

Bessemer City Schools- Preschool Program
1621 Fifth Avenue North
PO Box 1230
Bessemer, AL 35020
(205) 432-3000

REGISTRATION CHECKLIST

Bessemer City Schools require that Student Residence be verified prior to referral/evaluation. Please note the following list of required proofs of residence in order to schedule an appointment. Please do not ask us to make exceptions to the proofs of residence.

Students living in a single family residence

- 1. A deed or mortgage or current mortgage payment coupon showing the residential address of the parent or legal guardian.
- 2. Two current primary utility bills at the address of the parent or legal guardian. Acceptable utilities are power, gas, water or **land line phone**.
- 3. A photo ID or Alabama Driver's License of the parent or legal guardian showing current address.
- 4. A signed Certificate of Residency. (provided in the packet)
- 5. Birth Certificate and Social Security Card
- 6. Original Blue Immunization Form

Students living in an apartment or leased dwelling

- 1. All of the items listed above as well as,
- 2. Bonafide lease signed by lessor and lessee.

**BESSEMER CITY SCHOOLS
CERTIFICATE OF RESIDENCY**

The Bessemer City Board of Education requires that every student attending a Bessemer City School reside in the designated zone for the school he or she attends. In order to meet this requirement, students must live in a dwelling (defined as house, apartment or secured mobile home) in the designated zone with a parent or legal guardian who resides in that zone. At the time of registration, the parent or legal guardian must provide proof of residence and agree to inform the school by completing a CHANGE OF ADDRESS FORM for the current school year within 14 days of the move if he or she moved from the address given at registration.

Registration of any student whose custodial parent or legal guardian is not a bona fide resident of the zone for the school he or she attends is a fraudulent act. Any student found to be fraudulently enrolled in a Bessemer City School must withdraw and enroll in his or her zoned school.

PARENTS ARE RESPONSIBLE FOR GIVING ACCURATE AND UP TO DATE INFORMATION REGARDING LEGAL ADDRESSES AND CONTACT INFORMATION TO SCHOOL OFFICIALS. GIVING FALSE INFORMATION TO PUBLIC OFFICIALS IN THE PERFORMANCE OF HIS OR HER DUTY AND ENROLL IN HIS OR HER ZONED SCHOOL.

CERTIFICATION OF RESIDENCE

I certify that I have read, understand and agree to comply with the residency requirement for enrollment in Bessemer City Schools and understand that providing false residence information in a violation of the laws of the State of Alabama.

I further certify that I am the parent or legal guardian of _____.
My legal residence is _____ and
this residence is located in the _____ school zone.

Signature of parent or legal guardian _____
Date _____

Bessemer City Schools
 Preschool
 Registration Information
 School Year: _____

Last Name		First Name		Middle Initial	Name Student Uses		
Sex		Race		Social Security Number:		Date of Birth	
Male	Female	White	Black	Asian			
(please circle one)		Hispanic	Amer. Indian				
		(please circle one)				Month	Day
						Year	
Person with Legal Custody or Guardianship/Relationship to Student				E-mail address			
Mother/Guardian's Last Name, First Name				Current Address, City, State, Zip Code			
Mother/Guardian's Home Phone, Cell Number				Mother/Guardian's Employer and Work Phone Number			
/							
Father/Guardian's Last Name, First Name				Current Address, City, State, Zip Code			
Father/Guardian's Home Phone, Cell Number				Father/Guardian's Employer and Work Phone Number			
/							
Medical Information: (Diabetes, Epilepsy, Asthma, Allergic Reactions, other)				Does your child require prescription medication at school? YES/NO			
				If yes, an Administration of Medication form must be completed and signed by your physician.			
How will the student be transported to school?				How will the student be transported from school?			
**For New Students Only: Name, complete address and phone number (with area code) of last school attended				Please list the language used in the home: _____			
				Blue Immunization Form expires: _____			
				Typical Peer: ___ Yes ___ No			
				___ Birth Certificate ___ Social Security Card ___ Ins. Card			

Emergency Information: Relatives or friends authorized to check out your child if you cannot be reached*

Name	Relationship	Phone Number/Cell

*Please note the names of anyone who is not allowed to make contact with your child.
 I hereby certify that I am the Parent/Guardian of the student being registered. I will notify Bessemer City Schools of any changes in address or phone #.
 *Please contact us at 205-432-3000.

Parent/Guardian Signature: _____ Date: _____