



Summer Enrollment Checklist

- Birth Certificate (certified copy)
- Social Security Card (optional)
- Alabama Immunization Card
- School Records/Report Card
- Proofs of Residency (minimum of 2 of the following):
 - Property Tax Records
 - Deed or Mortgage
 - Apartment or Home Lease
 - Utility Bill
 - Driver's License (with current address listed)
 - Voter's Precinct ID
 - Automobile Registration
- ECS Enrollment Form (all pages)
- ECS Home Language Survey (yellow form)
- ECS Employment Survey (n/a for pre-registration)
- ECS Notarized Residency Policy (if applicable)

** The Enterprise City School System shall eliminate barriers for ELL, migrant, homeless, immigrant, neglected and delinquent students.*

PLEASE CHECK ALL THAT APPLY

- ☐ OUT OF DISTRICT
☐ CIVILIAN or GOVERNMENT CONTRACTOR (WORKING ON FEDERAL PROPERTY)
☐ PARENT/GUARDIAN UNIFORMED SERVICES (ACTIVE DUTY ONLY)
☐ PARENT/GUARDIAN FOREIGN MILITARY
☐ HOME ADDRESS IS ON FEDERAL PROPERTY

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 # (voluntary) _____ LAST SCHOOL ATTENDED _____

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:

OTHER

Student's cell number: () _____

Native language: _____

Name and phone number of family physician: _____

Any known medical/health conditions: _____

Will you give permission for your child to be transported to the nearest clinic for Emergency Treatment?
Circle One: YES NO

Is student eligible for services? Special Education/with IEP: ☐ YES ☐ NO 504 ☐ YES ☐ NO
 ESL (English as a Second Language): ☐ YES ☐ NO

Will student ride a bus? Circle One: 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:

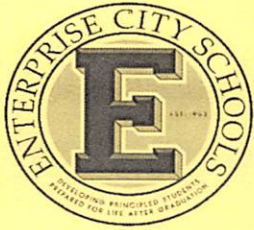
- ☐ **NO**, not Hispanic/Latino
- ☐ **YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**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: ☐ NOT Hispanic/Latino ☐ Hispanic/Latino	Race – Choose one or more: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Date:	Staff Signature:



ENTERPRISE CITY SCHOOLS

HOME LANGUAGE SURVEY

(To be completed for all students enrolling)

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: F ☐ M ☐
Address:		Phone Number:	
City and Country of Birth:	Date first enrolled in any U.S. School (month/year): _____ School where enrolled: _____	Has the student received ESL services previously? Yes ☐ No ☐ If yes, where _____	
School Information			
Current School:	School Year:	Homeroom Teacher:	Current Grade:

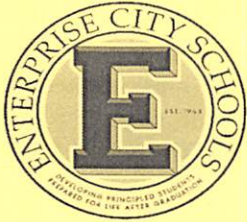
Questions for Parents/Guardians	Response
What is the native language of the student?	___ English ___ Spanish Other (Specify) _____
What is the predominant language of the student?	___ English ___ Spanish Other (Specify) _____
Which language is most often spoken by the student at home?	___ English ___ Spanish Other (Specify) _____
Is the student attending the school as a foreign exchange student?	___ Yes ___ No

The purpose of this form is to identify students in need of English language development services. Based on the results of this survey and other pertinent information, students will be assessed for their level of English proficiency and services, if eligible. If a language other than English is indicated for any of the questions, the student is considered to be a language minority student. Once the determination of possible eligibility has been made, the following must occur:

- English proficiency assessment/screener, upon enrollment and annually thereafter, to assess level (1-6) of proficiency and measure growth annually.

Parent/Guardian Signature

Date



ENTERPRISE CITY SCHOOLS

ENCUESTA DEL LEGUAJE HABLADO EN EL HOGAR

(Este formulario deben contestarlo todos los estudiantes que deseen matricularse)

Información del Estudiante			
Nombre:	Apellido:	Fecha de Nacimiento:	Sexo: F ☐ M ☐
Dirección:		Número de Teléfono:	
Ciudad y Pais de Nacimiento:	Fecha de la primera matricula en cualquiera escuela de los E. U. (mes/año): _____ Escuela donde estuvo matriculado: _____	¿Ha recibido servicios de ESL anteriormente? Si ☐ No ☐ If yes, where _____	
Información de la Escuela			
Escuela Presente:	Año escolar:	Maestro(a) del salón de clase:	Grado que cursa:

Preguntas para los Padres/Guardianes	Respuesta
¿Cual es el lenguaje nativo del estudiante?	___Ingles ___Español Otra(especifique) _____
¿Cual es el lenguaje predominante del estudiante?	___Ingles ___Español Otro (Especifique) _____
¿Cual es el lenguaje que mas habla el estudiante en casa?	___Ingles ___Español Otro (Especifique) _____
¿Está el estudiante asistiendo a la escuela como estudiante extranjero de intercambio?	___Si ___No

El propósito de este formulario es el de identificar los estudiante que necesitan los servicios del lenguaje del ingles. Basados en los resultados de esta encuesta, a los estudiantes se les evaluará según el conocimiento del ingles y se les proveerá el servicio que necesiten. Si la respuesta a las preguntas del leguaje es otro que no sea ingles, se le considera al estudiante como minoria con respecto al lenguaje. Una vez que se determine esta informacion, los pasos siguientes deberan realizarse:

- Evaluacion del Conocimiento del Ingles/screener al matricularse y otras evaluaciones anuales, hasta alcanzar el nivel (1-6) de maestria del ingles y asi medir su progreso anualmente.

Firma del Padre/Guardian

Fecha

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

Dear Parents or Guardians:

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last three years to work or to seek work even if it was for a short period of time? YES ____ NO ____
2. Are you or your spouse working or have you worked in an activity directly related to some of the following? Please, check (✓) all applicable:

The production or process of harvests, milk products, poultry farms,
poultry plants, cattle farms

Fruit farms

The cultivation or cutting of trees

Work in nurseries or sod farms

Fish or shrimp farms

Worm farms

Catching or processing seafood (shrimp, oysters, crabs, fish, etc.)

3. From what city, state, or country did you come from? _____

4. What type of work did you or your spouse do before coming here?

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO DE LA ESCUELA: _____

Estimado Padre o Guardián:

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____

1. ¿Se ha mudado usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? SI _____ NO _____

2. ¿Usted o su cónyuge **trabajan o han trabajado** en una actividad directamente relacionada an algunas de las siguientes? Por favor de marcar (✓) los aplicables:

- € La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
- € Huertas de frutas.
- € La cultivación o corte de árboles.
- € Trabajo en Invernaderos o granjas de Césped
- € Granjas de pescados o camarones
- € Granjas de gusanos
- € La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc.)

3. ¿De que ciudad, estado o país se mudaron? _____

4. ¿Que tipo de trabajo hizo usted o su cónyuge antes de mudarse aquí?