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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

# 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

# 2023-2024 School Calendar

**Student Calendar**  
**Autauga County Bd of Ed**  
 153 West 4th St  
 334-365-5706  
 Prattville, AL 36067  
 Website: [www.acboe.net](http://www.acboe.net)

July 2023						
S	M	T	W	T	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 2023						
S	M	T	W	T	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		

September 2023						
S	M	T	W	T	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 2023						
S	M	T	W	T	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					

November 2023						
S	M	T	W	T	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		

December 2023						
S	M	T	W	T	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

Aug 2-4 Teacher Work Days  
 Aug 4 Institute  
 Aug 7-8 Professional Development Days  
 Sep 4 Labor Day  
 Oct 6 Early Dismissal/Teacher Inservice  
 Oct 9 Fall Break - No School  
 Nov 10 Veteran's Day  
 Nov 20-24 Thanksgiving Holiday Break  
 Dec 19 Student Early Release  
 Dec 19-Jan 2 Winter Break  
 Jan 3 Professional Development Day

Jan 15 Martin Luther King, Jr. Day  
 Feb 19 President's Day  
 Mar 8 Early Dismissal/Teacher Inservice  
 Mar 25-29 Spring Break  
 April 19 Weather Day  
 May 24 Last day for teachers  
 May 27 Memorial Day

Student Days	Teacher Days
1st Term: 86	1st Term 92
2nd Term: 94	2nd Term 95
187 Days	

**Test Dates:**  
 Oct/Nov ACT Work Keys  
 Oct Pre ACT  
 Feb./Mar. ACCESS for EL's  
 Mar/Apr ACT Work Keys Retest  
 Mar/Apr ACT Plus w/ Writing  
 Mar/Apr ACAP Summative  
 Mar/Apr ACAP Alternate  
 May 3rd Grade Writing Assessment

January 2024						
S	M	T	W	T	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	

February 2024						
S	M	T	W	T	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		

March 2024						
S	M	T	W	T	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

April 2024						
S	M	T	W	T	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

May 2024						
S	M	T	W	T	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

June 2024						
S	M	T	W	T	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

**Grading Periods:**  
 1st August 9th - October 6th  
 2nd October 7th - December 19th  
 3rd January 4th - March 8th  
 4th March 9th - May 23rd

**Progress Reports:**  
 September 6th  
 November 8th  
 February 7th  
 April 17th

**Report Cards:**  
 October 16th  
 January 10th  
 March 18th  
 May 24th

School Closed  
 Early Release

Professional Development/Inservice (no school for students)

First & Last Day of School  
 Teacher Work Days/Early Dismissal

# 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:

\_\_\_\_\_, 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.


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

  
Principal

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

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

Mailing address of previous school:  
School: \_\_\_\_\_  
Street: \_\_\_\_\_  
P O Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_



# 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

# 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.