

ALABAMA APPLICATION FOR STUDENT ENROLLMENT

West Jefferson Elementary School

Must be completed by Parent/Legal Guardian

Please Print

Name _____
Last First Middle Grade Age

Address _____ Home Phone _____

City/State _____ Zip Code _____

*Social Security # _____ (voluntary) Date of Birth _____

Please Circle

Sex: Male Female

Parent/Guardian Information (Verification shall be in accordance with local school board policy)	
Mother/Guardian	Father/Guardian
Name _____	Name _____
Employer _____	Employer _____
Work Phone _____ Ext. _____	Work Phone _____ Ext. _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____
<input type="checkbox"/> I do not have an email address	<input type="checkbox"/> I do not have an email address
Address (if different from above) _____	Address (if different from above) _____

Student lives with: ___ Mother & Father ___ Mother & Stepfather ___ Father & Stepmother
___ Mother ___ Father ___ Grandparents
___ Other _____

Person with legal guardianship/custody: _____

Special Information about custody: _____

Name and address of Last school attended: _____

PARENT 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 290-3-1-1.02(2)(b)(2). It will be used as a means of identification in the statewide student management system.*