

Enrollment Checklist

- Completed State Enrollment Form
- Military/Preschool Form
- Ethnicity/Race Form
- Completed Home Language Survey
- Alabama Employment Survey
- Completed Student Information Form
- Picture ID of Parent/Guardian
- Alabama Immunization Form with Imprint
- Certified Birth Certificate
- Child's Social Security Card (optional)

Two current proofs of residency in Autauga County, specifically:

In the event that the required documents are in the spouse's name, please provide a marriage certificate.

- Home Ownership Title consisting of a Warranty Deed, Quit Claim Deed, or Security Deed
- Current entire residential (apartment or home) lease with physical address signed by tenant and landlord
- Current Utility Bill (power, water, or gas - only - dated within the last 30 days)
- Current year property tax record
- Current W-2 Statement for the parent/guardian for the location of the legal residence

* Please provide the school with Custody Paperwork - if applicable.

* To add/change contacts on your child's pick up list, you must come into the office and show your ID.

* If you move during the school year, you must show proof of new address to the school office.

PLEASE PRINT

ALABAMA APPLICATION FOR STUDENT ENROLLMENT
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.

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 – Check if no Preschool <input type="checkbox"/>		Special Education Funded – Circle One: YES NO

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: _____

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
 B. Alaska Native
 C. Native Pacific Islander
 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

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.


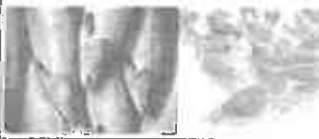






RELOCATION HISTORY

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?	<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: _____

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

PARENT INFORMATION

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

For Office Use Only Below

Date(s) Records Requested: _____

Date(s) Records Received: _____

Autauga County Schools Student Information Form

Enrollment Date: _____

Homeroom _____

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 _____

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

**PRATTVILLE PRIMARY SCHOOL
216 WETUMPKA STREET
PRATTVILLE, AL 36067
(334) 365-6277
(334) 365-0116 (FAX)**

State of Alabama Department of Education

OFFICIAL REQUEST FOR STUDENT RECORDS

The Alabama Department of Education and Prattville Primary 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)}

LAST FIRST M.I. GRADE

LAST FIRST M.I. GRADE

Special Education services rendered at previous school? _____

Please include report card, test data, current IEP, EL records, attendance, health records, immunization certificates, psychological reports and recorded behavior statements.

Date of request: _____

Previous School: _____

Address: _____

Phone #: _____

Fax #: _____

Parent's Signature

Joseph Cochran
Principal

Prattville Primary
Phone: 334-365-6277
Fax: 334-365-0116

*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 Primary 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."