

Boaz City Schools
Application For Student Enrollment
Must be completed by Parent/Legal Guardian

Date: _____ School: _____ Grade: _____

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Sex: (Check One) Male Female Home Phone _____

Physical Address: _____ City: _____ Zip: _____

Student Lives With: (Check One) Parents Mother Father Guardian: Relation _____

*Social Security Number: _____

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: _____

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

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 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, South East 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	
<p style="text-align: center;">Ethnicity – Choose only one:</p> <p>____ Not Hispanic/Latino</p> <p>____ Hispanic/Latino</p>	<p style="text-align: center;">Race – Choose one or more</p> <p>____ American Indian or Alaska Native</p> <p>____ Asian</p> <p>____ Black or African American</p> <p>____ Native Hawaiian or Other Pacific Islander</p> <p>____ White</p>
Date:	Staff Signature:

RESIDENCY QUESTIONNAIRE

School: _____

Name of Student: _____ Male Female

Birthdate: ___/___/___ Age: _____ Social Security Number: ___/___/___

Name of Parent(s)/Legal Guardian(s): _____

Address: _____

E-911 Address (Street Address)

_____, _____ Telephone Number: (____) ____-____
 City State Zip Code

1. Where is the student currently living?

Section A		Section B	
	In a shelter		The choices in Section A do not apply
	With more than one family in a house or apartment	<i>If you checked this section, STOP here. You do not need to complete the remainder of this form. Submit the form to school personnel.</i>	
	In a motel, car or campsite		
	With friends or family members (other than parent/guardian)		
<i>If you checked a box in Section A, CONTINUE to item number 2 and complete the remainder of this form.</i>			

2. The student lives with:

	1 parent		a relative, friend(s) or other adult(s)
	2 parents		alone with no adults
	1 parent and another adult		an adult that is not the parent/guardian

Signature of Parent(s)/Legal Guardian(s): _____

School Use Only – Do Not Write in this Space
Section A Determination: _____
_____ / _____ Principal's Signature Date

Boaz City School System

HOME LANGUAGE SURVEY

This form must be completed for each enrolling student in a family prior to enrollment.

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED.

Student's Name: _____ Grade: _____

Date of Birth: _____ Age: _____ Sex: (Check One) Male Female

Street Address (P.O. Box or Route **IS NOT** Acceptable): _____

City: _____ State: _____ Zip Code: _____ County: _____

1. Was your child born in the United States? Yes No

• If yes, in which state? _____

• If no, in what other country? _____

• If no, what date did the child enter the United States? _____

2. Is a language other than English most often spoken in your home? Yes No

• If yes, what language: _____

3. What language did your child first learn to speak? _____

4. Does the child most frequently speak a language other than English? Yes No

• If yes, what language: _____

Parent/Guardian Signature

Date

ALABAMA STATE DEPARTMENT OF EDUCATION EMPLOYMENT SURVEY

SCHOOL SYSTEM: Boaz City Schools SCHOOL YEAR: _____

SCHOOL: _____ GRADE: _____

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: _____

Parent or Guardian: _____

Street Address (*P.O. Box or Route **IS NOT** Acceptable*): _____

City: _____ State: _____ Zip Code: _____ County: _____

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

- If you marked “**yes**”, what city, state, or country did you move from?

- If you marked “**yes**”, what type work did you or your spouse do before coming here?

2. Have you or your spouse **ever worked** in an activity directly related to any of the following?

Please **check** (✓) all that apply:

- The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
- Fruit farms
- The cultivation or cutting of trees
- Work in nurseries or sod farms
- Fish or shrimp farms
- Worm farms
- Catching or processing seafood (shrimp, oysters, crabs, fish, etc.)