



Zion Chapel High School

29256 HIGHWAY 87
JACK, ALABAMA 36346
PHONE 334-897-6275
FAX 334-897-5136

ACCREDITED BY
SOUTHERN ASSOCIATION
OF COLLEGES AND SCHOOLS

JARED ROBISON
PRINCIPAL

RANDY BRYANT
ASSISTANT PRINCIPAL

D'ANDRA TINGEY
ASSISTANT PRINCIPAL

Parent/Guardian:

Welcome to Zion Chapel! We will need the following documents in order to complete your child's enrollment.

1. Completed enrollment packet (attached)
2. Proof of age (Birth Certificate)
3. Current Certificate of Immunizations for the State of Alabama
4. Parent/Guardian ID
5. Withdrawal Paperwork form previous school
6. Custody Paperwork (if applicable)
7. Social Security Number (voluntary but appreciated)
8. TWO forms of Proof of Residency. The following are the ONLY documents we can accept as Proof of Residency.
 - Property Tax Records
 - Mortgage documents or property deed
 - Apartment or home lease
 - Utility bills
 - Driver's License with current/correct address
 - Voter registration card
 - Automobile registration

We look forward to working with you and your child. If you have any questions you can reach me by phone at 334-897-6275 or email me at tingeyd@coffeecounty.k12.al.us.

Respectfully,

D'Andra Tingey

Assistant Principal

Zion Chapel School

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 _____	EMERGENCY #2 CONTACT _____
Relation _____ Phone _____	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.

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.*

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:	
<input type="checkbox"/> NOT Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black or African American	
		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
		<input type="checkbox"/> White	
Date:		Staff Signature:	

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military parent	Circle One: YES NO
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PRESCHOOL

Head Start	Circle One: YES NO	First Class Funded Preschool – Circle One: Yes NO
Centered 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

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
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**Coffee County Schools
Transportation Information**

ZION CHAPEL SCHOOL

County policy requires the information below to be on file with the bus driver.

Student Name: _____

Grade: _____ Teacher: _____ Age: _____

Parent/Guardian: _____

Phone Number: _____

Mailing Address: _____ City _____ Zip _____

Please check and circle all that applies to your child's school transportation:

- Car Rider only** – Student will never ride school bus & will ALWAYS be a car rider to and from school
- Car Rider by choice** – Child may ride car on occasion but will be assigned to a regular bus schedule
- Bus Rider-Complete the remaining information below if your child will ride a bus anytime during the school year.** AM PM Sometimes Only

Emergency Contact Name (1) Relationship Phone #

Emergency Contact Name (2) Relationship Phone #

Please contact your bus driver if you are new or have any changes.

Bus Driver (AM pick up) _____ Bus # _____

Bus Driver (PM drop off) _____ Bus # _____

Bus Driver	Bus Number
14-63	Angela Weisensale
15-03	Gloria Hurd
15-04	James Carter
18-06	Tony Ivey
19-10	Larry Green
19-12	Janette Boley
21-16	Morgan Murphy
24-23	Chris Carnley
24-24	Tom Donn

*NOTE: PLEASE CONTACT THE SCHOOL OFFICE PRIOR TO 1:00 P.M. FOR ANY CHANGE IN YOUR CHILD'S TRANPORTATION FOR THE DAY.

INTERNET Access Information

Student Name _____ Grade Level _____

1. Do you have internet at your residence? Yes No

2. What type of internet do you have at your residence?

- A. Broadband (DSL, Fiber, Cable)
- B. Cellular network
- C. Satellite
- D. Dial-up
- E. No internet

3. Do you have any issues with your home internet service?

- No Sometimes No internet

4. At your home, does the student have their own personal device, a shared device, or no device?

- A. Personal device
- B. Device shared with family members
- C. No device

5. What type of device does the student use most of the time at home? *Choose 1*

- A. Desktop/Laptop
- B. Tablet
- C. Chromebook
- D. Smart Phone
- E. Other
- F. No device



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey

for Newly Enrolled Students



SCHOOL SYSTEM	STUDENT NAME
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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
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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
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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
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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		

HOME LANGUAGE SURVEY

STUDENT'S NAME _____ GRADE _____

(TO BE FILLED IN BY PARENT OR GUARDIAN)

1. What language did your child learn to speak first? _____
2. What language is spoken in your home most of the time? _____
3. What language does your child speak outside of the home? _____
4. In what language do you read? _____
5. In what language does your child read? _____

Parent/Guardian Signature

Date

.....

CUESTIONARIO DEL IDIOMA HOGARENO

NOMBRE DEL NIÑO/NINA _____ GRADO _____

(DEBE DE COMPLETARSE POR EL PADRE O EL GUARDIA)

1. Cual fue el primer idioma que aprendo a hablar su hijo (a)? _____
2. Cual es el idioma que mas se habla en su hoga? _____
3. Cual es el idioma que mas habla su hijo (a)? _____
4. Que idiomas puede usted leer?
Ingles _____ Espanol _____ Ninguno _____
5. Que idiomas puede leer su hijo (a)?
Ingles _____ Espanol _____ Ninguno _____

Firma del Padre o Guardian

Fecha

Date Received _____

ZCCLC (Extended Day)
2024-2025

Applications may be mailed, faxed or emailed:

Zion Chapel School

29256 Hwy 87

Jack, AL 36346

Fax: 334-897-5136 Phone: 334-897-6275

boutwell@coffeecounty.k12.al.us

Student Name _____

Grade _____ Homeroom _____

Parent or Guardian's name _____

Address _____

Phone Numbers:

Home: _____ Work: _____

Email Address: _____

Emergency Contact other than parent or guardian (name, address and phone number)

Persons other than parents or guardians authorized to pick up children

Pertinent medical information _____

Fees:

DUE NO LATER THAN THE 10TH OF EACH MONTH

Monthly fees are:

Number of Children	Monthly Fees
1 child	\$150.00
2 children	\$225.00
3 children	\$300.00

****Important Information****

*No one will be allowed to sign out your child and pick them up from the after-school program that is not listed on this application. Please list anyone that you will allow to pick up your child.

Zion Chapel Community Learning Center does not discriminate against any individuals due to race, religion, or physical disability.

You will be contacted by the school if/when your child has been accepted to the program.