

PLEASE PRINT

## APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be complete by Parent/Legal Guardian

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX (CIRCLE) MALE FEMALE HOME PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RACE (CIRCLE) ASIAN BLACK HISPANIC AM. INDIAN MULTI WHITE PACIFIC ISLANDER

CHILD LIVES WITH (CIRCLE) PARENTS MOTHER FATHER GUARDIAN: RELATION \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (VOLUNTARY) \_\_\_\_\_

PARENTS/GUARDIAN NAME: \*\*If guardian, provide school with a copy of guardianship papers.

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...very important)

Emergency Contact #1 \_\_\_\_\_ Emergency Contact #1 \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name and Address of Former School: \_\_\_\_\_

Parent/Guardian 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 AL Admin. Code S290-3-1-02(2)(b)(2). It will be used as a means of identification in the statewide student management system.