

- Anniston High School
- Anniston Middle School
- Cobb Preparatory Academy
- Golden Springs Elementary
- Randolph Park Elementary

Anniston City Schools 2022-2023



STUDENT REGISTRATION FORM

Today's Date: _____

STUDENT INFORMATION				
Student First Name		Last Name		Legal Middle Name
Address:		City, AL Zip Code		Grade Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security Number *		Birthdate:		Home Phone <input type="checkbox"/>
Ethnic Category: (Check one) <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic		Racial Category: (Check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White		
Student's Primary Language		Date your student first attended a school in the USA (month/year)		
Parent's Primary Language		Parent's preferred language for written communications		
PREVIOUS SCHOOL INFORMATION:				
Last School Attended		Grade	Address of Former School, City, State, Zip	
SPECIAL PROGRAMS				
SPECIAL PROGRAM INFORMATION:				
Is your child currently enrolled in Special Education and have an IEP?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have a Section 504 Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child ever repeated a grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No ____ Grade		
Has your child ever participated in:		<input type="checkbox"/> ELL <input type="checkbox"/> GIFTED/TALENTED <input type="checkbox"/> Other _____		
PRIMARY HOUSEHOLD INFORMATION: List the Name(s) of person(s) WITH WHOM STUDENT IS LIVING. Use additional page(s) to supply information concerning other parent(s) and/or guardian(s)				
Living With: (Check one)		<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Stepfather/Stepmother <input type="checkbox"/> Other (Specify): _____		
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Last Name	First Name	Work Place/City	Work Phone	Cell Phone:
Parent/Guardian Mailing Address		Apartment Number	City	Zip
Parent/Guardian Street Address (if different than above)		Apartment Number	City	Zip
Parent/Guardian email address (list more than one if applicable):				

* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes. Refusing to provide your student's Social Security Number will not bar your child from enrolling in or attending school.

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Notes:

LEGAL INFORMATION: When applicable, please provide legal documentation to the school building.

Is there a Parenting Plan in effect? Yes No
 Is there a Restraining Order in effect? Yes No If yes, who is the Restraining Order Against? _____

SIBLING INFORMATION: List the student's school age brothers and sisters (Use additional page(s) to supply information for additional siblings)

First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare
First and Last Name	Birthdate (Month/Day/Year)	Grade	Current School/Preschool/Daycare
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EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

First and Last Name	Relationship to Student:	Address	Daytime Phone
First and Last Name	Relationship to Student:	Address	Daytime Phone

Name: _____	Days Child Attends (check all that apply)	Check Appropriate Line:
Address: _____	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Before and After School
Contact Person: _____	Phone Number: _____	<input type="checkbox"/> Before School Only
		<input type="checkbox"/> After School Only

OFFICE USE ONLY			Date of Enrollment: _____		
Student ID #	Bus#:				
Student Username#		Proof of Residence Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No			Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
					Records Requested
Alert Flag <input type="checkbox"/> Medical <input type="checkbox"/> Legal <input type="checkbox"/> Student Services		Out of District <input type="checkbox"/> Yes <input type="checkbox"/> No		Office Administrator Signature:	

Alert Flag