



Daniel Pratt Elementary School
420 Harvest Loop
Prattville, AL 36066
(334)361-6400
Fax (334)358-2393

Katie Lindsey
Assistant Principal

Donna Finch
Principal

Vonda Wilson
Assistant Principal

Welcome to Daniel Pratt Elementary School

In order for a student to be enrolled in the Autauga County School System, parents must provide proof of residence. The current Court Order mandates that certain verifying documents be provided by all students who enroll in our school system. Parents can provide any two of the following items to verify their residence. In cases of custody issues, a court decree declaring the resident to be the legal physical guardian of the student must be provided, along with other required documentation.

REQUIRED Documentation of Registration

- | | |
|-------------------------------------|-----------------------------------|
| Certified Birth Certificate _____ | Withdrawal Form _____ |
| Social Security No.(optional) _____ | Report Card (grades) _____ |
| AL Blue Immunization Card _____ | Standardized Test Scores _____ |
| Parent/Guardian Picture ID _____ | Special Ed-IEP (if applies) _____ |
| Custody Papers* (if applies) _____ | 504 Plan (if applies) _____ |
| Home Language Survey _____ | Employment Survey _____ |

(*Verification of custody is necessary if the child lives with someone other than both natural parents as indicated on birth certificate.)

Autauga County Schools has revised its enrollment policy (effective 11/3/2014). The new Student Admissions policy for Autauga County Schools includes the following options to prove residency of a student:

Two of the following, MUST BE CURRENT:

- _____ Home Ownership Title (Warranty Deed, Quit Claim Deed, or security deed)
- _____ Residential (apartment or home) lease, current year
- _____ Utility bill (power, water, gas, only one accepted) cannot be included in lease
- _____ Current year property tax record
- _____ Current W2 statement of the parent/guardian with the legal residence listed

In the event the student resides with one parent the majority of the time, and the required documents are in the spouse's name, a marriage certificate must be provided along with the proofs of residence.

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 CONTACTS: (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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student connected to a Guard or Reserve Military family	Circle One:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRESCHOOL

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

PLEASE SEE REVERSE SIDE

Declaration of Legal Residence

Daniel Pratt Elementary School
Donna Finch, Principal

Autauga County School System
Spence Agee, Superintendent

A SEPARATE FORM IS REQUIRED FOR EACH STUDENT

Student Name _____ Grade _____
Last, First Middle

Address _____ City/State _____
(P.O. Box number is not acceptable)

Parent/Guardian _____ Phone # _____

- ❖ I declare my legal residence to be that which is given above.
- ❖ I understand that any student enrolled with false information is not legally enrolled at Daniel Pratt Elementary School and may be required to provide updated verification or to withdraw.
- ❖ I certify that the information regarding my legal residence and that of my child is true and correct and that in the event that our address changes, I will notify the school office immediately so that the proper transfer papers can be prepared.
- ❖ The following two forms of verification have been provided:
 - Home Ownership Title consisting of a Warranty Deed, Quit Claim Deed, or security deed
 - Current Residential (apartment or home) Lease with the physical address
 - Utility Bill (power, water or gas; only on accepted – 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

Parent/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: _____

Autauga County School District

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
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 language is spoken by you and your family most of the time 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:

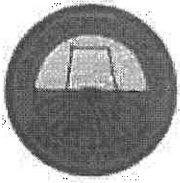
7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
10. Please describe the language understood by your child. (Check 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

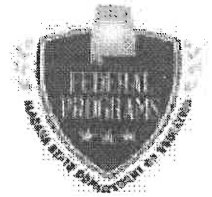
Student ID #	Date Distributed	Date Received	
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ALABAMA STATE DEPARTMENT OF EDUCATION

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



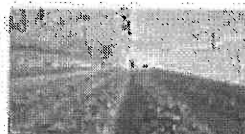
Fish or Shrimp Farms

Yes



Nursery, greenhouse, sod farm

Yes



Planting / Harvesting Crops

Yes



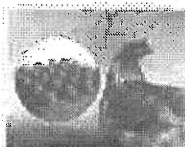
Cattle Farms; Milk Products

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

****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 _____

Revised: July 14, 2014

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



DANIEL PRATT ELEMENTARY SCHOOL
 420 HARVEST LOOP PRATTVILLE, AL 36066
 FAX (334) 358-2393
 (334) 361-6400
 State of Alabama Department of Education

OFFICIAL REQUEST FOR STUDENT RECORDS

The Alabama Department of Education and Daniel Pratt 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 record must be transferred to the requesting school. **Please indicate if the student is receiving special education below.** {Alabama Administrative Code 290-080-090.09(2) (e)}

Last	First	Middle	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Education Services Rendered at previous school? _____

 Parent's Signature

Donna Finch

 Principal

Date of Request _____
 Date Request Received _____
 Date Mailed/Faxed: _____

Mailing address of previous school:
 School:
 Street:
 City:
 State:
 Phone #:
 Fax #:

Please include any Discipline reports if any, with records. Thanks.

Daniel Pratt Elementary
Phone: 334-361-6400
Fax: 334-358-2393

*Revised 07/18/19

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 Daniel Pratt Elementary School.

Parent Signature Date

Address Verified By: _____

TRANSPORTATION DEPARTMENT INFORMATION:	
Bus #:	_____
Driver Name:	_____ Phone #: _____
FAXED:	_____ Approval: _____

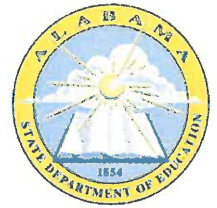
Please provide a copy of this form to the student and instruct the student to give the form to their bus driver. Please retain a copy for the school's records as well. Drivers will not allow new students to ride their bus without having the proper documentation.

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."



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:

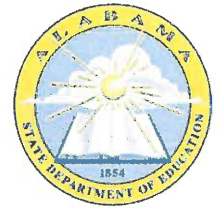
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____ - _____

Name of Student _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO , go directly to the bottom of the page and provide parent/guardian signature If YES , and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include <u>any</u> medications taken at home only.</i>

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____