

**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)

<b>EMERGENCY #1</b>	<b>EMERGENCY #2</b>
Name _____	Name _____
Relation _____ Phone _____	Relation _____ Phone _____

<b>IN ADDITION: THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL</b> (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.

**Special Education/504 Information**

My child is currently receiving special education/504 services  Yes  No

My child has received special education/504 services within the past three years  Yes  No

\*If yes to either statement, please check the appropriate area(s)

Speech  PT/OT  Resource Help  Self-Contained Classroom  Gifted  504

**\*\* Please provide a copy of the current Individual Education Plan/504 Plan**

**Sibling Information (List names, grades, and school attended of other children in the family)**

Name	Grade	School (circle)				
		AES	AHS	HES	HMS	HHS

**Education Information**

Last School Attended	Date Withdrawn	Mailing Address	City	State	Zip

Has student previously attended Henry Co. Schools?  Yes  No

If YES, which school? (circle) AES AHS HES HMS HHS

**Preschool Background For Kindergarteners**

<input type="checkbox"/> Head Start	<input type="checkbox"/> First Class Funded Preschool
<input type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Home-Based Child Care
<input type="checkbox"/> Home Visitation Program	<input type="checkbox"/> Other Preschool
<input type="checkbox"/> No Preschool	<input type="checkbox"/> Special Education Funded

**Military Connections**

Student connected to an Active Duty Military Family  Yes  No

Student connected to a Guard or Reserve Military Family  Yes  No

**Transportation**

My child be transported by  Bus  Car Bus Number \_\_\_\_\_

**Affirmations**

I affirm that the above registered student has not been 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.

I affirm that the above registered student does not have outstanding or incomplete punishment for an offense in violation of any school board policy or city, state, or federal law.

YES, my child may receive corporal punishment when deemed necessary and within school guidelines.

NO, I DO NOT wish for my child to receive corporal punishment.

I affirm that the above registered student resides full-time at the Henry County address listed for the enrolling parent /guardian in no.2 on page one of this document.

I certify that all of the information that I have provided on this student registration form is true and correct to the best of my knowledge and belief. I understand that if the information I have provided is false, my child will be withdrawn from this school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date