

# ARAB CITY SCHOOLS

PLEASE PRINT

## APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

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

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

DATE OF BIRTH: \_\_\_\_\_ GENDER: MALE / FEMALE PREFERRED NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY OF RESIDENCE: \_\_\_\_\_

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: _____	
OK to pick up _____ Y/___N	Student lives with me _____ Y/___N	Legal Custody _____ Y/___N

FATHER/GUARDIAN: _____	Address: _____	
Email Address: _____	Cell Phone: _____	
EMPLOYER: _____	Work Phone: _____	
OK to pick up _____ Y/___N	Student lives with me _____ Y/___N	Legal Custody _____ Y/___N

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

### EMERGENCY CONTACTS: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY CONTACT #1 \_\_\_\_\_ EMERGENCY CONTACT #2 \_\_\_\_\_  
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/GUARDIAN 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. AUG2017

Student's Name: \_\_\_\_\_

**STUDENT'S PRIMARY LANGUAGE:** \_\_\_\_\_

### Ethnicity and Race

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

Additional Requested Information:

#### MILITARY

Student connected to Active Duty Military family

Circle One: YES NO

Student connected to Guard or Reserve Military family

Circle One: YES NO

#### PRE-SCHOOL

Head Start Circle One: Y/N

First Class Funded Preschool-Circle One: Y/N

Center-Based Child Care-Circle One: Y/N

Home-Based Child Care-Circle One: Y/N Other

Home Visitation Program-Circle One: Y/N No

Preschool-Circle One: Y/N

Preschool-Check Info Preschool ""

Special Education Funded-Circle One: Y/N