

Dauphin Jr High School Enrollment Checklist

_____ Parent ID (matches parent listed on Birth Certificate)

_____ Birth Certificate

_____ Alabama Blue Immunization Form (current and up to date)

_____ FIRST PROOF Of RESIDENCY: Lease / Mortgage Statement / Utility Bill / Property Tax Records /
Income Tax Records / Vehicle Registration / Driver's License

_____ SECOND PROOF Of RESIDENCY: Lease / Mortgage Statement / Utility Bill / Property Tax Records
/ Income Tax Records / Vehicle Registration / Driver's License

_____ Copy of Student's Social Security Card OR Generated ID #

_____ Withdrawal Form from previous school OR Final Report Card from previous school

_____ Records Requested

_____ Copy of IEP or 504 Plan if Applicable

_____ Copy of Custody Paperwork if Applicable

_____ Enrollment Complete at EHS for Older Siblings

_____ Course Requests Entered

_____ Student Schedule Issued

Reason for Not Issuing:

Parent Name _____

Parent Contact Info by Phone: _____

Parent Contact Info by Email: _____

School Counselor Signature: _____

Parent Signature: _____

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: <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:

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 cónyugue 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 cónyugue antes de mudarse aquí?



DAUPHIN JR HIGH SCHOOL
1271 DAUPHIN STREET EXT
ENTERPRISE, AL 36330

(334) 347-1141
FAX (334) 347-0845

REQUEST FOR RECORDS

School Name _____

Street Name _____

City & Zip _____ Fax# _____

The following student has enrolled in our school. Please send a complete transcript of grades, including grades to date of withdrawal, immunization records, special education records, and other available information. Thank you!

Student Name _____

Present Grade _____

Birthdate _____

Return to:
Brooke Cavanaugh, Guidance Counselor
DJHS
1271 Dauphin Street Ext
Enterprise, AL. 36330
Email: bcavanaugh@enterpriseschools.net

Date Sent: _____

I HEREBY AUTHORIZE THE RELEASE OF THESE RECORDS. I UNDERSTAND THAT ENROLLMENT IS PENDING UNTIL ALL STUDENT RECORDS HAVE BEEN VERIFIED

Parent/Guardian or School Official

Date