



Daniel Pratt Elementary School  
420 Harvest Loop  
Prattville, AL 36066

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Katie Lindsey  
Assistant Principal

Donna Finch  
Principal

Vonda Wilson  
Assistant Principal

Welcome to Daniel Pratt Elementary School! We are looking forward to teaching your child next year. In order for us to prepare for your child, please complete the attached enrollment forms. Your child's certified birth certificate, social security number (optional), State of Alabama blue immunization form and address verification will also be needed to complete the registration process.

In order to verify your child's residence, two of the following forms will 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 address
3. Current Utility Bill (power, water or gas; only on accepted – dated within the last 30 days)
4. Current year property tax record
5. Current W-2 Statement for the parent/guardian for the location of the legal residence

We will be unable to enroll your child if we do not have two of the above forms of current address verification at the time of registration.

*If you are a divorced parent or legal guardian of the child you are enrolling, you must provide legal documentation naming you as the custodial parent or legal guardian. This is necessary for the protection of your child.*

Please check our website at [www.dpseagles.com](http://www.dpseagles.com) for more information and to sign up for **Notify Me** in order to receive important notifications.



# 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	EMERGENCY #2
CONTACT	CONTACT
Relation _____	Relation _____
Phone _____	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:	

**PLEASE SEE REVERSE SIDE**



## 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



# 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	



**\*\*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



## 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.**

\_\_\_\_\_  
Date

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





DANIEL PRATT ELEMENTARY SCHOOL  
420 HARVEST LOOP PRATTVILLE, AL 36066  
FAX (334) 358-2393

State of Alabama Department of Education

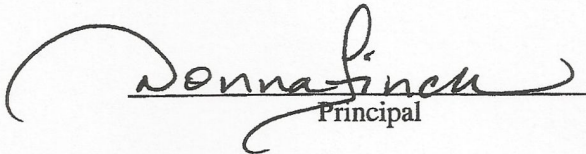
OFFICIAL REQUEST FOR STUDENT RECORDS

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

  
Principal

Date of Request \_\_\_\_\_

Mailing address of previous school:

Date Request Received \_\_\_\_\_

School: \_\_\_\_\_

Date Mailed/Faxed: \_\_\_\_\_

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

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

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

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

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_



# AUTAUGA COUNTY SCHOOLS

## SPECIAL EDUCATION DEPARTMENT

127 West Fourth Street  
Prattville, Alabama 36067  
334-361-3843 Office  
334-365-1672 Fax

State Of Alabama  
Department of Education

### OFFICIAL REQUEST FOR STUDENT RECORDS

Date of Request \_\_\_\_\_  
Date Request Received \_\_\_\_\_

To: (previous school) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Alabama Department of Education and the Autauga County Special Education Department 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 Name) (First Name) (MI) (GR) (DOB)

\_\_\_\_\_  
(Last Name) (First Name) (MI) (GR) (DOB)

\_\_\_\_\_  
(Last Name) (First Name) (MI) (GR) (DOB)

**Please send the following:**

- ☐ Medical Report (including vision and hearing screening)
- ☐ Psychological Evaluation
- ☐ Achievement and Diagnostic Test Results
- ☐ Individual Education Program
- ☐ Eligibility Report (most current)
- ☐ Consent to Serve

***Celeste C. Minor, Special Education Supervisor***

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send confidential records and copy of request form to:**

Attn: \_\_\_\_\_  
Special Education Department  
127 West Fourth Street  
Prattville, Alabama 36067



DANIEL PRATT ELEMENTARY SCHOOL

Parents:

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

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Declaration of Legal Residence

Daniel Pratt Elementary School  
Donna Finch, Principal

Autauga County School System  
Spence Agee, Superintendent

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*A SEPARATE FORM IS REQUIRED FOR EACH STUDENT*

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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

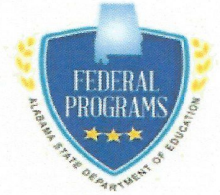
\_\_\_\_\_  
Date





# 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.

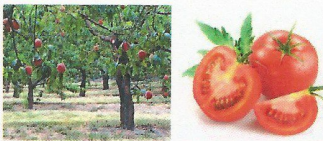
☐ Yes

☐ 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



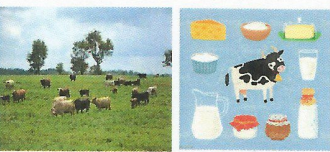
Planting / Harvesting Crops

☐ 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

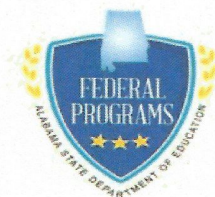
NUMBER OF CHILDREN IN HOME

DATE OF MOVE





## Encuesta para padres de nuevos estudiantes inscritos



SISTEMA ESCOLAR

NOMBRE DE LA ESCUELA

### INDICACIONES

Complete la siguiente encuesta. Puede que su hijo(a) sea elegible para recibir servicios educativos adicionales GRATIS. Si responde que sí a cualquiera de las preguntas de abajo, un representante de educación se podrá comunicar con usted para averiguar si usted, su hijo(a) o cualquiera de sus familiares es elegible para el programa de educación para migrantes. Toda la información se mantendrá bajo confidencialidad.

Complete este cuestionario y entréguelo a la escuela de su hijo(a).

### ANTECEDENTES DE REUBICACIÓN

¿Ha viajado alguna vez dentro o fuera de Alabama para trabajar o buscar trabajo en cualquiera de las actividades de las imágenes de abajo en los últimos tres (3) años?

☐ Sí

☐ No

¿Se dedica usted o su cónyuge actualmente a la agricultura, el trabajo en granjas, la pesca o cualquiera de las actividades de las imágenes de abajo?

☐ Sí

☐ No

Marque todas las imágenes de agricultura, granjas o pesca donde haya trabajado en los últimos 3 años. Consulte las imágenes de abajo.

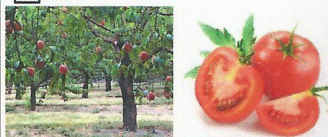
☐ Sí

☐ No

Otro tipo de trabajo que haya hecho y que no aparezca en las imágenes de abajo:

Granjas de frutas  
o tomates

☐ Sí



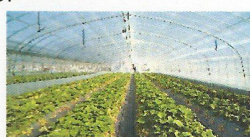
Criaderos de peces  
o camarones

☐ Sí



Vivero, invernadero, granja  
de césped

☐ Sí



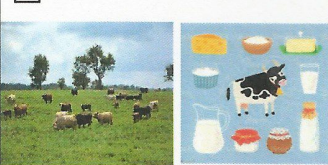
Plantación/cosecha  
de cultivos

☐ Sí



Granjas para ganado;  
productos lácteos

☐ Sí



Criadero para huevos;  
alimentación,  
procesamiento de pollos,  
recolección de huevos

☐ Sí



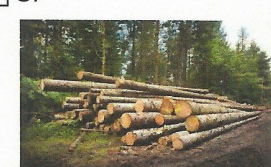
Trabajo en granjas de  
lombrices

☐ Sí



Plantación, cuidado, tala  
de árboles

☐ Sí



### INFORMACIÓN DEL PADRE/DE LA MADRE

#### PADRE/MADRE/TUTOR

DIRECCIÓN

CIUDAD

ESTADO

CÓDIGO POSTAL

NÚMERO DE TELÉFONO

LUGAR DE EMPLEO

CANTIDAD DE NIÑOS EN EL GRUPO FAMILIAR

FECHA EN QUE SE MUDARON