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NAME

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GRADE

\_\_\_\_\_ 2 Proofs of Residence

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Withdrawal Papers/Report Card

\_\_\_\_\_ AL Immunization Card

\_\_\_\_\_ Custody Papers (if there are custody issues)

\_\_\_\_\_ Picture ID of Person Enrolling Student  
(Must be Parent or Legal Guardian)

OFFICE USE ONLY

\_\_\_\_\_ Records Requested

\_\_\_\_\_ Employment Survey

\_\_\_\_\_ Placed by Principal

\_\_\_\_\_ Entered in Computer/  
Guardian, Schedule Type

# AUTAUGA COUNTY SCHOOL SYSTEM

Approved 1/13/2022

## 2022-2023 CALENDAR

JULY 2022						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

<b>Institute/Teacher In-Service Days</b>
<b>First/Last Day of School</b>
<b>School Holidays</b>
<b>Grading Periods</b>
<b>Report Card Dates</b>

JANUARY 2023						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST 2022						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 3 - 9  
 August 10  
 September 5  
 October 10  
 November 11  
 November 21-25  
 December 16  
 Dec 19-Jan 2

**Institute/Teacher In-service Days**  
 School Opens  
 Labor Day  
 Fall Break  
 Veterans Day  
 Thanksgiving Holidays  
 Early Dismissal  
 Christmas Holidays

FEBRUARY 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

SEPTEMBER 2022						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

January 3  
 January 4  
 January 16  
 February 17  
 March 20-24  
 April 14  
 May 26

**Teacher In-service Day**  
 School Resumes  
 Martin Luther King Day  
 Teacher In-service Day  
 Spring Break  
 Weather Day  
 Last Day of School/Early Dismissal

MARCH 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

OCTOBER 2022						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Nine-Weeks Grading Periods		
1 <sup>st</sup> nine-weeks ends	October 12	44 days
2 <sup>nd</sup> nine-weeks ends	December 16	41 days
		85 days
3 <sup>rd</sup> nine-weeks ends	March 9	45 days
4 <sup>th</sup> nine-weeks ends	May 26	50 days
		95 days

APRIL 2023						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

NOVEMBER 2022						
S	M	T	W	Th	F	S
		1	2	3	4	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Report Card Issue Dates	
1 <sup>st</sup> nine-weeks	October 17
2 <sup>nd</sup> nine-weeks	January 6
3 <sup>rd</sup> nine-weeks	March 17
4 <sup>th</sup> nine-weeks	May 26

MAY 2023						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

DECEMBER 2022						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Tentative Testing Dates	
PreACT (Gr. 10)	October 3-21, 2022
ACT WorkKeys (Gr. 12)	October 5 - November 8, 2022
ACCESS ELLs (Gr. K-12)	January 17 - March 17, 2023
ACT with Writing (Gr. 11)	March 14, 2023
ACAP Alternate (Gr. 2-8, 10, 11)	March 1 - April 7, 2023
ACAP Summative (Grades 2-8)	March 20 - April 28, 2023

JUNE 2023						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

# PRATTVILLE INTERMEDIATE SCHOOL

*Another Outstanding School in Autauga County*



Dear Parents:

In order for a student to enroll in the Autauga County School System, parents must provide proof of residence.

Parents can provide two of the following items to verify their residence. Please note that any documents with a post office box as an address cannot be accepted.

1. Home Ownership Title consisting of a Warranty Deed, Quit Claim Deed, or security deed;
2. Current Residential (apartment or home) lease with the physical add;
3. Utility bill (power, water, or gas; only one accepted – dated within the last 30 days);
4. Current year property tax record; or
5. Current W-2 Statement for the parent/guardian for the location of the legal residence.

Please submit a copy of any two of the documents listed above to the school your child is enrolling in. If you have more than one child enrolling in school, separate copies of verification should be provided for each child. Parents who do not submit these items will not be allowed to enroll their child (ren) into school. Students who change school zones during the school year must re-submit residential verification.

We appreciate your cooperation in helping make the enrollment process go smoothly.

Dr. Hosea Addison, Principal

# 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	

**\*\*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/Guardian

Date

Prattville Intermediate School  
1020 Honeysuckle Drive  
Prattville, AL 36067  
Phone (334) 361-3880  
Fax (334) 361-3884  
State of Alabama  
Department of Education

OFFICIAL REQUEST FOR STUDENT RECORDS

DATE OF REQUEST \_\_\_\_\_  
DATE REQUEST RECEIVED \_\_\_\_\_

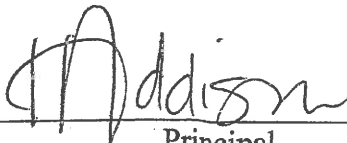
The Alabama Department of Education and Prattville Intermediate School request that you transmit the following student(s) records as soon as possible. If the student is currently receiving special education and related services, the records must be transferred to the requesting school. [Alabama Administrative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

\_\_\_\_\_  
LAST FIRST MI GR

\_\_\_\_\_  
LAST FIRST MI GR

\_\_\_\_\_  
LAST FIRST MI GR

\_\_\_\_\_  
LAST FIRST MI GR

  
\_\_\_\_\_  
Principal

Please send all regular and  
Special education records to  
Prattville Intermediate School.

Mailing address of previous school:  
School: \_\_\_\_\_

Street: \_\_\_\_\_

P O Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM

SCHOOL NAME

**DIRECTIONS**

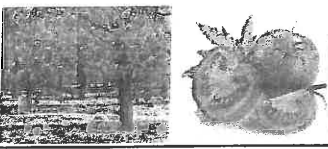
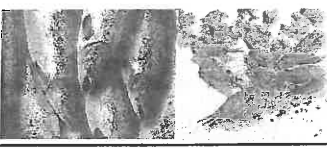


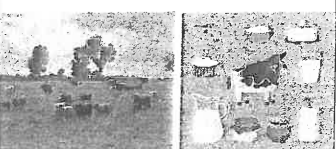



Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education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

<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		

# PRATTVILLE INTERMEDIATE SCHOOL

*Another Outstanding School in Autauga County*



Dear Parents/Guardians,

If class sizes require adding additional classes/teachers, new students will be placed first into the new classes. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Addison". The signature is fluid and cursive, with a large initial "H" and a long, sweeping tail.

Dr. Hosea Addison  
Principal

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Please sign that you have read and understand the above procedure.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## 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.

I have read the above statement of the law.

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

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

## 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 on this form.

I CERTIFY THAT THE PREVIOUS INFORMATION IS TRUE AND CORRECT AND THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE STUDENT I AM REGISTERING.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Prattville Intermediate  
Phone: 334-361-3880  
Fax: 334-361-3884

\*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 Intermediate 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."