

Mail to HCS 305 College Street, NE
 Hartselle, AL 35640 Attn: Registrar

School: BBES CES FEB HIS JHS HHS Grade for the 2020-2021 School Year _____

HARTSELLE CITY SCHOOLS
APPLICATION FOR STUDENT ENROLLMENT
Must be completed by Parent or Legal Guardian

PLEASE PRINT

Last Name _____
 First Name _____
 Middle Name _____
 Name to be Called _____
 Home Address _____
 City _____ City Limits ___ Inside ___ Outside
 State: Alabama Zip Code: _____
 Daytime Phone: _____
 Date of Birth: _____
 Gender: _____ Male _____ Female

*Social Security Number (voluntary) _____
 Student ID: _____
 Child Lives With: ___ Both Parents ___ Mother ___ Father
 Guardian: Relation _____
 Ethnicity: No, not Hispanic/Latino Yes, Hispanic/Latino
 Race: American Indian Asian Black Multi Race
 Pacific Islander White Other _____
 Special information about custody: _____

If custodial parent or guardian, please provide a copy of custody papers or guardianship papers

Mother/Guardian	Father/Guardian
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Name _____	Middle Name _____
Home Address _____	Home Address _____
Mailing Address _____	Mailing Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Daytime Phone _____	Daytime Phone _____
Alternate Phone _____	Alternate Phone _____
E-mail Address _____	E-mail Address _____
Employer _____	Employer _____
Address/City _____	Address/City _____
Employer Phone _____	Employer Phone _____

Emergency Contact Information - Persons to be contacted only if parents cannot be reached and have permission to check your child out of school:

Name	Phone	Relationship

Name and address of former school: _____ Grade _____

Address _____ City _____ State _____ Zip _____

Has child ever attended a school in Hartselle City Schools? ___ Yes ___ No If yes, name of school _____

Did child attend Pre-K? Yes No (pick one) Head Start Center-Based Child Care Home Visitation Program Special education Funded
 1st Class Funded Program Other Preschool _____

*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.

Attach other forms as directed on the website FAQ.

LIST NAMES OF SIBLINGS, GRADE, AND SCHOOLS THEY ATTEND

Name	Grade	School
Name	Grade	School
Name	Grade	School

TRANSPORTATION : Please indicate mode of transportation

Morning: Bus Rider (# _____)
Afternoon: Bus Rider (# _____)

Morning: Car Rider Extended Day Program (Elementary Only)
Afternoon: Car Rider Drives personal vehicle (High School Only)

STUDENT LANGUAGE SURVEY

Was the first language your child learned English? ___ Yes ___ No
 Can your child speak a language other than English? ___ Yes ___ No If yes, please specify _____
 Which language does your child use most often when speaking with friends? English Other (specify) _____
 Which language does your child use most often when speaking with parents or other family members? English Other (specify) _____
 Which language do the parents use most at home? English Other (specify) _____
 Does child need Spanish translation? Necesita su hijo/a translacion a espanol? ___ Yes ___ No

MILITARY

Student connected to an Active Duty Military family? Yes No Student connected to a Guard or Reserve Military Family Yes No

Was child receiving Special Education, Gifted, or 504 services at your previous school? ___ Yes ___ No (If yes, please circle one)

Does child have any pending disciplinary issues from their previous school? ___ Yes ___ No If yes, explain _____

Does child require daily-prescribed medication? Yes No - If yes, give name(s) of medication: _____

OPT-OUT INFORMATION

For grades K-12, please check below if you wish to opt-out of information being used by school affiliates. **Any unchecked item** allows the school to act on or administer any items listed below.

___ I do not want my child's name listed with Honor Roll students in the newspaper ___ I do not want my child's picture included on the school's website

___ I do not want my child's picture published in the newspaper and/or yearbook ___ I do not want my child to receive corporal punishment.

___ I do not want my name/phone number given to PTO to receive reminders/request for parent participation in school projects.

*Initials: ___ Final enrollment is conditional upon verification of proof of residency within the city limits of Hartselle and upon receipt of all documents listed for enrollment. Students will not be enrolled or placed in a class until all paperwork is completed and verified.

*Initials: ___ In the event your residence changes during the school year, you are required to submit new proof of residence documentation to your child's school within two weeks of your move. If phone contact information changes, please notify the school office immediately.

*Initials: ___ Should you move outside the Hartselle City Limits during the school year, and want your child to remain enrolled in Hartselle City Schools for the remainder of the year, you will be billed a prorated amount of Out-of-District Tuition for the remainder of the current school year. Failure to pay the tuition within 14 days will result in your child's withdrawal from Hartselle City Schools. Payment of pro-rated Tuition does not guarantee enrollment for the next school year. Students who live outside the city limits of Hartselle will be required to annually apply as an Out-of-District student.

*Initials: ___ I am aware that I may view the Code of Student Conduct on the hartselleligers.org website. I request a printed copy of the Student Code of Conduct.

*Initials: ___ I am aware that my child (7th – 12th grade) is subject to a random **Drug Test** if he/she participates in any extra curriculum school activities.

*Initials: ___ **Providing false information is grounds for automatic withdrawal from Hartselle City Schools.**

Signature of Person Completing Form _____ **Relationship** _____ **Date** _____

It shall be the policy of the Hartselle City School System to provide nondiscriminatory basis educational opportunities for children. No person shall be denied the benefits of any education program or activity on the basis of race, color, disability, creed, national origin, age, or sex. Pursuant to the requirements of the 2001 No Child Left Behind Act and the McKinney-Vento Homeless Assistance Act, all homeless children, migrants, and English language learners must have equal access to the same free appropriate public education provided other children and youth. All programs offered by schools within the School System shall be open to all students in compliance with statutory and judicial requirements. The enrollment of homeless, migrant, and limited English proficient children shall not be denied due to any of the following barriers: lack of birth certificate; lack of school records or transcripts; lack of immunization records; lack of proof of residency; lack of transportation; unaccompanied; no guardian.

Office Use Only

Approved for enrollment _____ Date _____