



# PRATTVILLE ELEMENTARY SCHOOL

134 PATRICK STREET  
PRATTVILLE, ALABAMA 36067  
334.361.3885

You will need the following items to get your child registered:

## **Enrollment Checklist:**

- Prattville Elementary Enrollment Packet (available in the front office)
- Picture ID of Parent/Legal Guardian
  - If Legal Guardian, we will require a recorded court decree or DHR assignment.
- Withdrawal Form from previous school
- Birth Certificate (Original required)
- Current Alabama Immunization Form (Original required and will be retained by the school.)
- Two** (2) Address Verifications\* in Parent/Legal Guardian's Name

## **ADDRESS VERIFICATIONS**

*Only the following documents will be accepted for address verification:*

- ✦ Warranty Deed, Security Deed or Quit Claim Deed
- ✦ Current Residential Lease
- ✦ Gas, Water or Power bill (dated within 30 days and cannot say Disconnect Notice)
- ✦ Property Tax Records
- ✦ W-2 for previous year
- ✦ \*\*P.O. Boxes are not accepted.

**Note:** If proofs are in a spouse's names, you must provide a Marriage Certificate.



Where Children Come First!

Welcome!  
to P.E.S.

## ENROLLMENT REQUIREMENTS

*Students cannot be registered until ALL enrollment documents are received.*

- TWO proofs of residency in Parent or Legal Guardian's name
  - Warranty Deed, Security Deed or Quit Claim Deed
  - Current Lease
  - One current utility bill (water, power or gas) ; cannot accept "Disconnect Notice"
  - Current W-2
  - Property Tax Record
- Parent/Legal Guardian's Picture ID
- Birth certificate
- State of Alabama Immunization Record; Original required
- Court recorded custody documents, if applicable
- Withdrawal form from previous school with grades or most recent report card
- Completed PES Enrollment Packet

*If Parent/Legal Guardian cannot provide two proofs of residency in their name, a Residency Affidavit must be completed.*

- I attest under the penalty of perjury that I reside with the student enrolling at the residence stated on enrollment documents at all times of the week.
- I attest that the student is not currently under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.
- I understand that if any of the information provided on the enrollment documents is changed for any reason, it is my responsibility to notify the school within **three** days. If I move outside the school district, my child must be withdrawn on that date.
- If fraud or misrepresentation is discovered, the child will be withdrawn from school and I will be prosecuted, held criminally liable, fined, or imprisoned if found guilty of forgery in the first degree and/or Perjury in the second degree. (Section 6-5-180 Import of accusations of false swearing or commission of crime & Section 13A-10-102 Perjury in the second degree)
- If I falsify information or defraud the school system, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate Autauga County Schools and any attorney fees associated with this.

If class sizes require adding additional classes, new students will be placed first into the new classes.

**Please sign below as confirmation that you have read and understand the above procedures.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# PRATTVILLE ELEMENTARY SCHOOL 2022-2023

Student Registration Form

Phone: (334) 361-3885

Fax: (334) 361-3835

## Student Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Entry Date \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F  Hispanic  Pacific  White  
 Asian  Indian  Black

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student lives with:  Both Parents  Mother only  Father only  Guardian  
Bus Rider:  AM  PM Car Rider:  AM  PM Walker:  AM  PM Other: \_\_\_\_\_

## Parent Information

1. Guardian: \_\_\_\_\_ 2. Guardian: \_\_\_\_\_  
 Mother  Father  Other: \_\_\_\_\_  Mother  Father  Other: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work#: \_\_\_\_\_ Employer: \_\_\_\_\_ Work#: \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact:  Yes  No Military:  Yes  No Emergency Contact:  Yes  No Military:  Yes  No

## Emergency Contact Information

#1 - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
#2 - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
#3 - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*\*\* A Biological Parent may NOT be blocked without a current Court Order on file \*\*\*

Person(s) **NOT** allowed to pick-up student: \_\_\_\_\_  
Medical Concerns/Allergies: \_\_\_\_\_

## Sibling Information

Brother/Sister Names:	Grade:	School:	Brother/Sister Names:	Grade:	School:

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to prosecution, fines and/or imprisonment. By signing below, you certify that the information given above is correct and you have custody of the child you are enrolling.

Parent or Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

## (For Office Use Only)

Teacher Name: \_\_\_\_\_  Withdrawal form/grades from previous school  
 Guardian's ID  Custody Order on file  
 Birth Certificate  Foster Care  
 AL Immunization Record  Military  
 Social Security Card  Lunch:  Paid  Free  
 Two Proofs of Residency/R.A.  Home Language: \_\_\_\_\_

Special Education:  Gifted  IEP  504  ESL/LEP  Speech

**CLASS SIZES:**

If class sizes require adding additional classes, new students will be placed first into the new classes.

**PARENT NOTIFICATION:**

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children UNLESS a parent has a court order that indicates which parent has custody of the child/children.

The school must have a copy of the court order on file; otherwise, either parent may check the child out of school with proper identification.

**ABSENCES:**

By law, a parent or legal guardian is responsible for sending a doctor's excuse or a written note to school explaining the cause or causes of their child's absence from school. This note must be received as soon as possible or within three days of the particular absence.

**CHANGE OF INFORMATION:**

In order for school personnel to have current information on your child, you must assume responsibility of contacting the school office to add, change or delete information.

Please sign below that you have read and understand the above procedures and statements of the law.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\*For Office Use Only Below\*\*

# Autauga County Schools Student Information Form

Enrollment Date: \_\_\_\_\_

Date(s) Records Requested: \_\_\_\_\_

Homeroom \_\_\_\_\_

Date(s) Records Received: \_\_\_\_\_

Grade \_\_\_\_\_

Full Legal Name of Student: \_\_\_\_\_ Name Called: \_\_\_\_\_

\*Student's Physical Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Student's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Language Spoken by Child: \_\_\_\_\_ Age: \_\_\_\_\_

### Previous School / Daycare Information:

Name of last school/daycare attended: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check box if student is currently receiving services:  504  ED  ESL/LEP  Gifted  Homebound  RTI  
 IEP  MR  SLD  Speech  Title One  Other

If so, describe services provided: \_\_\_\_\_

### Transportation Arrangements:

How will your child be transported? Check one

Bus Rider  AM  PM  Both

Car Rider  AM  PM  Both

Walker  AM  PM  Both

Bus Driver's Name: \_\_\_\_\_

Bus Number: \_\_\_\_\_

### Medical Information:

List any Known Allergies: \_\_\_\_\_

Does your child have any Health Conditions or Concerns? List the name of primary doctor and medical conditions or concerns.

Primary Doctor: \_\_\_\_\_ Conditions/Concerns: \_\_\_\_\_

### Sibling Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**\*RESIDENCY VERIFICATION:** The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

**\*\*** A biological parent may not be blocked from checking out his/her child without a Court Order

**\*\*\***Students enrolling in Autauga County Schools must meet the criteria for grade placement. Students will not be enrolled without proper credentials (transcripts, immunization form, withdrawal form, etc.). Any discrepancy in placement, which may be identified upon receipt of an official transcript, will be determined by the Principal of the school.

### Information Certification:

I, \_\_\_\_\_, hereby certify that the above information is true and correct and that I am the parent or legal guardian of the student I am registering.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

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. \*\*If you do not choose a race/ethnicity, your failure to do so gives us permission to declare a race/ethnicity based on the visual observations of the attending staff.\*\**

**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

Race — Choose one or more:

American Indian or Alaska Native

Asian

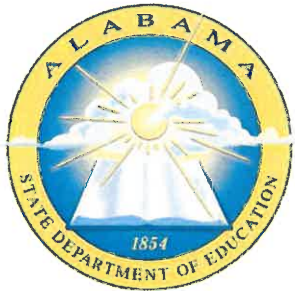
Black or African American

Native Hawaiian or Other Pacific Islander

White

Date:

Staff Signature:



# PRATTVILLE ELEMENTARY SCHOOL

134 PATRICK STREET  
PRATTVILLE, ALABAMA 36067  
PHONE: (334) 361-3885 FAX: (334) 361-3835



## OFFICIAL REQUEST FOR STUDENT RECORDS

DATE OF REQUEST: \_\_\_\_\_

The Alabama Department of Education and Prattville Elementary School request that you transmit the following student records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school. [Alabama Administrative Code 290-080-090.09(2)(e)]

STUDENTS NAME:

LAST FIRST M.I.

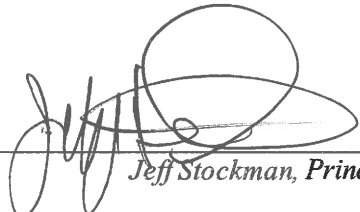
D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GRADE: \_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ FAX: \_\_\_\_\_

Please send records to:

PRATTVILLE ELEMENTARY SCHOOL  
134 PATRICK STREET  
PRATTVILLE, AL 36067  
PHONE: (334) 361-3885  
FAX: (334) 361-3835

  
Jeff Stockman, Principal

Please include:

- ✓ Grades
- ✓ Health records
- ✓ Immunization certificates
- ✓ Test data
- ✓ Psychological reports
- ✓ Recorded behavior statement

If Special Education services were rendered, please indicate correct placement:

- SLD
- MR
- SLI
- ED
- HEARING IMPAIRED
- GIFTED
- OTHER – Please specify: \_\_\_\_\_

## Autauga County School District HOME LANGUAGE SURVEY

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  
First Name
Middle Initial
Last Name

Parent or Guardian's Name \_\_\_\_\_  
First Name
Middle Initial
Last Name

Address \_\_\_\_\_  
Street
City
State
Zip

Phone Number \_\_\_\_\_  
Home
Work

1. Child's date of birth: \_\_\_\_\_ (Month/Date/Year)  
 Was your child born in the United States?  Yes  No  
 If yes, in which state? \_\_\_\_\_  
 If no, in what other country? \_\_\_\_\_  
 If no, date child entered the United States: \_\_\_\_\_ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No  
 If yes, please provide school name(s), state, and dates attended:  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:  
 A.  Native American Indian                      C.  Native Pacific Islander  
 B.  Alaska Native    D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? \_\_\_\_\_

8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

9. What language does your child most frequently speak at home? \_\_\_\_\_

10. What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

11. Please describe the language understood by your child. (Check only one)  
 A.  Understands only the home language and no English.  
 B.  Understands mostly the home language and some English.  
 C.  Understands the home language and English equally.  
 D.  Understands mostly English and some of the home language.  
 E.  Understands only English.

\_\_\_\_\_  
 Parent or Guardian's Signature

\_\_\_\_\_  
 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	





# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM      AUTAUGA COUNTY SCHOOLS

SCHOOL NAME      PRATTVILLE ELEMENTARY SCHOOL

**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<p><b>Fruit or Tomato Farms</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Fish or Shrimp Farms</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Nursery, greenhouse, sod farm</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Planting / Harvesting Crops</b></p> <p><input type="checkbox"/> Yes</p> 
<p><b>Cattle Farms; Milk Products</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Hatchery; feeding, processing chickens, gathering eggs</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Working on a worm farm</b></p> <p><input type="checkbox"/> Yes</p> 	<p><b>Growing, tending, felling trees</b></p> <p><input type="checkbox"/> Yes</p> 

**PARENT INFORMATION**

**PARENT / GUARDIAN**

ADDRESS	CITY	STATE	ZIP
<b>PHONE NUMBER</b>	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

ALABAMA APPLICATION FOR STUDENT ENROLLMENT  
Must be completed by Parent/Legal Guardian

PLEASE PRINT

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: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1  
CONTACT \_\_\_\_\_  
Relation \_\_\_\_\_

EMERGENCY #2  
CONTACT \_\_\_\_\_  
Relation \_\_\_\_\_

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:**

**MILITARY**

<b>Student connected to an Active Duty Military family</b>	<b>Circle One: YES NO</b>
<b>Student connected to a Guard or Reserve Military family</b>	<b>Circle One: YES NO</b>

**PRESCHOOL**

<b>Head Start</b>	<b>Circle One: YES NO</b>	<b>First Class Funded Preschool – Circle One: Yes NO</b>
<b>Center-Based Child Care - Circle One: YES NO</b>		<b>Home-Based Child Care – Circle One: YES NO</b>
<b>Home Visitation Program – Circle One: YES NO</b>		<b>Other Preschool – Circle One: YES NO</b>
<b>No Preschool – Check if no Preschool</b>		<b>Special Education Funded – Circle One: YES NO</b>

**Prattville Elementary**  
**Phone: 334-361-3885**  
**Fax: 334-361-3835**

\*Revised 7/18/19

**Autauga County Schools Transportation Department**  
202 Hughes St.  
Prattville, AL 36067  
Phone: 334-361-3897 Fax: 334-361-3823

**STUDENT VERIFICATION OF ADDRESS/BUS ASSIGNMENT**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mr. Messick,  
I am requesting bus transportation for my student listed above who has registered and will be attending Prattville Elementary School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Address Verified By: \_\_\_\_\_

**TRANSPORTATION DEPARTMENT INFORMATION:**

Bus #: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

FAXED: \_\_\_\_\_ Approval: \_\_\_\_\_

Please provide a copy of this form to the student and instruct the student to give the form to their bus driver. Please retain a copy for the school's records as well. Drivers will not allow new students to ride their bus without having the proper documentation.

Parents are welcome to call the bus driver at the number given to inquire about pick-up and drop-off times.

"Bus drivers are the driving force to a good education."