

**HOUSTON COUNTY SCHOOLS  
KINDERGARTEN REGISTRATION FORM**

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

Date: \_\_\_\_\_ School: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_

**STUDENT NAME (First, Middle, Last):** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **Circle One:** Male Female **Home Phone:** \_\_\_\_\_

**PHYSICAL ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**STUDENT LIVES WITH:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**\*SOCIAL SECURITY NUMBER (Voluntary)** \_\_\_\_\_

Is your child receiving Special Education Services (IEP)? YES NO

Is your child receiving Speech Services from outside of Houston County Schools? YES NO

List all siblings and grade level attending Houston County Schools:

\_\_\_\_\_

**Medical information: (Food Allergies, Asthma, Diabetic, etc.)**

\_\_\_\_\_

If your child will be picked up or dropped off at a location other than your residence, list the address, phone number, and name(s) of the persons at that residence. \_\_\_\_\_

\_\_\_\_\_

**Guardian Information:**

**Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Do you have custody? YES NO

**Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contacts: (Other than the ones listed above.) May use additional paper to list others.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Can Pick up: YES or NO**

**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).

- 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.

**MILITARY**

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 1<sup>st</sup>)
- 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)
  1. Current utility bill (water or electricity); and
  2. Lease agreement or Mortgage Papers; Voter Registration Card; Tag receipt; or Property Tax Statement

# REHOBETH ELEMENTARY SCHOOL

5525 County Road 203  
Rehobeth, Alabama 36301

Mrs Dusty McKinley  
Principal  
Mrs. Jami Whillock  
Assistant Principal  
Mr. Michael Stevens  
Assistant Principal

Phone (334) 677-3838

Fax (334) 677-5947

Dear Parent or Guardian:

If you enroll your child at Rehobeth Elementary School, you must be physically 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 that you are not living at the residence, you will be asked to withdraw your child immediately. Please provide the information below.

Student Name:

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Address:

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My signature indicates that my child and I are physically living at the address indicated above:

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**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?		<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>
<input type="checkbox"/> In a motel, car, or campsite		
<input type="checkbox"/> 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:

- |   |  |
|---|--|
| <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	





# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students



SCHOOL SYSTEM

SCHOOL NAME

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