



Grove Hill Elementary

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

PLEASE PRINT

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 _____
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)

EMERGENCY #1	EMERGENCY #2
CONTACT	CONTACT
Relation _____ Phone _____	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 _____

**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.*

Date _____

**CLARKE COUNTY SCHOOL DISTRICT – Grove Hill Elementary School
STUDENT REGISTRATION FORM**



Student:

Last Name _____ First Name _____ Middle Name _____

Bus # _____ Car Rider # (if applicable) _____

Please list only brothers and sisters that attend this school and grade level.

1. _____ 2. _____ 3. _____

Parent/Guardian: (Please provide copy of court order if applicable)

Name(s) of Person(s) With whom Student is Living _____

Living with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandmother ☐ Grandfather Other (Specify): _____

Mother/Guardian's Last Name _____ First Name _____

Father/Guardian's Last Name _____ First Name _____

Emergency:

Medical Alert (Any medical problems, current medication, allergies, special diet, etc...) _____

Physician _____ Telephone _____

School History: (if applicable)

Previous School _____ School Address _____

School's Telephone # _____ Withdrawal Date _____ Grade Enrolled _____

Was the student receiving special services such as; Gifted, Speech, LD, Academic/Remediation, etc? ☐ Yes ☐ No

If yes, please explain: _____

Does the student have a current IEP? ☐ Yes ☐ No If yes circle grade(s) K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/guardian 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 ☐

Special Education Funded Circle One: YES NO

OFFICE USE ONLY: (Student Enrollment after initial start of school)

Date of Enrollment: _____

Birth Certificate (Needed for Athletics)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Card (Voluntary)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blue Slip	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Records Requested	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Assessment Record	<input type="checkbox"/> Yes	<input type="checkbox"/> No

No barriers will prevent Homeless, Migrant, Immigrant, English Language, or Foster



Grove Hill Elementary

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:

Additional Requested Information:



MILITARY

Student connected to an Active Duty Military family	Circle One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Student connected to a Guard or Reserve Military family	Circle One: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRESCHOOL

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