

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT (in ink)

Must be completed by Parent/Legal Guardian

PLEASE PRINT (in ink)

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.

ENTERPRISE CITY SCHOOLS

Additional Requested Information:

MILITARY/FEDERAL PROPERTY

Is parent(s) a federal employee or in uniform services? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is home address on federal property? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER

Student's cell number: () _____
Native language: _____
Name and phone number of family physician: _____
Any known medical/health conditions: _____
Will you give permission to take your child to the nearest clinic for Emergency Treatment? <u>Circle One:</u> YES NO
Is student eligible for services? Special Education/with IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO 504 <input type="checkbox"/> YES <input type="checkbox"/> NO ESL (English as a Second Language): <input type="checkbox"/> YES <input type="checkbox"/> NO
Will student ride a bus? <u>Circle One:</u> YES NO Car Rider: YES NO Daycare: _____
Has the child previously attended a school in the Enterprise City Schools, if yes which one? _____
Release of Directory Information Allowed? (Information that is generally not considered harmful or an invasion of privacy if released.) YES NO

Additional people who may check your child out:		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Office Use Only: S.S. Card Verification, S.S. # _____ Date of Enrollment _____
Name as appears on S.S. card _____ Teacher _____
Birth Certificate _____ Immunization Certificate _____ Residency Verification (2) _____
Custody Verification _____ Next School _____

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: <input type="checkbox"/> NOT Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Race – Choose one or more: <input type="checkbox"/> American Indian or Alaska Native <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: _____

Enterprise Early Education Center PreSchool / Daycare Survey

Student Name: _____ Date of Birth: _____

PreSchool / Daycare Name: _____

Headstart:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

State Funded Preschool:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

Candy Cane, Enterprise Schools

Center Based Child Care:	<input type="checkbox"/>	No
("Daycare", year round licensed childcare with 12 or more children)	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

Almost Home, ECLC, Kiddie Care, Panda Care

Home Based Child Care:	<input type="checkbox"/>	No
(Home based, Licensed day care for no more than 6 children)	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

Home Visitation Program:	<input type="checkbox"/>	No
(EX: Instruction for Parents of Preschool Youngsters (HIPPIY), Parents as Teachers (PAT))	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

Other Preschool:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes: 1 year
	<input type="checkbox"/>	Yes: Less than 1 year
	<input type="checkbox"/>	Yes: More than 1 year

Bubbling Babies, CDC, EPA, FBC, FUMC, Miss Eloise's, Miss Julie's, St. Beulah, Stepping Stones, WCA, YMCA

My child was primarily taken care of at a home by _____ a relative prior to kindergarten entry and did not attend preschool.	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No