

**APPLICATION FOR STUDENT ENROLLMENT**  
**Must be completed by Parent/Legal Guardian**

PLEASE PRINT

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

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

DATE OF BIRTH \_\_\_\_\_ SEX- Circle One: MALE FEMALE HOME PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RACE - Circle One: ASIAN BLACK HISPANIC AM. INDIAN MULTI WHITE PACIFIC ISLANDER

CHILD LIVES WITH - Circle One PARENTS MOTHER FATHER GUARDIAN:RELATION \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (voluntary) \_\_\_\_\_

PARENT(S) / GUARDIAN NAME: \*\*If guardian, provide school with a copy of guardianship papers.\*\*

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...VERY IMPORTANT!!!)**

EMERGENCY #1 CONTACT _____ ↓ Relation _____ Phone _____	EMERGENCY #2 CONTACT _____ ↓ Relation _____ Phone _____
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<b>THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:</b>		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____
4. _____	Relation _____	Phone _____

NAME AND ADDRESS OF FORMER SCHOOL: \_\_\_\_\_

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.*