

Registration Information for **TALLAPOOSA COUNTY SCHOOLS**



Provide the following information:

- Immunization Card
- Copy of Social Security Card, voluntary*
- Copy of Birth Certificate, voluntary*
- Two (2) Proofs of Residency for School Zone
- Affidavit (must have notary seal on document)
- Pre-Entrance Conference with Principal
- Copy of student's discipline log from previous school
- Official Transcript from previous school
- Copy of guardian(s) driver's license or State Issued ID**

Please **print** all responses and complete all forms

*Neither a Social Security Card and/or a Birth Certificate 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 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. Cod §290-3-1-.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.

**An Alabama driver's license is not required for proof of residence.

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required information to the school the student is enrolling **within 30 days of enrollment**, or the student will be withdrawn from school. If information shows that the student is not residing within the school zone, the student may be withdrawn immediately.

Information which will be needed to verify that the enrolling student is in the legal school zone.
MUST HAVE 2 OR MORE OF THESE - REQUIRED

1. Property tax records for the home in which the student is living.
2. Mortgage documents or property deeds
3. Apartment or home lease
4. Utility bills or utility deposit receipts
5. Automobile registration
6. Birth certificate establishing that the student is the child of the TCSS school zone resident
7. A court decree declaring that the TCSS zone resident is the student's legal guardian
8. 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.
9. 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

PLEASE PRINT

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

PLEASE PRINT

Must be completed by Parent/Legal Guardian

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 CONTACT: (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 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.

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 below.

If any of the options for #1 were checked please answer the remainder of this form.

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 _____

_____ Phone Number _____
City State Zip Code

Signature of Parent(s)/Legal Guardian _____

HOME LANGUAGE SURVEY

Tallapoosa County Schools

Student Name: _____ Birth Date: _____ Male Female
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
2. Has your child attended any school in the United States Yes No
 for any three (3) years during their lifetime? *If yes, please provide school name(s), state, and dates attended:*
 School Name _____ State _____ Dates _____
 School Name _____ State _____ Dates _____
 School Name _____ State _____ Dates _____
3. What language is spoken by you and your family most of the time at home? _____
4. If available, in what language would you prefer to receive communication from the school? _____
5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander
6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "yes" to question # 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____
8. What language does your child most frequently speak at home? _____
9. What language do you most frequently speak to your child? (Father) _____
 (Mother) _____
10. Please describe the language understood by your child. (check only ONE)
 A. understands only the home language and no English
 B. understands mostly the home language and some English
 C. understands the home language and English equally
 D. understands mostly English and some of the home language
 E. understands only English

Parent or Guardian's Signature _____ Date _____

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	

ETHNICITY AND RACE

Tallapoosa County Schools

Student Name: _____ Grade _____

Parent/Guardian Signature _____

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, Central, and South America 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 for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipine 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

Tallapoosa County Schools

Military

- Is the student connected to an Active Duty Military family? Yes No
Is the student connected to a Guard or Reserve Military family? Yes No

Preschool: Did your child attend any of the following?

- Headstart Center-Based Child Care Home Visitation Program First Class Pre-K
 Home-Based Child Care Other Preschool No Preschool

Medical:

- Does the student have an unusual or serious health condition? Yes No
If yes, please specify: _____

- Is your child on medication(s)? Yes No
If yes, please list the medication(s): _____

- Does your child have any allergies we need to be aware of? Yes No
If yes, please specify: _____

If parent/guardian or emergency contacts cannot be reached, I hereby authorize the school to act in the best interest of my child should an emergency arise. Yes No

If "No" is checked, what action should be taken? _____

Siblings - List any siblings that are attending Tallapoosa County Schools

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

Automated Emergency/Important Information Notification

The Tallapoosa County Board of Education uses the School Messenger Program to contact a parent/guardian in the event of a school wide emergency or to provide information to parents/ guardians.

Phone Number 1: _____ Email Number 1: _____

Phone Number 2: _____ Email Number 2: _____

Transportation: Bus Rider Car Rider

In the event of an unplanned early school closing (inclement weather, etc.), please indicate how your child should be transported home. Please check only **ONE** option.

- My child will ride the bus home as usual. I understand that buses will be leaving early and I will make arrangements for a responsible person to be the normal destination.
- My child will be a car rider and will be picked up by one of the guardians or persons listed as an emergency contact.



Special Services Student Enrollment Form

1. Did your student receive special services at their previous school? yes_____ no _____
2. Was your student served with an Individualized Education Plan (IEP) or a 504 Plan? _____
If so, was a Behavior Intervention Plan or an Alternative Placement included as a part of either plan? yes _____ no_____
- If so, do you have a copy of either plan that can be provided to the school? yes _____ no _____
3. Has your student ever been evaluated for special education services? yes_____ no _____
4. Did your previous school inform you that your child received or was currently receiving school based interventions for Reading or Math through RTI services? yes _____ no_____
5. Did your student receive speech services/language services? yes _____ no_____
- Gifted services? yes_____ no _____

For Office Use Only:

If any of these questions were answered yes please contact the designated special education teacher and email or call Page Cotten or Joy Patterson. (256-825-0746)

TALLAPOOSA COUNTY BOARD OF EDUCATION

****FILL OUT COMPLETELY****

STUDENT REFERRAL FORM FOR SPECIAL EDUCATION SERVICES

**STUDENT ENROLLMENT DATE: ____/____/____

Student's complete legal name: _____

Person Enrolling student: **(Must be parent or guardian)** _____

Must have two (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 Phone _____ 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 an 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.

RECORD RELEASE
Tallapoosa County Schools

This form will be sent to the student's former school.

Date Mailed: _____

I hereby authorize the _____ **School System**
Name of Previous School System

Street or Box # City State Zip

to release to the Tallapoosa County Board of Education the records of my child,

Student's First Name Student's Middle Name Student's Last Name

Student's 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

Parent/Guardian Signature _____

Person Requesting Records _____



ALABAMA STATE DEPARTMENT OF EDUCATION

Parent Survey for Newly Enrolled Student



SCHOOL SYSTEM	
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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: _____

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

PARENT INFORMATION

PARENT / GUARDIAN			
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ADDRESS	CITY	STATE	ZIP
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PHONE NUMBER	PLACE OF EMPLOYMENT
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NUMBER OF CHILDREN IN HOME	DATE OF MOVE
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**Affidavit
Tallapoosa County Schools**

This affidavit must be notarized.

I, _____ 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

Dadeville School Attendance Zone.

Parent Signature Date

NOTARY PUBLIC

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.

Shared Residence Affidavit Tallapoosa County Schools

The following form is to be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are **sharing a home with another person** SEVEN DAYS A WEEK YEAR ROUND.

The Homeowner of the home must accompany the parent/guardian and provide **two (2)** of the items listed below:

1. Property tax records of the home in which the student resides
2. Mortgage documents of property deeds
3. Lease for home or apartment
4. Utility bills or utility deposit receipts (water, electric, land-line phone, cable, gas, trash)
Note: Cell phone and insurance bills, letters etc. are NOT utilities.
5. Automotive registration (Tag slip)

The parent/guardian must provide **two (2)** of the following items bearing the address at which the student resides:

1. Shared Residency Affidavit
2. One of the following:
 - Utility bills, utility deposit receipts and/or bills in their name for the address listed as their shared residence.
 - Automobile registration with address listed as their shared residence

