



# Welcome To Our School

*JMS*

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## *New Student Enrollment Packet 2025 - 2026*

### *Instructions:*

*Please return the packet and include  
copies of the following:*

- 1. Student's social security card* ☐
- 2. Student's birth certificate* ☐
- 3. Student's immunization record* ☐
- 4. Student's last report card* ☐

Clarke County Board of Education

APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

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 CONTACT #1 \_\_\_\_\_ EMERGENCY CONTACT #2 \_\_\_\_\_

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/GUARDIAN 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.*

Clarke County Board of Education

**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 students 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:

Clarke County Board of Education  
**Additional Requested Information**

**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 | • FirstClass 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 |

Home Language Survey

Student’s Last Name: \_\_\_\_\_

Student’s First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Survey Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Was your child born in the United States?    \_\_\_\_Yes    \_\_\_\_No
- If yes, what state were they born? \_\_\_\_\_
- If no, what is the country of origin? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  
    \_\_\_\_Yes    \_\_\_\_No

If yes, please list the name of the school, state, and approximate dates of enrollment:

School	State	Start Date	End Date

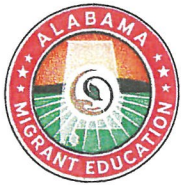
3. What language is spoken by you and your family most of the time?
- Home Language: \_\_\_\_\_
4. Do you require written translation or oral interpretation of district-level and school-level communications?  
    \_\_\_\_Yes    \_\_\_\_No
- If yes, what language(s)? \_\_\_\_\_
5. Is your child’s native language anything other than English? \_\_\_\_Yes    \_\_\_\_No
- If yes, what is your child’s native language? \_\_\_\_\_

6. What is the language the student first acquired?

If we have questions about the Home Language Survey responses, what is the best way to contact you?

Parent or Guardian Name: \_\_\_\_\_ Phone number and/or email address: \_\_\_\_\_





# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM	STUDENT NAME
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SCHOOL NAME
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### DIRECTIONS









Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.

Please return the completed questionnaire to your child's school.

### RELOCATION HISTORY

Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other work you have done that is not shown in a picture below: \_\_\_\_\_

<b>Fruit or Tomato Farms</b> <input type="checkbox"/> Yes 	<b>Fish or Shrimp Farms</b> <input type="checkbox"/> Yes 	<b>Nursery, greenhouse, sod farm</b> <input type="checkbox"/> Yes 	<b>Planting / Harvesting Crops</b> <input type="checkbox"/> Yes 
<b>Cattle Farms; Milk Products</b> <input type="checkbox"/> Yes 	<b>Hatchery; feeding, processing chickens, gathering eggs</b> <input type="checkbox"/> Yes 	<b>Working on a worm farm</b> <input type="checkbox"/> Yes 	<b>Growing, tending, felling trees</b> <input type="checkbox"/> Yes 

### PARENT INFORMATION

<b>PARENT / GUARDIAN</b>			
ADDRESS	CITY	STATE	ZIP
<b>PHONE NUMBER</b>	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	