

ALABAMA 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 ____ CITY _____ ZIP CODE ____ MAILING ADDRESS GUARDIAN: RELATION STUDENT LIVES WITH – Circle One PARENTS MOTHER FATHER *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 Relation Phone Phone THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL (In accordance to school system check-out procedures) Relation **Phone** Relation 2. Phone Relation Phone NAME AND ADDRESS OF LAST SCHOOL ATTENDED:

*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.

PARENT SIGNATURE

Ethnicity and Race		
Student's Name:	Grade:	
Parent/Guardian Signature:	Date:	
Please answer BOTH O	uestion 1 AND Question 2	
Question 1: Is this student Hispanic/Latino? CHO	OSE ONLY ONE ETHNICITY:	
NO, not Hispanic/Latino		
YES, Hispanic/Latino (A person of Cuban, Mexican Spanish culture or origin, regardless of race.)	Puerto Rican, South or Central American, or other	
•	Io matter what you selected above, please continue to more boxes to indicate what you consider your student's	
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:	
NOT Hispanic/Latino	American Indian or Alaska Native	
Hispanic/Latino	Asian Black or African American Native Hawaiian or Other Pacific Islander White	
Date:	Staff Signature:	

PLEASE SEE REVERSE SIDE

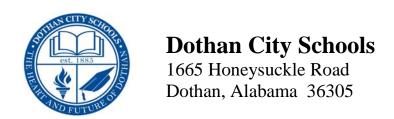
Additional Requested Information:

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

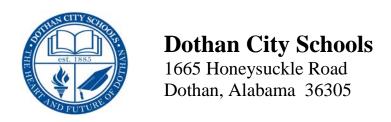
PRESCHOOL

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				Special Education Funded	Circle One:	YES	NO



CONDITIONAL ENROLLMENT

Your child will be enrolled under Conditional Status pending
receipt of records from previous school. Therefore, until all
paperwork has been cleared, all lunches will be full price.
Class schedules are subject to change as is Enrollment Status.
Parent/Guardian Signature
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Data

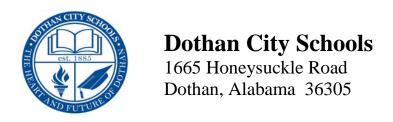


STUDENT ENROLLMENT/EXCLUSION STATUS

During the 1993 legislative session, the Alabama Legislature passed ACT 93-368, a somewhat comprehensive piece of legislation, which attaches school attendance standards with the right to retain, apply, renew, or reinstate a driver's license or learner's permit to operate a motor vehicle. The Act became effective at the beginning of the 1993-94 school year.

The school system is required by law to submit information of attendance or absences to the Department of Public Safety. Students who are not enrolled or have accumulated more than 10 consecutive or 15 days total unexcused absences during a single semester will be unable to obtain or renew their driver's license. Few exceptions exist and these are to be determined at the Department of Public Safety Office.

I hereby acknowledge by my signature that I have received me, the foregoing information pertaining to ACT 93-legislative session. I also acknowledge that I understand	368 passed during the 1993
enrolled in the Dothan City Schools.	
Student Signature	Date
Parent/Legal Guardian Signature	Date



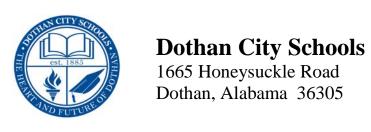
Dear Parents:

Alabama law requires all children between the ages of seven and seventeen to attend school. If a child fails to attend school without legal excuse, that child and the person having custody of that child will be referred to the Juvenile Court.

Any child who is prosecuted for truancy may be placed in a juvenile facility or in long-term residential care. Any custodial adult who is prosecuted for failing to require a child to attend school may be jailed for up to one year or fined up to \$500 or both.

A free public education is one of the greatest benefits available to the children of our state. Please ensure that your child achieves his or her full potential by attending school regularly.

Sincerely,	
Principal	
I have read the above letter and am fully aware of my rechild attends school daily and the penalty for my failure	•
Signature of Parent or Guardian	Date



ENROLLMENT FORM

PARENT OR LEGAL GUARDIAN MUST BE PRESENT AT TIME OF ENROLLMENT

Student's Name	Date
GRADE:	
SPECIAL EDUCATION: Yes No (If	f yes send name to DESS for temporary IEP)
The student named below has enrolled in our school. Please sen information that would help in placing this student:	nd the following information and any other
Are you leaving your former school with disciplinary action pendin Are you coming from a youth detention facility?	ng? Yes No No No
The following items may be requested for admission to Dothan City	Schools:
1. Social Security Card 2. Birth Certificate 3. Current Alabama Immunization 4. Proof of residency (2 forms) 5. Transcript 6. Proof of Legal Custody 7. Attendance Records 8. Withdrawal Form (Previous School) 9. Discipline Records Individual circumstances may make it necessary for us to request accords	Yes No Yes No
Administrator Signature	Date
I have read and understand fully the requirements for admission affirm the information above is true and correct and further ack false, my student is subject to placement at long-term PASS or Schools.	knowledge if the information is found to be
Parent/Guardian Signature	Date
Student Signature	Date



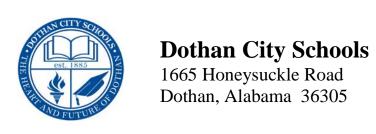
Dothan City Schools

1665 Honeysuckle Road Dothan, Alabama 36305

HOME LANGUAGE SURVEY

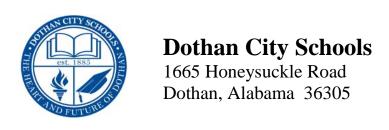
Federal and State regulations require school districts to have procedures in a place to identify specific language needs of students and families. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the district is required to assess the student's proficiency in English. Please help us meet these important requirements by answering the following questions.
*Information provided in this confidential and only for the local school district's purpose.

Date	School		Grade	Teacher	
Stude	nt Name			Gender	Male Female
Paren	t/Cuardian Nama			Phone Number	
1.	Child's date of birth (month/day/year) Was you child born in the United States' If yes, which state? If no, what other country? If no, date child entered the United States		Yes	No	
2.	Has your child attended any school in th If yes, please provide school name(s), st			uring their lifetime?	Yes No
	Name of School	City, State		Dates Attended	
	Name of School	City, State		Dates Attended	
	Name of School	City, State		Dates Attended	
3.	What language is spoken by you and you	ur family most of the	e time at home?		
4.	Parent Communication: If you prefer written communication communication?	in a language othe	_	in what language woul	d you prefer to receive
	Will you need an interpreter/translator a	t Parent-Teacher me	etings?	Y	Yes No
5.	Please describe the language understood A. Understands ONLY English. B. Understands only our home lan C. Understands mostly the home l Understands our home languag Understands mostly English an	guage and NO Engl anguage and some E e and English equall d some of our home	ish. English. y. language.		
6.	Is your child's first-learned or home lang	guage anything other	r than English?	Y	Yes No
7.	*Only if you responded Which language did your child learn wh	_	_	answer questions 7-10.	**
8. 9. 10.	What language does your child most free What other language does your child spe What language do you most frequently s (Father) (Mother) (Other Guardian/Caregiver)	quently speak at hor eak? (list all, includi	ne?		
	Parent Signatu	ıre			Date
EL O	ffice: Form Reviewed	(Initials	(Da	Notes:	



PLEASE COMPLETE THIS FORM ONLY IF IT PERTAINS TO YOU

Student		Parent/Guardian			
School		Phone/Pager			
Age	Grade	Grade D.O.B.			
Address		City			
Zip Code	Is this address: (check one)	Temporary	Permanent		
Please choose which of the following situa	ations the student currently resides in (yo	u can choose more that	n one):		
House or apartment with parent or g Motel, car, or campsite Shelter or other temporary housing With friends or family members (oth	uardian ner than or in addition to parent/guardian)			
If you are living in a shared housing, pleas	se check all of the following reasons that	apply:			
Loss of housing Economic situation Temporarily waiting for house or ap Provide care for a family member Living with boyfriend/girlfriend Loss of employment Parent/Guardian is deployed Other (Please explain)	artment				
Are you a student under the age of 18 and	d living apart from your parents or guard	ians?	Yes No		
	Residency and Educational Rig	hts			
have all of the documents normally to their housing situations;Transportation to the school of original contents.	they last attended or the local school w required at the time of enrollment without	here they are currently ut fear of being separat	ted or treated differently due		
Any questions about these rights can be dir or you may email him at damckay@dotha	•	on, Mr. Darius McKay,	, at 334-793-1397 ext. 236220		
By signing below, I acknowledge that I ha	we received and understand the above rig	yhts.			
Signature of Parent/Guard	ian/Unattached Youth		Date		
Signature of McKinno	ey-Vento Liaison		Date		



RECORDS REQUEST

Previous	Phone Number		
Address		Fax Number	
City	City State		
The student named below has enrol information that would help in placin		the following information and any other	
Official Transcript (letter and number g	grade)	Standardized Test Scores	
Grades at time of Withdrawal: 1st, 2nd,	3^{rd} , 4^{th} term	Grading Scale	
Attendance		Discipline Records	
Immunization Form, Copies of Birth Certificate and Social Security Card		504 Information	
IEP (Special Education Records, if app Dothan City Schools, 1665 Ross Clark		ESL Records	
Other:			
	Student Name		
Date of Birth	Grade Last Enrolled	Date Last Attended	
Counselor/Re	egistrar	Date	

According to the Family Educational Rights Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent to release records to school officials in systems where the student is enrolled.

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHO	OL SYSTEM: DOTHAN CITY SCHOOLS	_ SCHOOL YEAR:		
SCHO	OL:	GRADE:		
Dear F	Parents or Guardians:			
	e, complete the following survey. The rnine if you are possibly eligible for the Migr	•		
Studen	nt Name:			
	of Parent or Guardian:			
	SS:			
Home ¹	Telephone No: Ce	Il Telephone No:		
1.	Have you moved during the last 3 years if it was for a short period of time?	ars <u>to work or to seek work</u> even		
	If so, what type work are you or your sp	ouse doing now:		
2.	If you marked " yes " on question number 1, what city, state, or country did you move from?			
3.	Have you or your spouse ever worked in following? Please check $()$ all that apply:	an activity directly related to any of the		
	The production or process of harves 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 seafood (shrim			

Please print

APPLICATION FOR TRANSPORTATION



1 lease print	FUTURE
School: Grade: (Enter school and grade next school year if application is for next school year.) Date: / / MONTH DAY YEAR Will your child need transportation? O Yes Current Bus Number (If any): O No	Student's Name: Address: Telephone Number: Parent/Guardian
-	LOCATIONS DUE TO DAYCARE NEEDS st 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
ALL KINDERGARTEN AND FIRST GRADE ST	only if needed) UDENTS MUST HAVE THIS WAIVER SIGNED IN THOUT 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:_____