

**ALABAMA APPLICATION FOR STUDENT ENROLLMENT**

**PLEASE PRINT**

Must be completed by Parent/Legal Guardian

HOMEROOM \_\_\_\_\_

DATE \_\_\_\_\_ SCHOOL **HEADLAND ELEMENTARY SCHOOL** GRADE \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_ SEX: (Circle) Male Female HOME PHONE (\_\_\_\_) \_\_\_\_\_

RACE: (Circle) Hispanic White Am. Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander

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

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

EMERGENCY #2

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

**IN ADDITION: 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.

January 2015

<b>Special Education/504 Information</b>					
My child is currently receiving special education/504 services <input type="checkbox"/> Yes <input type="checkbox"/> No					
My child has received special education/504 services within the past three years <input type="checkbox"/> Yes <input type="checkbox"/> No					
*If yes to either statement, please check the appropriate area(s)					
<input type="checkbox"/> Speech <input type="checkbox"/> PT / OT <input type="checkbox"/> Resource Help <input type="checkbox"/> Self-Contained Classroom <input type="checkbox"/> Gifted <input type="checkbox"/> 504					
<b>** Please provide a copy of the current Individual Education Plan/504 Plan</b>					
<b>Sibling Information (List names, grades, and school attended of other children in the family)</b>					
Name	Grade	School (circle)			
		AES	AHS	HES	HMS   HHS
		AES	AHS	HES	HMS   HHS
		AES	AHS	HES	HMS   HHS
		AES	AHS	HES	HMS   HHS
<b>Education Information</b>					
Last School Attended	Date Withdrawn	Mailing Address	City	State	Zip
Has student previously attended Henry Co. Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, which school? (circle)    AES   AHS   HES   HMS   HHS					
<b>Preschool Background For Kindergarteners</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Head Start  <input type="checkbox"/> Center-Based Child Care  <input type="checkbox"/> Home Visitation Program  <input type="checkbox"/> No Preschool         </div> <div style="width: 45%;"> <input type="checkbox"/> First Class Funded Preschool  <input type="checkbox"/> Home-Based Child Care  <input type="checkbox"/> Other Preschool  <input type="checkbox"/> Special Education Funded         </div> </div>					
<b>Military Connections</b>					
Student connected to an Active Duty Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student connected to a Guard or Reserve Military Family <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Transportation</b>					
My child be transported by <input type="checkbox"/> Bus <input type="checkbox"/> Car    Bus Number _____					
<b>Affirmations</b>					
<input type="checkbox"/> I affirm that the above registered student <b>has not been</b> expelled from school attendance at any private or public school in Alabama or in any other state for an offense in violation of school board policy or city, state, or federal law.					
<input type="checkbox"/> I affirm that the above registered student <b>does not have outstanding or incomplete punishment</b> for an offense in violation of any school board policy or city, state, or federal law.					
<input type="checkbox"/> YES, my child may receive corporal punishment when deemed necessary and within school guidelines.					
<input type="checkbox"/> NO, I DO NOT wish for my child to receive corporal punishment.					
<input type="checkbox"/> I affirm that the above registered student <b>resides full-time at the Henry County address listed for the enrolling parent /guardian</b> in no.2 on page one of this document.					