

ALABAMA STATE DEPARTMENT OF EDUCATION  
APPLICATION FOR STUDENT ENROLLMENT  
Must be completed by Parent/Legal Guardian

PLEASE PRINT

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

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

DATE OF BIRTH \_\_\_\_\_ SEX- Circle One: MALE FEMALE HOME PHONE: \_\_\_\_\_ Is this a cell #? \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CHILD 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 \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Driver's License # \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Driver's License # \_\_\_\_\_

SPECIAL INFORMATION ABOUT CUSTODY \_\_\_\_\_

EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!)

EMERGENCY CONTACT #1

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_ Circle: Cell or Home

EMERGENCY CONTACT #2

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_ Circle: Cell or Home

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

(In accordance to school system check-out procedures)

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Circle: Cell or Home

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Circle: Cell or Home

3. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Circle: Cell or Home

NAME AND ADDRESS OF LAST SCHOOL:

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.*

August 3, 2017

## 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:**

**Additional Requested Information**

**MILITARY**

Student connected to an Active Duty Military parent      Circle One: YES NO

**PRESCHOOL**

Head Start      Circle One: YES NO      First Class Funded Preschool - Circle One: YES NO

Centered Based Child Care- Circle One- YES NO      Home Based Child Care- Circle One- YES NO

Home Visitation Program- Circle One: YES NO      Other Preschool- Circle One: YES NO

No Preschool- Check if no Preschool       Special Education Funded- Circle One: YES NO

**SPECIAL EDUCATION SERVICES**

Student currently receiving special education services      Circle One: YES NO



# 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 3 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 sea food (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? \_\_\_\_\_

**Fort Payne City School**  
**RESIDENCY VERIFICATION INFORMATION**

The residency of a child is determined by the residence of his or her parent(s) or legal guardian(s). Residency is defined as a regular, and adequate nighttime residence located within the boundaries of Fort Payne City limits. Occasional visits or overnight stays do not constitute residency and ownership of real property in the district does not in and of itself constitute residency in the district. Persons who knowingly or fraudulently present misinformation to the Fort Payne City School District concerning place of residence should expect the removal of the student(s) from the school district.

**NEW IN-DISTRICT STUDENTS**

**All parents or guardians of students who wish to enroll in Fort Payne City Schools are required to provide (2) proofs of bona fide residency during enrollment/registration. Whoever is registering the student must demonstrate that the student lives in the district and is domiciled there. Copies of this documentation must be placed in the student's cumulative folder. Each parent or guardian must present two original copies of documentation to be filed in the student's cumulative folder which must include the name of the person enrolling the child and current home address.**

**Each parent or guardian MUST present two of the following:**

**Example of original documents used to provide proof of bona fide residency include:**

1. Current property tax bill/statement
2. Current rental lease agreement
3. Current utility bill or letter of utility activation (electric, gas, home phone)
4. Driver's license or State Issued ID
5. Automotive Insurance Card
6. Voter's registration card or letter of verification from DeKalb County Board of Registrars
7. Credit card statement or current pay check
8. Current tag receipt or current vehicle registration
9. Any other original document that will verify residency as approved by the Superintendent or his designee
10. When a child does not live in the home owned or leased by the parent/guardian, the owner must provide the following to verify the parent/guardian resides at this address: A current property tax statement or current rental agreement and a current utility bill to provide proof of residency of the owner/leaser, and a signed notarized affidavit attesting that the student resides in their home which shall be witnessed by a person designated by the Superintendent. The affidavit must be renewed annually. If it is determined that the student enrolled in Fort Payne City Schools is ineligible to attend due to misrepresentation of the principle residence and place of domicile of the parent or guardian, the student will be promptly dis-enrolled. If option 10 is selected, then you are required to provide 2 additional proofs of residency.

**\*\*The Fort Payne City Board reserves the right to routinely check addresses to verify residence which may include a home visitation.\*\***

**Form A Residency Verification**