

Cullman City Schools Student Enrollment Form  
Cullman High School

OFFICE USE ONLY

Homeroom: \_\_\_\_\_ Entry date: \_\_\_\_\_  
Application complete: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Parent signature: \_\_\_\_\_

**STUDENT INFORMATION** (Please, print all information neatly and clearly.) Today's date: \_\_\_\_\_

SSN: \_\_\_\_\_ Grade: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Name Used: \_\_\_\_\_

Race: ( ) White ( ) Black ( ) Hispanic ( ) Asian ( ) Other \_\_\_\_\_ Sex: ( ) M ( ) F

Address: \* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Lives with: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

Language spoken at home: \_\_\_\_\_ Place of birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\* P.O. Box number is not acceptable. If county road, give physical location/directions on the back of this form.

Type of address verification: ( ) Mortgage Document ( ) Apt./Home Lease ( ) Utility Bill

**PARENT INFORMATION**

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widowed

Guardian 1: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relation: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell or Pager: ( ) \_\_\_\_\_

Education Completed: ( ) High School ( ) Bachelors  
( ) Masters ( ) Doctorate

Mother's maiden name: \_\_\_\_\_

Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Relation: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell or Pager: ( ) \_\_\_\_\_

Education Completed: ( ) High School ( ) Bachelors  
( ) Masters ( ) Doctorate

\*Restrictions: \_\_\_\_\_

\*If custody restriction refers to a parent of this child, court documentation must be provided. Attached: \_\_\_\_\_ yes \_\_\_\_\_ no

**EMERGENCY CONTACT**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER INFORMATION**

Special services needed, known, or suspected: ( ) Special Ed. ( ) 504 ( ) Speech ( ) Title 1 ( ) Deaf ( ) Blind  
( ) Handicapped ( ) Hearing Aid ( ) Glasses ( ) Other

Comments: \_\_\_\_\_

Out of District: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have other children enrolled in the Cullman City Schools: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Student is transferring from:

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student attended ( ) Cullman City Head Start ( ) Cullman City Pre-K

I declare my legal residence to be that given above. I understand that a pupil is not legally enrolled in Cullman City Schools until this form is completed and signed by the parent or guardian. I understand that a pupil admitted under false information is not legally enrolled in Cullman City Schools. I hereby certify that the information given on this form is a true and correct statement of my legal residence. I also understand if the above information changes during the school year, I will notify the school office within 15 working days, ex. holidays and weekends. Board Policy JBCB AL CODE 16-9-22, 16-8-8, 16-10-6, 16-11-9, 16-11-20.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_