



ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

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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 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)

EMERGENCY #1	EMERGENCY #2
CONTACT _____	CONTACT _____
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 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.*

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:		Race – Choose one or more:	
<input type="checkbox"/> NOT Hispanic/Latino		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Hispanic/Latino		<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:	

PLEASE SEE REVERSE SIDE

Additional Requested Information:

MILITARY

Student connected to an Active Duty Military family	Circle One:	Yes	No
Student connected to a Guard or Reserve Military family	Circle One:	Yes	No

PRESCHOOL

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

DOTHAN CITY SCHOOLS' APPLICATION FOR TRANSPORTATION

Please print

School: _____ Grade: _____ <i>(Enter school and grade next school year if application is for next school year.)</i>	Student's Name: _____
Date: _____ / _____ / _____ MONTH DAY YEAR	Address: _____
Will your child need transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	Telephone Number: _____
Bus No. _____ Bus Stop Time _____	Parent/Guardian _____
Bus Stop _____	

REQUEST FOR ALTERNATE AM/PM LOCATIONS DUE TO DAYCARE NEEDS
(Elementary requests must be in student's school zone)

Pick up address (AM) if different than physical address: _____	Drop off address (PM) if different than physical address: _____
Responsible Party's Name: _____	Responsible Party's Name: _____
Phone Number: _____	Phone Number: _____
Parent/Guardian Signature _____	Parent/Guardian Signature _____

Optional (only if needed)

ALL KINDERGARTEN AND FIRST GRADE STUDENTS MUST HAVE THIS WAIVER SIGNED IN ORDER TO BE RELEASED WITHOUT A GUARDIAN PRESENT:

I _____ *(print Guardian's name)*
give my child named _____ *(print Child's name)* who attends
_____ school permission to exit the bus at his/her bus stop without an adult
being present.

Parent/Guardian's Signature: _____ Date: _____

(Signature only for release waiver)