

# Ashford High School

## Enrollment Packet

Please fill out the attached forms and be sure to sign where signatures are required. We will need the following documents:

- Completed enrollment forms (attached)
- Copy of birth certificate
- Alabama immunization documentation (blue slip)
- Two proof of residency documents (phone bill, utility bill, lease, mortgage) in the guardian's name
- Copy of social security card\*

The student must be living with his/her legal guardian in the Ashford school zone to be enrolled at Ashford High School. If the student does not live with a parent, we will need a copy of the legal guardianship papers to keep on file. We do not accept notarized transfers of guardianship.

***Phone: 334-899-5411***

***Fax: 334-899-3210***

***Counselor:***

***Mrs. Heather Turvin, Grades 9-12***

***turvin.heather@hcboe.us***

\*Disclosure of your child's social security number 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 Alabama Administrative Code 290-3-1-.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.

**Alabama Application for Student Enrollment**  
**Must be completed by Parent/Legal Guardian**

PLEASE PRINT

PLEASE PRINT

Date \_\_\_\_\_ School Ashford High School Grade \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender- 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)**

<b>Mother/Guardian</b> _____ Address _____ Email Address _____ Cell Phone _____ Employer _____ Work Phone _____
---

<b>Father/Guardian</b> _____ Address _____ Email Address _____ Cell Phone _____ Employer _____ Work Phone _____
---

Special Information about Custody \_\_\_\_\_

**Emergency Contact: (Please list numbers other than your own)**

<b>Emergency #1</b>	<b>Emergency #2</b>
Contact _____	Contact _____
Relation _____ Phone _____	Relation _____ Phone _____

<b>THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL</b> (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 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.

Special Education Services: Was the student currently receiving special education services at previous school?  Yes  No

Military: Is student connected to an Active Duty Military Parent?  Yes  No

## 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 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:

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:

**HOUSTON COUNTY SCHOOLS  
RESIDENCY QUESTIONNAIRE**

**APPENDIX A**

1. Where is the student currently living?

SECTION A		SECTION B
<input type="checkbox"/>	In a shelter?	<input type="checkbox"/> The choices in Section A do not apply
<input type="checkbox"/>	With more than one family in a house or apartment?	<p><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></p>
<input type="checkbox"/>	In a motel, car, or campsite	
<input type="checkbox"/>	With friends or family members (other than parent/guardian)	
<p><i>If you checked a box in Section A, CONTINUE to item number 2 and complete the remainder of this form.</i></p>		

2. The student lives with:

- |   |  |
|---|--|
| <input type="checkbox"/> 1 parent                   | <input type="checkbox"/> a relative, friend(s) or other adult(s)               |
| <input type="checkbox"/> 2 parents                  | <input type="checkbox"/> alone with no adult(s)                                |
| <input type="checkbox"/> 1 parent and another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School \_\_\_\_\_

Name of Student \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Parent(s) / Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

E-911 Address (Street Address)

\_\_\_\_\_  
 City State Zip Code Telephone Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent(s) / Legal Guardian(s) \_\_\_\_\_  
 \_\_\_\_\_

<b>School Use Only - Do Not Write in this Space.</b>	
Section A Determination:	
_____ Principal's Signature	
_____ Date	



# Ashford High School

607 Church Street  
Ashford, Alabama 36312



Phone: (334) 899-5411  
Fax: (334) 899-7450

Principal - Dr. Donnie Chambers  
Assistant Principal - Mr. Ben Turvin

I, \_\_\_\_\_ (student name), have reviewed the possible options for a diploma: the Alabama High School Diploma OR the Alabama High School Diploma with Honors. I have discussed these two options with my parent/guardian and my high school counselor and I understand the requirements for the diploma I have chosen.

The diploma option that I plan to pursue at Ashford High School is:

\_\_\_ Alabama High School Diploma

\_\_\_ Alabama High School Diploma with Honors

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

Principal Signature \_\_\_\_\_

Date \_\_\_\_\_



# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM  
Houston County

SCHOOL NAME  
Ashford High School Ashford, Alabama

### 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?  Yes  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.  Yes  No

Other work you have done that is not shown in a picture below: \_\_\_\_\_

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

### PARENT INFORMATION

**PARENT / GUARDIAN**

ADDRESS	CITY	STATE	ZIP
PHONE NUMBER		PLACE OF EMPLOYMENT	
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	

# Ashford High School

607 Church Street  
Ashford, Alabama 36312  
(334) 899-5411 Phone (334) 899-3210 Fax

## Student Records Request/Release of Records

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

School Counselor: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I give my permission for the following records to be released to Ashford High School:

- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Social Security Card
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Discipline Records
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ All School Grades
- \_\_\_\_\_ Special Education Records/504 Plan
- \_\_\_\_\_ Testing Data

Guardian Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or fax the records to:

Email: [turvin.heather@hcboe.us](mailto:turvin.heather@hcboe.us)

Fax: 334-899-3210