

### **Webb Elementary School**

178 Depot Street • Webb Alabama 36376 Telephone: (334) 792-5744 • Fax: (334) 792-7967

Jodie Shelley, Principal

**Daniel Bristow, Assistant Principal** 

Dear Parents and Guardians.

We are excited to welcome our new Kindergarten class for the 2023-2024 school year. Listed below is some important information pertaining to Kindergarten registration for next school year.

Kindergarten registration will be held at Webb Elementary on March 15th and 16th from 7:40-2:40. Children must be five years of age on or before September 1, 2023. Please call the school office to sign up for an appointment time.

#### Please bring the following items with you to register:

- 1.Birth Certificate
- 2. Immunization Record (Alabama Blue Slip)
- 3.Two Proofs of Residency in Webb School zone (One should be a power, water or lease in your name)
- 4. Custody documentation where applicable.

Please bring your child with you as we will administer a readiness screening to determine your child's instructional level. This is a very important appointment.

We would like for you to have your registration packet filled out ahead of time. **Packets are available online or on the front porch of the school.** They are in the drawer organizer and labeled "Kindergarten Registration".

Thank you for registering your child with us. We look forward to a wonderful school year!

Sincerely, School Counselor

maloy.molly@hcboe.us

## HOUSTON COUNTY SCHOOLS KINDERGARTEN REGISTRATION FORM

Complete both front and back sections legibly in blue or black ink (PLEASE PRINT)

Date: School:	in Hardinan estidada	Homeroom:	Grade:		
STUDENT NAME (First, Middle, I					
DATE OF BIRTH:	Circle Or	ne: Male Female Ho	ome Phone:		
PHYSICAL ADDRESS		CITY	ZIP CODE		
MAILING ADDRESS					
TUDENT LIVES WITH:		RELATIONSHIP:			
SOCIAL SECURITY NUMBER (Volun	tary)		Calendary In		
s your child receiving Special Educa	ation Services (IEP)? YES	NO			
s your child receiving Speech Servi	ces from outside of Houston	County Schools? YES	NO		
ist all siblings and grade level atter			and come a collaboration of		
Medical information: (Food Allerg	**		and a Vietnam Control of the Control		
If your child will be picked up or dro and name(s) of the persons at that	opped off at a location other	than your residence, list t	the address, phone number,		
Guardian Information:	Art of est Southern	19.00	ESTIN		
Name:		Relation to Stude	nt:		
Address:					
Phone: (Home)					
Employer:	the Opening Control	Work Phone:_			
Do you have custody? YES NO					
Name:	Thereby and particular to the	Relation to Stude	nt:		
Address:			THE PARTY OF THE P		
Phone: (Home)	(Cell)	Email:	- Killian T. (50)		
Employer:	2.11	Work Phone:			
Emergency Contacts: (Other tha	n the ones listed above.) Ma	ay use additional paper t	to list others.		
Name:					
Name:	Relationship:	Phone:	Can Pick up: YES or NO		
Guardian's Signature:			Date:		

\*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 management system.

## HOUSTON COUNTY SCHOOLS KINDERGARTEN REGISTRATION FORM

#### **Ethnicity and Race**

Complete legibly in blue or black ink (PLEASE PRINT)

#### 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).
<ul> <li>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.</li> </ul>
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.
MILITARY  Is STUDENT connected to an Active Duty Military 22 Table 2
Is STUDENT connected to an Active Duty Military parent? ☐ YES ☐ NO
PRESCHOOL (Check One)
☐ Headstart ☐ First Class State Funded Preschool
☐ Center Based Child Care ("Daycare", year round, licensed childcare with 12 or more children)
☐ Home Based Child Care (Home based, licensed day care with no more than 6 children)
☐ Home Visitation Program (Ex: Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT)
☐ Other Preschool ☐ Special Education Funded Preschool
The parents of entering kindergartners are asked to present the following items at the time of registration:
1) Certified Birth Certificate (Students must be 5 years old on or before September 1st)
2) Social Security Card *  3) Alabama Certified Immunization Record – Up-to-Date (Students MUST have the 2 <sup>nd</sup> measles immunization
prior to entering school)
4) Two Proofs of Residency (Accepted proofs listed below)
<ol> <li>Current utility bill (water or electricity); and</li> <li>Lease agreement or Mortgage Papers; Voter Registration Card; Tag receipt; or Property Tax Statement</li> </ol>

#### HOUSTON COUNTY SCHOOL APPENDIX A RESIDENCY QUESTIONNAIRE

Student Name:	
1. Where is the student currently living? (Mark ONLY one lin	ne from Section A OR Section B)
Section A Doubled Up (more than one family living in a residence)Shelters/ Transitional Housing (hotel/motel, car, campsite, etc) With friends or family (other than parent/guardian) Unsheltered (Any living quarters not suitable for human habitation)	Section B The choices in Section A do not apply.  If you checked Section B, STOP here. You do not need to complete the rest of this form. Submit form to school personnel.
2. The student lives with:  1 parent, A relative, friend(s), or other adult Alone with no adults, 1 parent and anoth An adult that is not the parent or legal Guardian	(s),2 parent's er adult
School: Grade  Birth Date: / / Male Female  Physical Address (Primary Nighttime Residence of Student)	Social Security Number//
E-911 Address (Street Address, City, State, &	· Zip Code)
Telephone Number ()	
Printed Name of Parent/Guardian who completed this quest	ionnaire:
Signature of Parent(s)/Legal Guardian(s):	,
School Use Only - Do N	ot Write In This Space
Section A Determination:	

Date

Principal's Signature



# ALABAMA STATE DEPARTMENT OF EDUCATION Parent Survey



for Newly Enrolled Students

SCHOOL SYSTEM HOUS	Ston Cour	149					
SCHOOL NAME Webb Elementary School							
DIRECTIONS							
yes to any of the questions b	pelow, an education represer s eligible for the migrant educ	eligible for FREE additional edu- ntative may contact you to find ou cation program. All information w school.	t wheth	er you, your	child, or		
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?					□No		
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?			Yes	□No			
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.					□No		
Other work you have done the	nat is not shown in a picture	below:					
Fruit or Tomato Farms	Fish or Shrimp Farms	Nursery, greenhouse, sod farn	Plan	iting / Harvesting Crops			
Yes	Yes	☐Yes	□Y	es			
				n.			
Cattle Farms; Milk Products	Hatchery; feeding,	Working on a worm farm Grow		wing, tending, felling trees			
□Yes	processing chickens, gathering eggs	□Yes		Yes			
	☐Yes						
PARENT INFORMATION	<b>经验证的</b>			AST STATE	學的思想是		
PARENT / GUARDIAN							
ADDRESS	CITY	STATE		ZIP			
PHONE NUMBER	PLACE OF EM	PLACE OF EMPLOYMENT					
NUMBER OF CHILDREN IN HOME		DATE OF	MOVE				

#### Dear Parent or Guardian,

If you enroll your child at Webb Elementary School, you must physically be living in our school district with valid proof of residency. Our resource officer will check periodically to ensure the student is actually living at the address provided. If it is determined you are not living at the address provided, you will be asked to withdraw your child immediately. Please provide the information below.

Student Name	
Address	
My signature below indicates my child and I are physically living at the address listed above.	
	V