

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

PLEASE PRINT

PLEASE PRINT

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 _____

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 _____
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 #1
CONTACTS _____

EMERGENCY #2
CONTACTS _____

Relation _____ Phone _____

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 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.*

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	<input type="checkbox"/>	Special Education Funded-	Circle One: YES NO

SPECIAL EDUCATION SERVICES

Student currently receiving special education services	Circle One: YES NO
--	--------------------

**Fort Payne City Schools
Student Information Sheet**

Parent(s) or Guardian(s) of _____,

Student Name

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purposes. Thank you for your cooperation.

TRANSPORTATION

Will your child be riding a school bus? Yes No

Morning Bus Number _____ Afternoon Bus Number _____

Morning pick-up address: _____

Afternoon drop-off address: _____

Home Language Information

Fort Payne City Schools are required to survey **all** students to identify language proficiencies.

Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

First Year Enrolled in U.S. school Date: _____

Was English the **first** language spoken by student? Yes No

If **NO**, what was the first language spoken by student? Language: _____

Dialect: _____

What language is **most often** spoken by student at home? Language: _____

Dialect: _____

Is English the only language spoken by parents? Yes No

If **NO**, what language is spoken **most often** by parents at home?

Language: _____ Dialect: _____

What language (if other than English) has been used by student's caregivers including grandparents, other relatives and babysitters?

Language: _____ Dialect: _____

Has student had previous ESL (English as a Second Language) instruction? Yes No

If yes, when? _____ (Month/year)

ADDITIONAL INFORMATION

Has student ever attended Fort Payne City Schools? Yes No _____
If yes, year(s) attended

Is student currently under expulsion? Yes No

Did student withdraw from previous school due to possible expulsion? Yes No

Does student have any special learning needs? Yes No

Does student have an IEP? (Individualized Education Plan) Yes No

Has student ever been enrolled in a special needs program? Yes No

Has student ever been enrolled in a 504 program? 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? _____

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA

ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRADO: _____

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 a 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? _____