

SIBLINGS – List any siblings that are attending St. Clair County Schools:

Name: _____	School Attending: _____
Name: _____	School Attending: _____
Name: _____	School Attending: _____
Name: _____	School Attending: _____

SPECIAL SERVICES: Special services the student received at the last school they attended: (Circle any that apply)

Special Education Individual Education Plan (IEP) Speech/Language Services IEP 504

MILITARY: Is the student connected to an Active Duty Military Parent? (Circle one) YES / NO

AUTOMATED EMERGENCY / IMPORTANT INFORMATION NOTIFICATION: The St. Clair County Board of Education uses a School Messaging Program called Blackboard to contact parents / guardians in the event of a school-wide emergency or to provide important information to parents and/or guardians. The numbers you provide below will be used for the calling system. If no numbers are provided, the system will choose the numbers you provided during on-line enrollment.

Student Phone Number: _____ (cell)

Student Email Address: _____ (Please print legibly)

Parent Phone Number: _____ (cell)

Parent Email Address: _____ (Please print legibly)

EARLY DISMISSAL INFORMATION: In the event of an unplanned early school closing (inclement weather, etc.), please indicate how your child should be transported home. Please check **ONLY ONE** option below:

- My child will ride the bus home as usual. I understand that buses will be leaving early, and I will make arrangements for a responsible person to be at the normal destination.
- My child will be a car rider and will be picked up by one of the guardians or persons listed as an emergency contact. My child is NOT to ride the bus home in the event of school closing early.

OTHER: Normal daily transportation: (Circle one) BUS RIDER / CAR RIDER

NAME OF LAST SCHOOL ATTENDED: _____

Address (Last school attended): _____ City _____ St _____ Zip _____

I have completed the information on this form, to the best of my ability. I will contact the main office if any information changes or needs updating. I understand that I will remain informed of any pertinent school information if my phone numbers and email are current.

PARENT / LEGAL GUARDIAN SIGNATURE: _____ Date _____

*Disclosure of your child's social security number (SSN) is voluntary. 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 management system.