** English ☐ Only the home language and **NO** English ☐ Understands **MOSTLY** the home language and some English
   ☐ Understands **MOSTLY** English and **SOME** home language ☐ Understands home language and English **EQUALLY**

4. Is your child's first language or home language anything other than English? **YES** **NO**

IF YES	What language did your child learn when he/she first begin to talk?_____
IF YES	What language(s) does your child most frequently speak at home?_____
IF YES	What other languages does your child speak? _____
IF YES	What language(s) do you most frequently speak to your child? Father_____Mother_____

Parent Signature_____ **Date**_____

Counselor or EL office check box: Reviewed by (initials)	Date:	Notes:

Cuestionario del idioma del hogar de las escuelas del condado de Dale

Las reglamentaciones federales y estatales exigen que los distritos escolares cuenten con procedimientos para identificar las necesidades lingüísticas de los estudiantes y las familias a fin de brindar una instrucción significativa para todos los estudiantes. Este formulario se utilizará únicamente para determinar si el estudiante necesita servicios para estudiantes de inglés.

Nombre del estudiante: **Sexo (circule uno) Masculino Femenino Fecha:**
Escuela: Grado: Profesor:
Nombre del Padre de Familia / Guardian:

Información del estudiante
Fecha de nacimiento del niño:
¿Su hijo nació en los Estados Unidos? (encierre en un círculo) Sí No Si la respuesta es Sí, ¿en qué estado?
Si NO, ¿de qué país? Si NO, fecha en que el niño ingresó a los Estados Unidos

Antecedentes educativos
¿Ha asistido su hijo a la escuela en los Estados Unidos durante 3 años durante su vida? **SÍ NO**
Escuelas anteriores a las que asistió comenzando con la más reciente Ciudad y Estado_____Escuela _____Fechas de asistencia_____ Ciudad y Estado_____Escuela _____Fechas de asistencia_____ Ciudad y Estado_____Escuela _____Fechas de asistencia_____

Idioma de fondo	
1. ¿Qué idioma hablan usted y su familia la mayor parte del tiempo en casa?_____	
2. Comunicación con los padres: ¿Necesitará un intérprete o un traductor en las conferencias de padres y maestros? Sí NO Si prefiere la comunicación escrita en un idioma que no sea inglés, ¿en qué idioma preferiría?_____	
3. ¿Qué idioma entiende su hijo? **(Marque SOLO UNO)** **SOLO** inglés Solo el idioma del hogar y **NO** inglés Entiende PRINCIPALMENTE **el** idioma del hogar y algo de inglés Entiende **MAYORMENTE** inglés y ALGUNA lengua materna Entiende la lengua materna y el inglés POR **IGUAL**	
4. ¿El primer idioma de su hijo o el idioma del hogar es otro que no sea el inglés? **SI NO**	
EN CASO DE SI	¿Qué idioma aprendió su hijo cuando empezó a hablar? _____
EN CASO DE SI	¿Qué idioma(s) habla su hijo(a) con mayor frecuencia en casa? _____
EN CASO DE SI	¿Qué otros idiomas habla su hijo? _____
EN CASO DE SI	¿Qué idioma(s) habla con más frecuencia con su hijo(a)? Padre madre_____

Firma del padre_____ **Fecha**_____

Casilla de verificación del consejero o de la oficina EL: Revisado por (iniciales) Fecha: Notas:

ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students

SCHOOL SYSTEM
SCHOOL NAME

DIRECTIONS

Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.

RELOCATION HISTORY

Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?	☐ Yes	☐ No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	☐ Yes	☐ No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	☐ Yes	☐ No

Other work you have done that is not shown in a picture below: _____

Fruit or Tomato Farms ☐ Yes 	Fish or Shrimp Farms ☐ Yes 	Nursery, greenhouse, sod farm ☐ Yes 	Planting / Harvesting Crops ☐ Yes 
Cattle Farms; Milk Products ☐ Yes 	Hatchery; feeding, processing chickens, gathering eggs ☐ Yes 	Working on a worm farm ☐ Yes 	Growing, tending, felling trees ☐ Yes 

PARENT INFORMATION

PARENT / GUARDIAN

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

Encuesta para padres
de nuevos estudiantes inscritos

SISTEMA ESCOLAR
NOMBRE DE LA ESCUELA

INDICACIONES

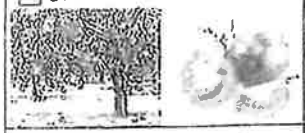
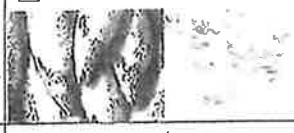
Complete la siguiente encuesta. Puede que su hijo(a) sea elegible para recibir servicios educativos adicionales GRATIS. Si responde que sí a cualquiera de las preguntas de abajo, un representante de educación se podrá comunicar con usted para averiguar si usted, su hijo(a) o cualquiera de sus familiares es elegible para el programa de educación para migrantes. Toda la información se mantendrá bajo confidencialidad.

Complete este cuestionario y entréguelo a la escuela de su hijo(a).

ANTECEDENTES DE REUBICACIÓN

¿Ha viajado alguna vez dentro o fuera de Alabama para trabajar o buscar trabajo en cualquiera de las actividades de las imágenes de abajo en los últimos tres (3) años?	☐ Sí	☐ No
¿Se dedica usted o su cónyuge actualmente a la agricultura, el trabajo en granjas, la pesca o cualquiera de las actividades de las imágenes de abajo?	☐ Sí	☐ No
Marque todas las imágenes de agricultura, granjas o pesca donde haya trabajado en los últimos 3 años. Consulte las imágenes de abajo.	☐ Sí	☐ No

Otro tipo de trabajo que haya hecho y que no aparezca en las imágenes de abajo

Granjas de frutas o tomates ☐ Sí 	Criaderos de peces o camarones ☐ Sí 	Vivero, invernadero, granja de césped ☐ Sí 	Plantación/cosecha de cultivos ☐ Sí 
Granjas para ganado; productos lácteos ☐ Sí 	Criadero para huevos; alimentación, procesamiento de pollos, recolección de huevos ☐ Sí 	Trabajo en granjas de lombrices ☐ Sí 	Plantación, cuidado, tala de árboles ☐ Sí 

INFORMACIÓN DEL PADRE/DE LA MADRE

PADRE/MADRE/TUTOR

DIRECCIÓN	CIUDAD	ESTADO	CÓDIGO POSTAL
NÚMERO DE TELÉFONO	LUGAR DE EMPLEO		
CANTIDAD DE NIÑOS EN EL GRUPO FAMILIAR		FECHA EN QUE SE MUDARON	