



PLEASE PRINT

Must be completed by Parent/Legal Guardian

PLEASE PRINT

DATE _____ SCHOOL _____ GRADE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SEX-Circle One: MALE FEMALE HOME PHONE _____

PHYSICAL ADDRESS _____ CITY _____ ZIP CODE _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

STUDENT LIVES WITH – Circle One PARENTS MOTHER FATHER GUARDIAN:RELATION _____

*SOCIAL SECURITY NUMBER (voluntary) _____

PARENT(S) / GUARDIAN (verification shall be in accordance with MAPCS policy)

MOTHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

FATHER/GUARDIAN _____	Address _____
Email Address _____	Cell Phone _____
EMPLOYER _____	Work Phone _____

SPECIAL INFORMATION ABOUT CUSTODY _____

EMERGENCY CONTACT: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN)

EMERGENCY #1
 CONTACT _____
 Relation _____ Phone _____

EMERGENCY #2
 CONTACT _____
 Relation _____ Phone _____

THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL (In accordance to school system check-out procedures)		
1. _____	Relation _____	Phone _____
2. _____	Relation _____	Phone _____
3. _____	Relation _____	Phone _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDED : _____

PARENT SIGNATURE _____

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

Ethnicity and Race

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please answer BOTH Question 1 AND Question 2

Question 1: Is this student Hispanic/Latino? CHOOSE ONLY ONE ETHNICITY:

- NO**, not Hispanic/Latino
- YES**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following Question 2 by marking one or more boxes to indicate what you consider your student's race to be.*

Question 2. What is the student's race? CHOOSE ONE OR MORE:

- AMERICAN INDIAN OR ALASKA NATIVE.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK OR AFRICAN AMERICAN.** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Office use only:

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Ethnicity – Choose only one: _____ NOT Hispanic/Latino _____ Hispanic/Latino	Race – Choose one or more: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White
Date:	Staff Signature:

ADDITIONAL REQUESTED INFORMATION

SIBLINGS – List any siblings that are attending Miracle Academy Private School

Name: _____ School: _____

Name: _____ School: _____

Name: _____ School: _____

SPECIAL SERVICES

Please check any special services the student received at the last school they attended

Special Education IEP Speech/Language Services 504 Plan Gifted

MILITARY

Is the student connected to an Active Duty Military Family? Yes No

Is the student connected to Guard or reserve Military Family? Yes No

AUTOMATED EMERGENCY/IMPORTANT INFORMATION NOTIFICATION

Miracle Christian Private School uses the School Messenger Program to contact parent and or guardians in the event of a school wide emergency or to provide important information to parents and or guardians. The numbers you provide below will be used for the calling system. If no numbers are provided, the system will choose the first two numbers you have provided for enrollment purposes.

Phone Number 1: _____

Email Number 1: _____

Phone Number 2: _____

Email Number 2: _____

EARLY DISMISSAL INFORMATION

In the event of an unplanned early school closing (inclement weather, etc.), please indicate how your child should be transported home. Please check only ONE option.

My child will ride the bus home as usual. I understand that buses will be leaving early and I will make arrangements for a responsible person to be at the normal destination.

My child will be a car rider and will be picked up by one of the guardians or persons listed as an emergency contact. My child is NOT to ride the bus home in the event of school closing early.

OTHER

Transportation: Bus Rider Car Rider

List anyone prohibited from checking child out of school: _____

If Parent/Guardian or emergency contacts cannot be reached, I hereby authorize the school to act in the best interest of my child should an emergency arise. YES No

If "NO" is checked, what action should be taken? _____

I give my permission of the school to render emergency medical assistance if needed and/or contact emergency persons. YES No