REQUIRED REGISTRATION INFORMATION FOR TALLAPOOSA COUNTY SCHOOLS

The following information is required before registration of student.

1. Immunization Card (up to date, if available*)
2. Copy of Social Security Card, voluntary*
3. Copy of Birth Certificate, voluntary*
4. Two (2) Proofs of Residency for School Zone
5. Affidavit (must have notary seal on document)
6. Pre-Entrance Conference with Principal
7. Copy of student's discipline log from previous school
8. Official transcript from previous school
9. Copy of Driver’s License or State Issued ID

Please print all responses

*Neither a Social Security Card, a Birth Certificate nor an immunization record, commonly referred to as the "Blue Slip," is required to enroll in any Tallapoosa County School. Disclosure of your child’s social security number (SSN) is voluntary. If you elect not to provide an 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.

(Revised January 9, 2015)
**Student Enrollment Packet**

Date _______  School ___________________________________________  Grade _______

**Student Social Security Number**: __________________ (voluntary)

Last Name: ____________________________  First Name: ____________________________

Middle Name: _________________________  Home Phone: ____________________________

Address: ______________________________  City: ________________________________

State _______  Zip ___________  Date of Birth _______

Birth Place:

Sex: _______  Race: _______  Bus **Number**

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**—It is very important that you list numbers other than your own!

Emergency Contact #1: ________________________  Relation _______  Phone #: _______

Emergency Contact #2: ________________________  Relation _______  Phone #: _______

These people have permission to check my child out of school: (In accordance to school system check-out procedures)

1. LName________________________  Relation ___________  Phone: __________

2. Name_________________________  Relation ___________  Phone: __________

3. Name_________________________  Relation ___________  Phone: __________

4. Name_________________________  Relation ___________  Phone: __________

Student lives with: Both parents ____  Mother ____  Father ____  Guardian: Relation

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 an 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. (Revised January 9, 2015)*
Ethnicity and Race

Student’s Name: ___________________________________________________________ Grade: __________
Parent/Guardian Signature: _________________________________________________ Date: __________

Please answer BOTH Question 31 AND Question 2

Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:

a 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:

<table>
<thead>
<tr>
<th>Ethnicty-Choose only one:</th>
<th>Race-Choose one or more:</th>
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<tbody>
<tr>
<td>NO/Hispampic/Latino</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
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<tr>
<td></td>
<td>Black or African American</td>
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<td></td>
<td>Native Hawaiian or Other Pacific Islander</td>
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<td></td>
<td>White</td>
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Date: ___________________________ Staff Signature: ___________________________
Enrolling school

Additional Requested Information:

**MILITARY**

<table>
<thead>
<tr>
<th>Student connected to an Active Duty Military family</th>
<th>Circle one: YES</th>
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<tbody>
<tr>
<td>NO</td>
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<table>
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<tr>
<th>Student connected to a Guard or Reserve Military family</th>
<th>Circle one: YES</th>
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<tbody>
<tr>
<td>NO</td>
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**PRESCHOOL**

<table>
<thead>
<tr>
<th>Head Start</th>
<th>Circle one: YES NO</th>
<th>First Class Funded Preschool • Circle one: YES NO</th>
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<td></td>
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<table>
<thead>
<tr>
<th>Center-Based Child Care - Circle one: YES NO</th>
<th>Home-Based Child Care - Circle one: YES NO</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Home Visitation Program - Circle one: YES NO</th>
<th>Other Preschool - Circle one: YES NO</th>
</tr>
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<tbody>
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<thead>
<tr>
<th>No Preschool-Check if no Preschool</th>
<th>Special Education Funded • Circle one: YES NO</th>
</tr>
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<td>Q</td>
<td></td>
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</table>

**ADDITIONAL INFORMATION**

Does student have any unusual or serious health conditions? Yes No Please specify: 

Is your child on any medications? ______ If so, what? ______________________________

Please list brothers or sisters in this school (name and grade): __________________________

Have you furnished this school with 2 proofs of residence? Yes ________ No ________

Is your child allergic to any medications? Yes ________ No ________

If yes, please tell us what: ____________________________________________________________

Does this child receive any Special Services: Yes ________ No ________

If yes, what type? ____________________________________________________________________
ENROLLMENT REQUIREMENTS
TALLAPOOSA COUNTY SCHOOL SYSTEM

Under the Court Decree set forth by the United States District Court, any student enrolling into a school which is part of the Tallapoosa County School System (TCSS) must return required information to the school the student is enrolling within 30 days of enrollment, or the student will be withdrawn from school. If information shows that the student is not residing within school zone, the student may be withdrawn immediately.

Information which will be needed to verify that enrolling student is in legal school zone. (Must have 2 or more of these - required)

1. Property tax records for home in which student is living.
2. Mortgage documents or property deeds.
3. Apartment or home lease.
4. Utility bills or utility deposit receipts.
5. Voter precinct identification.
6. Automobile registration.
7. Birth certificate establishing that the student is the child of the TCSS school zone resident.
8. A court decree declaring that the TCSS zone resident is the student's legal guardian.
9. Under certain conditions, a student may live with an adult other than the parent or legal guardian. Though granting such permission will be rare, the parent and/or legal guardian will be required to meet with the school principal to discuss the reasons for the request prior to any enrollment. The decision to accept such enrollment will be decided on a case by case basis.
10. Other such records as school officials deem acceptable.

I fully understand the rules and requirements set forth by the Court ruling, and that required information should be returned within 30 days from this date. If information is not returned, or if it is found that student is not in legal school zone, that student will be withdrawn.

Parent or Guardian Signature

Date
AFFIDAVIT

the parent of
Print Name of Parent  Print Name of Student

do solemnly state and/or affirm that I have established my permanent place of residence in Tallapoosa County, Alabama at the following address:

Address: ____________________________________________

Street
City  State  zip

As of ______________, I do solemnly state and affirm that I reside in the

Date and Year

School Attendance Zone.

Parent Signature  Date

Personally appeared before me the above named affiant and having been sworn, subscribed before me this _____ day of ______________, 20 __ the

information to be true.

Notary Public: ________________________________

This document will be filed in the principal's office.
HOME LANGUAGE SURVEY

Date: ____________________
Student: ____________________
Grade: ________ Gender ________ Age: ________
School: ________ School Homeroom Teacher ____________________

1. What is the first language your child learned to speak?

2. What language does your child most often speak?

3. What language do you most often speak to your child?

4. What language is most often spoken in your home?

5. Besides language studied in school, does your child speak any language other than English? Yes _____ No _____
   If yes, list the language(s) __________________________________________________________

Parent or Guardian Signature: ___________ Employer ___________

Employer Address: ______________________ City: ______________________

State: Alabama Zip: ___________ Emp. Phone # __________________
Enrolling school

TALLAPOOSA COUNTY BOARD OF EDUCATION  
679 E. Columbus Street  
Dadeville, AL 36853

RECORD RELEASE - This form should be sent to student's former school.

Date Mailed:

I hereby authorize the ________________________________ School System  
(Street or Box) (City) (State) (Zip Code)  
to release to the Tallapoosa County Board of Education the records of my child,  
(First) (Middle) (Last)  
Date of Birth: ________________________________  
(Month) (Day) (Year)  
Please forward all psychological/medical and any records related to appropriate placement.  
Please mail to: Tallapoosa County Board of Education  
Office of Special Education  
679 E. Columbus Street  
Dadeville, AL 36853

Signature of Parent/Guardian

Signature of Person Requesting Records:
Residency Questionnaire
Tallapoosa County Schools

1. Where is the student currently living?
   - In a shelter
   - With more than one family in a house or apartment
   - In a motel, car, or campsite
   - With friends or family members (other than parent/guardian)

2. How long have you and your child lived in any of the above? ________________

3. Does your home have electricity?    Yes __    No ___

4. Does your home have plumbing?     Yes ___    No ___

5. Does your home have water?    Yes ___    No ___

   If none of the options for 1 were checked please sign the form and return to your child’s school.

   If any of the options for 1 were checked please answer the remainder of this form and return to your child’s school.

6. The student lives with:
   - a relative, friend(s), or other adult(s)
   - alone with no adult(s)
   - an adult that is not the parent or legal guardian

7. What is the reason for living with any of the above? ________________________________

Name of Student
School ________________________________

Address ________________________________

E-911 Address (Street Address) ________________________________

City ___________________, State __________ Telephone Number __________

Signature of Parent(s)/legal guardian

No person shall be denied employment, be excluded from participation in, be denied the benefits of or be subjected to discrimination to include harassment or any program or activities based on disability, sex, religious belief, national origin and race.
Dear Parents or Guardians;

Please complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: ______________________________________
Name of Parent or Guardian: __________________________________
Address: ________________________________________________
Telephone Number: _________________________________________

1. Have you moved during the last 3 years to work or seek work even if it was for a short period of time? Yes  No

2. Are you or your spouse working or have you worked in an activity directly related to some of the following? Please check all applicable:
   ___ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms.
   ___ Fruit Farms
   ___ The cultivation of cutting trees
   ___ Work in nurseries or sod farms
   ___ Fish or shrimp farms
   ___ Catching or processing sea food (shrimp, oysters, drabs, fish, etc.)

3. From what city, state or country did you come from? ________________________________

4. What type of work did you or your spouse do before coming here? ____________________

Revised 6/1/08 V.2
Enrolling school

Parents/Students:
Please read the information below. If you have any specific questions regarding the policy, please contact your Principal or Counselor at your school. The complete text of the Tallapoosa County Schools’ technology policy has been included in the Tallapoosa County Schools Policy Manual.

From time to time, the school may wish to publish examples of student projects, group photographs, and other work on an Internet accessible World Wide Web server. I understand that pictures used on the Tallapoosa County Schools’ web sites will include students when they are involved in projects, when they are in large groups, or when their student group receives recognition. The use of student photographs on the web site will include the use of first name/last initial only.

Selected school materials to be published on the web could include: art work, written papers, videos, class projects and/or computer projects.

Students:

I acknowledge that I have read, understand, and agree to all terms in the Tallapoosa County Schools’ Technology Usage Policy as outlined in the Tallapoosa County Schools’ Policy Manual. I further understand that, as a user on the Tallapoosa County Schools’ network, I am responsible for appropriate behavior when using any Tallapoosa County Schools’ technology resource.

I understand that any or all of the following disciplinary actions could be imposed if I break any of the rules in the policy:
• loss of access to any technology resources such as but not limited to computers, printers, the Internet, and/or video equipment;
• additional disciplinary action determined as appropriate at a specific school by school staff; and/or
• legal action, when applicable.

I also understand that this agreement will be binding during my entire career at my current school.

Student Name (Please Print):

Student Signature:

Parent/Guardian:

My child’s picture may be published on the Internet using his/her first name/last initial only. Yes ☐ No ☐
My child’s selected school materials may be published on the Internet and/or school and District TV channels. Yes ☐ No ☐

Parent Name (please print):.

Parent’s Signature:________

Date Signed:__________
Enrolling school

TALLAPOOSA COUNTY BOARD OF EDUCATION
679 E Columbus Street
Dadeville, AL 36853
"FILL OUT COMPLETELY**
STUDENT REFERRAL FORM
"STUDENT ENROLLMENT DATE: _____/_____/_____

Student's complete legal name: ____________________________________________________________
Person Enrolling Student: ________________________________________________________________ Must be parent or guardian Must have (2) proofs of address and show verification of parent or guardianship.

Sex _____ Grade _____ Race _____ Date of Birth _____________________________________________
School _____________________________________________________________
Parent's Name ____________________________________________________________
Address ________________________________________________________________
Home Phone __________________________ Work Phone __________________________
Emergency Number ______________________ Primary Language ________________

DESCRIPTION OF SPECIAL EDUCATION IN PREVIOUS SCHOOL
Exceptionality ________________________________________________________________
Describe Placement ___________________________________________________________
Amount of Time ___________________________________________________________
Related Services ____________________________________________________________

ADDITIONAL INFORMATION
Does the student wear glasses? Yes ___ No ___
Does the student wear a hearing aid? Yes ___ No ___
Does the student have a health problem? Yes ___ No ___ if yes, describe below
Does the student have an orthopedic problem? Yes ___ No ___ if yes, describe below
Does the student take any medication regularly? Yes ___ No ___ if yes, describe below
Other relevant information __________________________________________________________

Signature of Parent/Guardian

The parent or guardian must sign the following forms:
• SPECIAL EDUCATION RECORD RELEASE 08/01/06
• NOTICE OF PROPOSED MEETING (setting date for IEP meeting to review information from parent or previous school if any is received)
• If a student does not have an IEP or upon contacting the previous school, no existence of an IEP can be established, the student will be placed in a general education classroom until an IEP meeting and /or evaluation procedure can be conducted if needed.

Name of Special Education Teacher: _________________________________________________

A copy of this form must be given to assigned special education teacher on the date of enrollment A copy of the record release must be sent to the Tallapoosa County Special Education Office

Student Referral Form
7/17/2007 (revised)
Dear Parent or Guardian:

Your assistance is requested to emphasize to your child the importance of proper care of textbooks. The following is an excerpt from the textbook law of the State of Alabama regarding parent responsibility for textbooks.

"The parent, guardian, or other person having custody of a child to whom textbooks are issued shall be held liable for any loss, abuse, or damage in excess of that which would result from normal use of such textbooks. In computing the loss or damage of a text which has been in use for a year or more, the basis of computation shall be a variable of fifty to seventy-five percent of the original cost of the book to the State. If such parents, guardian or person having custody of such child to whom the textbook was issued fails to pay such assessed damages within 30 days after notification such student shall not be entitled to further use of such textbook until remittance of the amount of loss or damage shall be made."

Note: In computing the loss or damage of a textbook which has been in use for one year or less, the original cost of the book to the State shall be charged. If you are willing to take this responsibility to avail your child the use of the State textbook, please sign the statement below and return this entire sheet to your child's teacher.

I desire that ___________________________ in grade _______________ be permitted to use State owned textbooks and I agree to pay for any book or books which are lost or ruined while in his/her possession.

Signed (parent or guardian)

***Parents please sign me form above and below:

Homeroom teachers, please detach and return this portion of the textbook letter to the student so that he/she may be issued books.

I desire that_____________________________ in grade _____________ be permitted to use State owned textbooks and I agree to pay for any book or books which are lost or ruined while in his/her possession.

Student Signature: ________________________________

Parent/Guardian Signature: