

BREWTON CITY SCHOOLS

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

PLEASE PRINT

PLEASE PRINT

DATE School Brewton Elementary 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 form with fields for Title, First, M, Last, Cell Phone, ADDRESS (Street, City/State, Zip), Home Phone, Email Address, EMPLOYER, Work Phone.

FATHER/GUARDIAN form with fields for Title, First, M, Last, Cell Phone, ADDRESS (Street, City/State, Zip), Home Phone, Email Address, EMPLOYER, Work Phone.

SPECIAL INFORMATION ABOUT CUSTODY

EMERGENCY CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1 CONTACT Relation Phone

EMERGENCY #2 CONTACT Relation Phone

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL
(In accordance with 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 §296-3-1-02(2)(1)(2) It will be used as a means of identification in the statewide student management system.

Supplemental Information

Please answer BOTH Questions 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

MILITARY

Student connected to an Active Duty Military family	Circle one:	Yes	No
Student connected to a Guard or Reserve Military family	Circle one:	Yes	No

PRESCHOOL

Head Start Circle one: Yes No	First Class Funded Preschool – Circle one: Yes No
Center-based Child Care – Circle one: Yes No	Home-Based Child Care – Circle one: Yes No
Home Visitation Program – Circle one: Yes No	Other Preschool – Circle one: Yes No
No Preschool – Check if no Preschool <input type="checkbox"/>	Special Education Funded – Circle One: Yes No