

Thomasville City Schools

New Resident Student Enrollment Information

We are excited to have your family with us! New Student Registration (Enrollment) is a process for students and families who are completely new to Thomasville City Schools. This is the correct pathway to register (enroll) if you have moved into the Thomasville City School district mid-year or if you are a student entering grades K-12 at the beginning of a new school year.

Online Enrollment Steps

1. Print a copy of this packet and complete for each student being enrolled. This form is fillable and can be downloaded, completed and then printed.
2. Bring completed and signed packet to the enrolling school. If you are enrolling students in more than one school, then a packet should be delivered to each school. Please have any required documentation when bringing the packet to the school.
3. Receive any additional items and instructions from the school.
4. Contact the school if you have any questions. Contact information can be found on the last page of this document.

Note: A packet can be picked up at the school if you are unable to print a copy.

Póngase en contacto con la escuela de inscripción para obtener los formularios impresos en español.

有关以中文打印的表格，请联系注册学校。

Thomasville City Schools

PLEASE PRINT

Application For Resident Student Enrollment

PLEASE PRINT

- Forms should be completed and brought to the school by the parent or legal guardian of the student.
- Please download or request a Non-Resident Student Admissions packet if the student lives outside of the TCS District.
- If you are unsure if your current address is within the TCS district, please contact the school.

SCHOOL: _____

GRADE: _____

STUDENT INFORMATION

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

GENDER: (Circle) Male Female

SOCIAL SECURITY NUMBER (VOLUNTARY): _____

PHYSICAL ADDRESS (911 ADDRESS):

MAILING ADDRESS (IF DIFFERENT):

LAST SCHOOL ATTENDED: _____

STATE: _____ CITY: _____

LAST GRADE: _____

SPECIAL SERVICES RECEIVED: _____

PREVIOUS HOME ADDRESS: _____

STUDENT LIVES WITH: (CIRCLE) Both Parents Mother Father Other

Please explain if Other: _____

Please provide court/judge documentation of custody arrangement if Other.

Parent/Guardian Signature

Date

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN: _____

CELL PHONE: _____

ADDRESS: _____

EMAIL: _____

EMPLOYER: _____

WORK PHONE: _____

FATHER/GUARDIAN: _____

CELL PHONE: _____

ADDRESS: _____

EMAIL: _____

EMPLOYER: _____

WORK PHONE: _____

SPECIAL CUSTODY INFORMATION: _____

Parent Signature: _____

EMERGENCY CONTACT INFORMATION

Please list phone numbers other than your own

EMERGENCY CONTACT #1:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

HAS PERMISSION TO CHECK STUDENT IN/OUT (Circle): YES NO

EMERGENCY CONTACT #2:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

HAS PERMISSION TO CHECK STUDENT IN/OUT (Circle): YES NO

EMERGENCY CONTACT (Additional if needed):

NAME: _____

PHONE: _____

RELATIONSHIP: _____

HAS PERMISSION TO CHECK STUDENT IN/OUT (Circle): YES NO

EMERGENCY CONTACT (Additional if needed):

NAME: _____

PHONE: _____

RELATIONSHIP: _____

HAS PERMISSION TO CHECK STUDENT IN/OUT (Circle): YES NO

OTHER CONTACT INFORMATION

These people have permission to check my child in/out of school in accordance with school system procedures.

NAME: _____ PHONE: _____

RELATION TO STUDENT: _____

NAME: _____ PHONE: _____

RELATION TO STUDENT: _____

NAME: _____ PHONE: _____

RELATION TO STUDENT: _____

STUDENT ETHNICITY

QUESTION 1: Is this student Hispanic/Latino?

_____ NO, not Hispanic/Latino _____ YES, Hispanic/Latino

QUESTION 2: What is this student's race? Choose 1 or more.

A parent has the right to refuse this information.

___ American Indian or Alaska Native

___ Asian

___ Black or African American

___ Hawaiian or Other Pacific Islander

___ White

SIBLING INFORMATION

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH: _____

GENDER: (Circle) Male Female AGE: _____

Is this sibling enrolled in Thomasville City Schools? (Circle) YES NO

Is this sibling currently enrolling in Thomasville City Schools? (Circle) YES NO

Please select the school/program if this sibling is in Thomasville City Schools, is enrolling in Thomasville City Schools, in a day care or is staying at home:

Thomasville Head Start _____ Other Day Care: _____

Thomasville Pre K _____ Stays At Home/Other: _____

Thomasville Elementary _____ Grade: _____ (Kindergarten through 4th)Thomasville Middle _____ Grade: _____ (5th through 8th)Thomasville High _____ Grade: _____ (9th through 12th)

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH: _____

GENDER: (Circle) Male Female AGE: _____

Is this sibling enrolled in Thomasville City Schools? (Circle) YES NO

Is this sibling currently enrolling in Thomasville City Schools? (Circle) YES NO

Please select the school/program if this sibling is in Thomasville City Schools, is enrolling in Thomasville City Schools, in a day care or is staying at home:

Thomasville Head Start _____ Other Day Care: _____

Thomasville Pre K _____ Stays At Home/Other: _____

Thomasville Elementary _____ Grade: _____ (Kindergarten through 4th)Thomasville Middle _____ Grade: _____ (5th through 8th)Thomasville High _____ Grade: _____ (9th through 12th)***Please list additional siblings on a separate sheet of paper or request extra information sheets from the school.***

RESIDENCY QUESTIONNAIRE

Note: The school can help you complete this questionnaire. Please contact the school office with any questions you may have.

The answer you give below will help Thomasville City Schools determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the Act may also be entitled to transportation and other services.

Where is the student currently living? (Please check only 1 selection.)

_____ In a shelter

_____ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled up”)

_____ In a hotel/motel

_____ In a car, park, bus, train, or campsite

_____ Other temporary living situation (Please describe) _____

_____ In permanent housing

PLEASE LIST ALL SIBLINGS WHO LIVE AT THIS ADDRESS:

1. _____ AGE: _____ GRADE: _____

2. _____ AGE: _____ GRADE: _____

3. _____ AGE: _____ GRADE: _____

4. _____ AGE: _____ GRADE: _____

5. _____ AGE: _____ GRADE: _____

DETERMINATION OF RESIDENCY STATUS

Listed address is subject to home visit verification(s) at any time before or after student enrollment.

NAME OF PARENT/GUARDIAN STUDENT WILL BE LIVING WITH:

PHYSICAL ADDRESS (911 ADDRESS):

DOCUMENTATION OF RESIDENCY

Check the appropriate square and attach your documentary evidence. Proof of residency requires a copy of a minimum of 2 documents listed.

_____ Current valid driver's license or ID card

_____ Current rental contract (Lessor name, address and phone number)

_____ Current real estate contract signed by all parties (Home construction in progress)

_____ Current mobile home/apartment purchase or rental receipt, lease agreement, lot number, and physical location/address

_____ Current utility bills (electric, water, gas, telephone) deposit receipt

_____ Current payroll check or employment documents with address

_____ Latest federal income tax return (address on return)

Falsification of a residential address will result in an immediate withdrawal of the student.

PARENT SIGNATURE: _____ DATE: _____

ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

Dear Parents or Guardians;

Please complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

STUDENT NAME: _____

NAME OF PARENT OR GUARDIAN: _____

1. Have you moved during the last 3 years **to work or seek to work** even if it was for a short period of time? _____ YES _____ NO

If yes, what type of work are you or your spouse doing now? _____

2. Have you or your spouse **ever worked** in an activity directly related to some of the following? Please check all applicable:

_____ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms

_____ Fruit farms

_____ The cultivation or cutting of trees

_____ Work in nurseries or sod farms

_____ Fish or shrimp farms

_____ Worm farms

_____ Catching or processing seafood (shrimp, oysters, crabs, fish, etc...)

3. From what city, state or country did you come from?

4. What type of work did you or your spouse do before coming here?

HOME LANGUAGE SURVEY

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk?

2. What language does your child most frequently speak at home?

3. What language is spoken by you and your family most of the time at home?

If a language other than English is indicated for any of the above questions, the school district will test your child’s English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

4. If available, in what language would you prefer to receive information from the school?

PARENT SIGNATURE: _____ DATE: _____

School Office Use Below – Do Not Fill In

Date Received by Office: _____

Date of Initial Address Verification: _____

Date of SPED Coordinator Notification (If applicable): _____

This Page Can Be Removed And Kept By The Parent/Guardian

Documentation Parents/Guardians Will Need To Bring To The School:

1. Original Blue Health Card (Immunizations)
2. Copy of Birth Certificate
3. Copy of Social Security Card
4. Notice of Withdrawal from the previous school
5. Copy of Attendance Report
6. Copy of Discipline Report
7. Copy of current grades and your student schedule
8. Proof of Residency (2 items minimum)
9. A completed Health Assessment Records Form

Note: A Lunch Application can be filled out online at www.thomasvilleschools.org

SCHOOL CONTACT INFORMATION

Thomasville Elementary School	–	(334) 636-0063
Thomasville Middle School	–	(334) 636-4928
Thomasville High School	–	(334) 636-4451
Thomasville City Schools Central Office	–	(334) 636-9955

Thomasville City Schools Website: www.thomasvilleschools.org

Thomasville City Schools Facebook Page: go to **Facebook** and search:
“**Thomasville Tiger Nation**”