

# STUDENT ENROLLMENT FORM

## BIBB COUNTY BOARD OF EDUCATION

Directions: This form must be completed at the opening of school each year for each student enrolled in the schools of the School System and for each student transferring into the School System. The form must be kept on file in the principal's office for the remainder of the school year.

\*Admission for English Language Learners, Homeless, Migrant and Immigrant students may not be denied due to lack of ability to provide required forms at the time of enrollment.

Name of School \_\_\_\_\_ Grade: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
(last) (first) (middle)

\*Student Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

\***Mailing Address:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
P.O. Box/ Street/Route/Box City Zip Code

\***Physical Address (911):** \_\_\_\_\_  
Street/Route/Box City Zip Code

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_  
Month Day Year

Sex:  Male  Female Lunch Eligibility:  Free  Reduced Price  Full Pay

Date Entered: \_\_\_\_\_ \*Student's Social Security Number: \_\_\_\_\_

\*Name and address of school last attended: \_\_\_\_\_

\*Name and address of Kindergarten attended: \_\_\_\_\_

Public:  Private:  Headstart:  \*Birth Certificate Number: \_\_\_\_\_

\*Do you have an Immunization Form: Yes:  No:  Date Received: \_\_\_\_\_

Will the student ride a school bus this year?  : Bus Number (If Applicable): \_\_\_\_\_

*Parent/Guardian Information:*

**Father's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Circle best way to contact Last First Middle  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Circle best way to contact Last First Middle  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Parents:** Married  Divorced  If divorced, who has custody? \_\_\_\_\_

Note: The school may not restrict contact or review of school records by one parent for those sharing joint custody.

**Guardian's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Circle best way to contact Last First Middle  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Student Reading Level (If Known): \_\_\_\_\_ Notes: \_\_\_\_\_

Was the student placed in any type of special education program? \_\_\_\_\_

If Yes, type of special program: \_\_\_\_\_

Name(s) of other children attending any Bibb County Public School:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Please list the name and telephone numbers of three additional persons to call in case parent or guardian cannot be contacted in an **emergency**.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

In case of **early dismissal** of school, what is your preference for your child's mode of transportation?  
\_\_\_ Regular Mode of Transportation \_\_\_ Other, please specify: \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN**

**Medical** In the event of an emergency, school personnel may be required to obtain medical attention for your child. In such case, you will be required to assume financial responsibility for the medical attention provided. In some cases school personnel may be able to secure emergency medical attention through your family doctor. Please list your family doctor's name, address and telephone number:

\_\_\_\_\_  
Physician Name Address Phone Numbers

DOES YOUR CHILD HAVE ANY SERIOUS ALLERGIES? Yes: \_\_\_ No: \_\_\_  
Food Allergies: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

If yes, name of medication: \_\_\_\_\_

DOES YOUR CHILD HAVE ANY UNUSUAL OR SERIOUS HEALTH CONDITION?  
Yes: \_\_\_ No.: \_\_\_ If yes, name them: \_\_\_\_\_

**Release of Students** School personnel are not authorized to release children to persons other than parents/guardians, and persons their parents/guardians specifically approve. Please list the names of any person(s) you approve to pick up your child from school.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

The names of persons to whom my child **MAY NOT** be released:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

**Written Excuses Required** In accordance with state law, a parent or guardian must explain the cause of every absence, including tardies and checkouts, of students under his/her control or charge. Every student, upon return to school, must bring a verifiable written excuse from home signed by the student's parent or guardian for each absence up to five (5) school days for grades 7-12 on block scheduling and ten (10) school days for grades K-8 not on block scheduling. All absences beyond these numbers of days must be substantiated by a doctor's or legal statement, unless excused by the principal or designee for mitigating circumstances, such as illness. The written excuse should be presented to the principal or designee on the day the student returns to school, but no later than two (2) school days after his/her return or the absence(s) will be recorded as unexcused.

**Excessive Absences** Students in grades 7-12 on block scheduling who exceed 5 unexcused absences in a term course will not receive credit. Other students not on block scheduling in grades K-8 who exceed 20 unexcused absences for the school year will not receive credit. Any student who has three (3) or more unexcused absences in any class in one (1) term shall be reported to the Attendance Officer who shall consider filing a truancy complaint/petition with the Juvenile Court. Parents will be notified before a complaint is filed with the Juvenile Court.

**Change of Information** In order for school personnel to have current and accurate information on your child, you must assume the responsibility of contacting the school office to add, delete or correct any information on this form.

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT AND THAT I AM THE PARENT/GUARDIAN OF THE STUDENT WHOSE NAME APPEARS ABOVE.

\_\_\_\_\_  
Date Signature of Custodial Parent/Guardian

FILE: JBCA

## **RESIDENCE AND ZONE REQUIREMENTS**

### Residence

A parent(s) or guardian(s) must meet one (1) or more of the following residence requirements in order for his/her child(ren) to be eligible for enrollment in a school of the School System:

1. Have established a legal residence within the area served by the School System;  
or
2. Have established residence in an area covered by reciprocal agreement.

### Zone

1. A student must attend the school located in the school zone of his/her legal residence.
2. School attendance outside the school zone of legal residence shall require the approval of the Superintendent and the Board of Education.
3. The Board of Education is obligated to provide student transportation only to the assigned school in the zone of legal residence.

### Adult/Married Students

A student age 19 and above and/or a married student may legally establish a residence independent of the parent(s)/guardian(s) and in such case, may attend the school of the School System based on such residence.

SOURCE: Bibb County Board of Education, Centreville, AL  
ADOPTED: JULY 26, 1999  
LEGAL REF.:

