

BUTLER COUNTY SCHOOLS
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 _____

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 _____

E-mail Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

FATHER/GUARDIAN _____ Address _____

E-mail Address _____ Cell Phone _____

EMPLOYER _____ Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

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 _____

3. _____ Relation _____ Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED: _____

PARENT SIGNATURE

DATE

**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 statement student management system.*

ETHNICITY AND RACE

STUDENT'S NAME _____ GRADE _____

PARENT/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:

**BUTLER COUNTY SCHOOLS
STUDENT INFORMATION FORM**

STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

MILITARY

Student connected to an Active Duty Military family? YES NO

Student connected to a Guard or Reserve Military family? YES NO

PRESCHOOL

Is Student a U.S. Citizen?: Yes No Student Transportation: Walk Personal Vehicle School Bus# _____

Eligible for Special Services?: IEP 504 Other: _____ Exceptionality: _____

Attended Head Start?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended First Class Funded Preschool? No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended center based childcare program (daycare)?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended home based childcare program?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Participated in home visitation program?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended any other preschool program not listed above?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended preschool special education self-contained class?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

Attended LEA inclusion class?: No Yes, Less than 1 year Yes, 1 Year Yes, More than 1 year

No preschool

Please list any other students living at the same Physical Address as entered for the student above:

<u>Name</u>	<u>School</u>	<u>Grade</u>	<u>Relation</u>