

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.

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 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:

Race — Choose one or more:

NOT

American Indian or Alaska Native

Hispanic/Latino

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 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 EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Complete the following survey. The information in this survey will be used to determine if you might be eligible for the Migrant Education Program.

Student Name: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Cell Phone: _____ Other Phone: _____

1. Have you **traveled** during the last 3 years to work in **agriculture or fishing** or to look for work in agriculture or fishing?
YES _____ **NO** _____

2. Where did you travel from?

3. What type work are you or your spouse doing now?

4. Check any activities below that you or your spouse have worked in during the last 3 years.

Check (✓) all that apply:

_____ Poultry plants, poultry farms, or cattle farms

_____ Production or processing of milk products

_____ Catching or processing seafood or fish

_____ Cultivation or cutting of trees

_____ Harvesting of crops

_____ Nurseries or sod farms

_____ Fish or shrimp farms

_____ Worm farms

_____ Fruit farms

****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 Driver's Name: _____

Bus Rider AM PM Both

Bus Number: _____

Car Rider AM PM Both

Walker AM PM Both

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

Holly Menider

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."