Updated 08.01.2018 **Minimum age at which a child may enter**. A child who is six years of age on or before December 31 or the date on which school begins in the enrolling district shall be entitled to admission to the first grade in the public elementary schools at the opening of such schools for that school year or as soon as practicable thereafter. A child who is under six years of age on December 31 or the date on which school begins in the enrolling district shall not be entitled to admission to the first grade in the public elementary schools during that school year; except, that an underage child who transfers from the first grade of a school in another state may be admitted to school upon approval of the board of education in authority, and an underage child who has moved into this state having completed or graduated from a mandated kindergarten program in another state shall be entitled to admission to the public elementary schools regardless of age. A child who becomes six years of age on or before February 1 may, on approval of the local board of education, be admitted at the beginning of the second semester of that school year to schools in school systems having semiannual promotions of pupils.

(b) A child who is five years of age on or before September 1 or the date on which school begins in the enrolling district shall be entitled to admission to the local public school kindergartens at the opening of such schools for that school year or as soon as practicable thereafter; a child who is under five years of age on September 1 or the date on which school begins in the enrolling district shall not be entitled to admission to such schools during that school year; except that, an underage child who transfers from the public school kindergarten in another state may be admitted to local public kindergarten on the prior approval of the local board of education on a space available basis. The aforementioned underage children transferring from the public school kindergartens of another state, upon successful completion of the kindergarten in the local public schools, will then be allowed admission to the first grade of the local public schools.

STUDENT ENROLLMENT

.Documents Required for School Admission

Any student entering the Montgomery Public School System, regardless of grade level, shall be required to submit the following:

1. **Parent/Guardian Photo ID – Valid Alabama drivers or non-driver's license, or Military ID**
2. **Student's birth certificate**- proof of age and verification of legal guardianship- if different from birth certificate
3. **A current State of Alabama Certificate of Immunization**

Mandatory Immunization Law- Each child enrolled in day care, Head Start, and public or private school in Alabama must have a valid Alabama Certificate of Immunization on file at the facility that they attend. The certificate may be obtained from the physician or clinic that administers the vaccine or may be completed by any county health department in the state if the parent presents a vaccine record from the provider. For students who are moving to Alabama, out of state vaccine records must be transferred to the Alabama Certificate of Immunization prior to enrollment in day care, Head Start, or school entry. This may be accomplished by taking a vaccine record from the provider to the local county health department, or if a physician in Alabama has been chosen by the family, the record may be transposed by the physician.

The State of Alabama ***does not recognize philosophical, moral or ethical exemption from vaccination****. A medical exemption may be used by a physician or an Alabama Certificate of Religious Exemption may be obtained from the local county health department. Attendees of day care and Head Start must be age-appropriately vaccinated against Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Haemophilus Influenza Type B, Polio, and Chickenpox.*

4. **Two proofs of residence** – At least one primary proof of residence is required annually at registration and may be requested throughout the school year. All documents submitted as proof of residence must contain the parent or legal guardian's physical address in order for the school to verify that the residence is in zone. (No Post Office Box address will be accepted)

B. <u>Provision for Determining Residence of Students</u>

At the beginning of each school year and with each residence change, the school shall obtain from the parent/guardian at least one (1) of the items described below to demonstrate residence at the address given. The documentation should be kept as a part of the student record. Proof of residency may be requested again within 90 days of the start of school, the beginning of a new semester, and/or any time the principal deems necessary.

C. <u>Forms of Acceptable Proof of Residence</u>

Required- TWO documents that reflect a student's physical residence – Must submit at least one primary proof

Primary Proofs of Residence:

1. Utility Bills or Deposit Receipts- for electric, gas or water service only. Must be current- within 30 days- for electric, gas, or water service- No disconnect notices allowed
2. Apartment or Home Lease/ Mortgage-
   Apartment or Home Lease- Official Document- only to be used if all utilities are included- Monthly mortgage statement- must be current- within 30 days

Secondary Proofs of Residence:

1. Property Tax Records or Deeds- Tax Receipt, Property Deed (Please blacken out any personal financial information
2. Income Tax Records- Correspondence from the IRS
3. Correspondence from Social Security Office
4. Correspondence from other U.S. government agencies- (Department of Human Resources, Food Stamp Office)
5. Employment Records- Paycheck stub issued from employer showing physical address of employee within the last 30 days

D. <u>Parent/ Custody Issues</u>

Due to the overwhelming number of custody issues involving students, all Montgomery Public School System employees will follow the procedure as outlined below relating to non-custodial parents access to student records and visitation. School system employees should not be placed in the position of reading and attempting to interpret divorce decrees to resolve custody issues. The student enrollment card, as completed by enrolling parent, should govern issues related to pick up, visitation etc. of students at school. The non-custodial parent has the right to receive copies of the child/children's educational records including, but not limited to, a copy of report cards, unless such rights have been specifically revoked by a court order or other legally binding document. Any specific custody issue should be forwarded to Montgomery Public Schools' board attorney along with a copy of the enrollment card and custody paperwork- for review and final interpretation. The primary purpose of our schools is to provide a safe learning environment for all students with our focus on instruction. The schools should not become the environment for parental custody disputes.

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT **Must be completed by Parent/Legal Guardian**

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 CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1

CONTACT ____

Relation___________________Phone _______________

EMERGENCY #2

CONTACT ____________________________

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 _________________

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. January 2015

Ethnicity and Race

Student's Name:____Grade: ____________________________

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:

MONTGOMERY
PUBLIC SCHOOLS

STUDENT MEDIA RELEASE FORM

Student's Name: ____

Grade: ____________________ School: ______________________________

I hereby give Montgomery Public Schools the right and permission to publish, use photographs or video, and/or audio recordings of my child, a student enrolled in Montgomery Public Schools.

I understand that such reproductions could be used to publicize or promote the school system, and/or my child's school through its own media productions (district Website, social media, printed and/or online brochures, reports, promotional videos, etc.) or through the commercial media (television, radio, Internet or print).

I waive any right to inspect and/or approve the finished product and do release Montgomery Public Schools from any liability by virtue of distortion by processing. I further agree that these items may be used for publication, broadcast or reproduction without limitation or reservation or any fee.

Parent/Guardian Signature: ____

Parent/Guardian Name: ____

Date: ___________________________

MONTGOMERY
PUBLIC SCHOOLS

UNIVERSAL FIELD TRIP PERMISSION FORM

I_________________________________give permission for my child ____________________
(Print Parent/Legal Guardian's name) (Print Child's Name)

to accompany his/her class on all MPS sponsored field trips. Information regarding individual trips will be provided to me by the school in advance of all field trips.

- I understand that I will be notified in advance of any cost, the date, and time of departure and the anticipated return time.
- In granting permission, I assume responsibility for any damage to person(s) or property that might be caused by my child while they are participating on a field trip.
- I agree that if it is necessary for my child to receive medical treatment during the course of the trip, I will be contacted and will be responsible for any and all relevant medical costs.
- I agree that if the behavior or health of my child should result in him/her being sent home prior to the expected return time, I will be responsible for making the necessary arrangements.
- I agree that I will not hold Montgomery Public Schools responsible for any loss of personal property while on a field trip.
- I understand that I have the right to refuse that my child attend any field trip.

I_______________________certify that I am the parent/legal guardian of ___________________________
(Please Print) (Please Print)

And I understand that all school policies and procedures, including those outlined in the Code of Student Behavior will apply to my child while on school-sponsored field trips.

Parent Signature:______________________ **Date:** ___________________________

Montgomery Public Schools' Procedures for Administering Prescription Medication to Students

The goal of giving medication during school hours is to assist students in maintaining an optimal state of wellness thus enhancing their educational experience. Parent/guardian should treat minor illnesses at home. For example, a student with a cold severe enough to require frequent medication should remain at home. Medication prescribed three times a day should be given at home – just before leaving for school, upon returning home in the afternoon, and at bedtime. The only exception is medication that must be given before or with meals. The following requirements provide parents/guardians, and students with the guidance necessary to provide safe and proper assistance with medication in schools.

1. **All medication is required to be delivered to the school office by the parent/guardian. Parents/guardians are required to meet with the School Nurse or trained Medication Assistant to verify and document medication count and authorization forms.**

2. A school employee trained to assist with medications will supervise the taking of prescription medication when the School Medication Prescriber/Parent Authorization has been completed.

   Note: ***This form must be completed by the parent/guardian and the prescribing physician before school personnel can assist with medication.***

3. The parent/guardian must provide the school with medication in a correctly labeled prescription bottle (which includes student's name, prescriber's name, name of medication, strength, dosage, time interval, route, and date of drug's discontinuation when applicable).

4. The parent/guardian must provide the school with a new signed School Medication Prescriber/Parent Authorization Form at the beginning of each school year and/or before any prescription medication can be given at the school. Changes in medication or medication dosage will require a new School Medication Prescriber/Parent Authorization form and a new prescription bottle.

5. School employees will not assume responsibility for supervising the taking of nonprescription medication or over the counter (OTC) medications. OTC medications will not be administered at school unless the medication is prescribed by a doctor or clinic and the medication is in a prescription bottle with the same directions required for prescriptions. A School Medication Prescriber/Parent Authorization form must be completed.

6. Medication will be dispensed as specified until the parent requests, in writing, to discontinue or until the supply is depleted. Parents will be notified when supply is nearly depleted to allow opportunity for replenishment.

7. **Parents/guardians are responsible for picking up any remaining medication at the end of the school term. Any medication left at the school following the last day of the school term will be disposed of without notification to the parent.**

ALABAMA STATE DEPARTMENT OF EDUCATION SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

School Year:__________-__________

STUDENT INFORMATION

Student's Name:______________________________ **School:**__________________________________

Date of Birth:_____/____/_____ Age:_________Grade:______Teacher: ______________________

PRESCRIBER AUTHORIZATION (To be completed by licensed healthcare provider)

Medication Name:______________________________**Dosage:**______________**Route:**______________

Frequency/Time(s) to be given:_____________________**Start Date:**____/___/____**Stop Date:**____/___/___

Reason for taking medication:____

Potential side effects/contraindications/adverse reactions:____

Treatment order in the event of an adverse reaction:____

Is the medication a controlled substance? Yes D No D

Is self- medication permitted and recommended? Yes D No D

If "yes" I hereby affirm this student has been instructed On proper self-administration of the prescribe medication. Yes D No D

Printed Name of Licensed Healthcare Provider:________________________**Phone: (   )**_______-_______**Fax:**_______-_______

Signature of Licensed Healthcare Provider: **Date:**

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up with the medication.

Prescription Medication must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.

Over the Counter Medication must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:

Parent's/Guardian's Signature:______________________________**Date:**___/___/___**Phone: (   )**_______-_______

SELF-ADMINISTRATION AUTHORIZATION

(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent:______________________________________**Date:**_____/____/_____**Phone: (   )**_______-______

ALABAMA STATE DEPARTMENT OF EDUCATION

HEALTH ASSESSMENT RECORD

School Year: ___________-___________

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle)	Birth Date	Sex	School

Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle)	Work Phone Number:

Transportation

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: ______________

Address: ______________

Phone: ______________

- ☐ **Community Health Center**
- ☐ **Health Department**
- ☐ **Hospital Clinic**
- ☐ **No Regular Place**
- ☐ **Private Doctor /HMO**

Your child's Insurance Information:

- ☐ **ALL KIDS**
- ☐ **Medicaid**
- ☐ **No Insurance**
- ☐ **Other** ________
- ☐ **Private Insurance**

Place your child receives dental care:

Dentist's Name: ______________

Address: ______________

Phone: ______________

- ☐ **Community Health Center**
- ☐ **Health Department**
- ☐ **Hospital Clinic**
- ☐ **No Regular Place**
- ☐ **Private Dentist /HMO**

Preferred Hospital: ______________________

Part II – Medical History Medical Equipment /Procedures Required at School

☐ Catheter ☐ Gastric Tube ☐ Nebulizer Treatments ☐ Oxygen Supplement ☐ Tracheostomy

☐ Vagal Nerve Stimulator (VNS) ☐ Ventilator ☐ Wheelchair ☐ Walker

☐ Other *Please explain:*

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)

Part III – Medical History

◻ YES ◻ NO	**KNOWN HEALTH PROBLEMS** If **NO**, go directly to the bottom of the page and provide parent/guardian signature If **YES**, and diagnosed by a physician, answer each question below.
◻ YES ◻ NO ◻ YES ◻ NO	**Attention Deficit Disorder (ADD)** **Attention Deficit Hyperactivity Disorder (ADHD)** Requires medication ◻ At school ◻ At Home
◻ YES ◻ NO	**Allergies:** ◻ Hives/rash ◻ Medications ◻ **Food** ____________ ◻ **Insects**____________ ◻ Breathing difficulty ◻ Epi-pen ◻ **Environmental** ____________ ◻ **Medications**____________ ◻ Other:
◻ YES ◻ NO	**Asthma** ◻ Uses an inhaler at school ◻ Uses an inhaler at home
◻ YES ◻ NO	**Blood/Bleeding Problems:** ◻**Hemophilia,** ◻**Von Willebrand's,** ◻**Other** ◻ **Requires medication** ***Please explain:***
◻ YES ◻ NO	**Frequent Nose Bleeds:** *Please explain*
◻ YES ◻ NO	**Cancer/Leukemia:** *Please explain*
◻ YES ◻ NO	**Cerebral Palsy:** *Please explain*
◻ YES ◻ NO	**Cystic Fibrosis:** *Please explain*
◻ YES ◻ NO	**Dental Problems:** *Please explain:*
◻ YES ◻ NO	**Diabetes** ◻ **Type 1 Diabetes** ◻ Monitors Blood Sugars at school ◻ Requires Insulin at school ◻ Insulin pump ◻ Glucagon order ◻ **Type 2 Diabetes** ◻ Managed with diet ◻ Oral medication
◻ YES ◻ NO	**Emotional/Behavioral/Psychological:** *Please explain:*
◻ YES ◻ NO	**Gastrointestinal/Stomach Problems:** *Please explain:*
◻ YES ◻ NO	**Genetic / Rare Disorders:** *Please explain:*
◻ YES ◻ NO	**Headaches:** *Please explain:*
◻ YES ◻ NO	**Hearing Problems:** ◻ Right Ear ◻ Left Ear ◻ Both ears ◻ Hearing loss ◻ Hearing aid ◻ Tubes ◻ Cochlear Implant
◻ YES ◻ NO	**Heart Condition:** ◻ ***Activity restrictions****:* ◻ **Medications taken at home***:* *Please explain:*
◻ YES ◻ NO	**Hypertension (High Blood Pressure):** *Please explain:*
◻ YES ◻ NO	**Juvenile Arthritis/Bone-Joint Problems:** *Please explain:*
◻ YES ◻ NO	**Kidney/ Bladder/ Urinary Problems:** *Please explain:*
◻ YES ◻ NO	**Scoliosis:** ◻ No Treatment ◻ Wears Brace ◻ Surgery ◻ Family History
◻ YES ◻ NO	**Seizures/Convulsions:** Type of seizure: ____________ *Medications:* ◻ Diastat ◻ Klonopin ◻ Versed ◻ Medication taken at home ◻ Other ______ *Please explain:*
◻ YES ◻ NO	**Sickle Cell:** ◻ Anemia ◻ T**rait**
◻ YES ◻ NO	**Shunt:** ◻ VP shunt *Please explain:*
◻ YES ◻ NO	**Spina Bifida:**
◻ YES ◻ NO	**Special Diet:** *Please explain:*
◻ YES ◻ NO	**Vision Problems:** ◻ Wears glasses ◻ Wears contacts ◻ Other
◻ YES ◻ NO	**Other Medical Conditions:** *Please include* ***any*** *medications taken at home only.*

Required Signatures

Signature of parent(s) or guardian:___ Date:____________

Signature of school nurse: ____________

Date:____________

MONTGOMERY
PUBLIC SCHOOLS

Diet Prescription for Meals at School

Date: ______________________ Name of Student:________________________________
LEA: ______________________ School Attended by Student:_______________________

Information below to be completed by recognized medical authority

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student's disability

Diet Prescription (Check all that apply)
□ Diabetic □ Reduced Calorie
□ Increased Calorie □ Modified Texture
□ Other (Describe) ____

Foods Omitted (Please check food groups to be omitted.)
□ Meat and Meat Alternates □ Milk and Milk Products
□ Bread and Cereal Products □ Fruits & Vegetables
□ Other (Describe) ____

Substitutions (Please provide suggested substitutions for omitted foods or attach information.)

Textures Allowed (Check the allowed texture)
□ Regular □ Chopped □ Ground □ Pureed

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)
I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

______________________________________ ____________________ ______________
Physician/Recognized Medical Authority Signature Office Phone Date
The diet prescription must be be renewed annually.

MPS Child Nutrition Program's Guidelines for Special Dietary Needs

The MPS Child Nutrition Program is committed to serving our children nutritious and appealing meals that meet the dietary guidelines. These meals are always served to students, staff, and visitors of the schools in a positive, cheerful manner. We pride ourselves on contributing to the quality and excellence of a student's education experience.

We understand that certain children have special dietary needs and we will do our best to accommodate those needs. For a student with a chronic medical condition such as diabetes, cystic fibrosis, or a non- life threatening food allergy, a diet prescription signed by a licensed physician, registered nurse, registered dietitian, or physician assistant is required. A student with a disability or life threatening food allergy must have a diet prescription signed by a licensed physician.

Physician's Statement for Children with Disabilities USDA Regulations 7 CFR Part 15b requires substitutions or modifications in school meals for children whose disabilities restrict their diet. **A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.**

The physician's statement must identify:

- the child's disability
- an explanation of why the disability restricts the child's diet
- the major life activity affected by the disability
- the food or foods to be omitted from the child's diet
- the food or choice of foods that must substituted

Medical Statement for Children with Special Dietary Needs: Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority.

The medical statement must include:

- an identification of the medical or other special dietary condition which restricts the child's diet
- the food or foods to be omitted from the child's diet
- the food or choice of foods to be substituted

Special information regarding milk substitution requests:
Per the "USDA Rule on Fluid Milk Substitutes for School Nutrition Programs", Montgomery Public Schools' Child Nutrition Program does not offer a milk substitute for students with medical or special dietary needs at this time. See the attached **Diet Prescription for Meals at School** form.

Montgomery Public Schools Student Information Form

(MUST BE COMPLETED FOR EACH STUDENT AT REGISTRATION)

SCHOOL:____ Year: **2018-2019**

Directions: Complete one form for each student enrolled. NOTE: If you currently live in your own home or apartment, complete only the name of the school, student's name, date of birth and return this form to the school.

Student Name:______________________________ Check one: Male_______ Female ________
Date of Birth:________/______/_______

Current Address:________________________ City:______________ State: AL Zip: _________
Previous Address:________________________ City:______________ State:_____ Zip: _________
Last School Attended: ____
Last Date Attended:__________________________________ Current Grade: _________

I hereby attest that the information above is correct. I understand that if I falsely enroll the student named above in a school that he/she is not eligible to attend, the student will be referred to the Student Support Office and the current school selection will be terminated.

Parent/Guardian Signature:____________________________________ Date: __________
Telephone: (Home)____________________(Work)______________(Cell) _

The information provided below will help the school to determine if the student qualifies for additional services.

Please check YES or No for each question below.

QUESTION	**YES**	**NO**
1. Are you sharing the home of someone else due to the loss of your home or economic hardship?		
2. Are you currently living in a hotel, motel, shelter, car, or awaiting foster care placement?		
3. Are you or your parent/guardian a seasonal agricultural worker and/or seasonal fisherman having to live with another family or in a hotel?		
4. Are you the parent/guardian trying to enroll a child that you **do not** have legal custody or special permission to enroll?		
5. Are you a high school student **NOT** living with either parent and enrolling yourself in school?		
NOTE: If you answered **"YES"** to one (1) or more of the questions above, please answer the questions below.		

HOUSING STATUS	**The student lives in the following situation (check only one):**
	Shelter/Transitional Housing (For Example: Family Sunshine Center, Salvation Army, etc.)
	Doubled-up (Living with family/friend temporarily because of economic hardship, awaiting foster care placement, loss of home, or similar conditions.)
	Hotel/Motel
	Unsheltered (For example: cars, parks, campgrounds, etc.)