



Mobile County Public School System Student Enrollment Information Card

Official Use Only

School

TS Unaccompanied Youth Exchange Student

Enrollment Date

Social Security Number boxes

Last Name First Name

Middle Name Suffix (i.e.: Jr, III, II etc...)

Phone Check if this is an unlisted number

Check if Address has changed

You must provide two new proofs of residence each school year.

Street/Physical Address (where student lives)

House Number Street Name Rd, St, Dr

Apt/Lot # City State Zip

Race Sex Month Day Year

Date of Birth

Special Ed? Yes No

If yes, do you have a current copy of IEP? Yes No

Legal Guardian Information (with whom student lives)

Parent/Guardian

Mailing Address/P.O Box (All mail will be sent to this address)

City State Zip

Phone Cell Phone Relation to Student

Employer Work Phone

Guardian # 2 Information

Parent/Guardian

Phone Cell Phone Relation to Student

Employer Work Phone

CERTIFICATION OF RESIDENCE

(Complete only if using as Proof of Residence)

I hereby certify that the information above is true and correct, and I understand that if I intentionally falsely enroll the student named above in a school not in his or her proper attendance zone, the student may be denied any credit for school work completed while improperly attending the out-of-district school. I further certify that this declaration is not given for the purpose of evading the effect of any court order. I also understand that this certificate is subject to filing in the United States District Court for the Southern District of Alabama, and I consent to its filing with the United States authorities if required.

Date

Parent/Guardian Signature

Emergency Contacts (other than parent or guardian)

Contact #1 Phone

Relation to student Cell Phone

Contact #2 Phone

Relation to student Cell Phone

Contact #3 Cell Phone

Relation to student Cell Phone

Has student been previously enrolled in the Mobile County Public School System?

Yes No

Last School Attended?

(only if last school attended was not in the Mobile County Public School System)

Address and/or Phone:

Does student have any siblings enrolled in the school system?

If so, please list below. (Yes or No)

Child School

Student Emergency Health Information

Please list any Unusual Health Conditions that may apply:

Heart Condition Diabetes Seizures Asthma Other

Describe:

List Allergies of this child (include drug allergies):

List any medications or medical procedures necessary during school hours:

Type of Health Insurance: Private Medicaid All Kids School Insurance

IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE SCHOOL OFFICIALS: (Paramedics are called in the event of a health emergency.)

- 1. Seek such medical assistance as may be needed. Yes No
2. Administer any treatment deemed necessary by the Physician. Yes No
3. Other suggestions:

If hospitalization is considered necessary to which hospital should the child be taken?

Hospital

PLEASE READ CAREFULLY

- 1. YOU MUST PRESENT PHOTO I.D. WHEN ENROLLING YOUR CHILD.
2. Anyone NOT listed on this card will NOT be allowed to pick up your child before, during, or after school without a dated, written note signed by the parent or legal guardian naming the person to pick up your child.
3. Any person listed on this card or who brings a note as described in item two, MUST present a photo ID when picking up your child AND be at least 18 years of age.
3. We cannot accept verbal permission by telephone for someone to pick up your child. (NO PHONE IN EARLY DISMISALS.)
4. You may come by the office to make adjustments to this card as needed. There will be NO EXCEPTIONS to these guidelines. They are for the protection of our students and your child.

Last:

First:

Middle:

Grade:

Homeroom: