



SELMA CITY SCHOOLS

2194 Broad Street

Selma, Alabama 36701

Phone: 334-874-1600 | Fax: 334-874-1604

Dr. Avis Williams, Superintendent

Procedures for Non-resident Students to Apply for and Receive Permission to Enroll

Non-resident students may be enrolled in Selma City Schools when space is available. Priority for available space in schools shall be given to resident students. The Superintendent shall publish procedures for non-resident students to apply for and receive permission to enroll.

Student _____ School _____ Grade _____

1. Non-resident students and parents/guardians must meet with the school principal prior to enrolling in Selma City Schools.
2. Non-resident students must maintain a 95% attendance rate or higher, a minimum of C academic average or 2.5 grade point average, and have limited discipline infractions.
3. Attendance, grades, and discipline will be monitored and review regularly. The superintendent reserves the right to withdraw the student at any time in which attendance, grades, or discipline become an issue.
4. Selma City Schools **is not responsible for providing transportation** for non-resident students.
5. Non-resident student enrollment is contingent upon available space in programs or classes.

Student Signature and Date _____

Parent/Guardian Signature and Date _____

Principal Signature and Date _____

**SELMA CITY SCHOOLS
NON-RESIDENT ENROLLMENT APPLICATION**

Date: _____

Student Name: First _____ Middle _____ Last _____
(As it appears on Birth Certificate) (As it appears on Birth Certificate) (As it appears on Birth Certificate)

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Age ____ Gender ____ Race ____

Preferred Name: _____ Phone (____) _____
(Used as Primary Contact)

Mailing Address: _____
(Street address or Post Office Box Number)

Apartment #/Lot # _____ City _____ State _____ Zip Code _____

STUDENT EDUCATION INFORMATION

Last School Attended: _____ Grade _____

Address: _____

Currently Suspended Yes No Currently Expelled Yes No Previously Expelled Yes No

Alternative School Yes No Special Education Yes No (If yes, please describe _____)

504 Plan Yes No (If yes, provide copy of 504 Plan) IEP Yes No (If yes, provide copy of IEP Plan)

STUDENT CONTACT INFORMATION

(Copies of court-ordered custody agreements restricting visitation from non-custodial parents must be filed in the office.)

Student lives with: _____ Relationship: _____
(Please provide Date of Birth as an additional method of security and identifying Parents, Guardians, and Emergency Contacts)

Mother/Guardian Name: _____
First Middle Last

Date of Birth ____/____/____ Relationship to Student: _____

Phone (____) _____ Phone (____) _____ Work (____) _____
(Used as Primary contact number for messenger)

Mailing Address (Used for primary school mailing): _____

Apartment #/Lot # _____ City _____ State _____ Zip Code _____

Check all that apply for Mother/Guardian: Allowed to pick up student? Authorized to view INOW Home Portal?

Father/Guardian Name: _____
First Middle Last

Date of Birth ____/____/____ Relationship to Student: _____

Phone (____) _____ Phone (____) _____ Work (____) _____
(Used as Primary contact number for messenger)

Mailing Address (Used for primary school mailing): _____

Apartment #/Lot # _____ City _____ State _____ Zip Code _____

Check all that apply for Father/Guardian: Allowed to pick up student? Authorized to view INOW Home Portal?

SIBLINGS INFORMATION

List siblings and grade levels:

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____

EMERGENCY CONTACT INFORMATION

"I, undersigned, do hereby authorize school officials to contact the person below in the event of an emergency involving this student, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other personas named below, or parents cannot be contacted, school officials are hereby authorized to seek emergency assistance necessary for the health of the aforesaid child. I will not hold school officials financially responsible for the emergency care and/or transportation for the said child."

Persons who can check out or pick up your child and who may be contacted in cases of accident, illness, injury or other emergency, if parents/guardians cannot be reached. Please provide Date of Birth as an additional method of security in identifying parents, guardians, and emergency contacts.

1st EMERGENCY CONTACT

Name: _____ Phone (_____) _____
(First) (Last)

Allowed to pick up student Date of Birth ____/____/____ Relationship to Student: _____
(Ex. Aunt, Uncle, Grandmother, Stepfather, Stepmother)

2nd EMERGENCY CONTACT

Name: _____ Phone (_____) _____
(First) (Last)

Allowed to pick up student Date of Birth ____/____/____ Relationship to Student: _____
(Ex. Aunt, Uncle, Grandmother, Stepfather, Stepmother)

3rd EMERGENCY CONTACT

Name: _____ Phone (_____) _____
(First) (Last)

Allowed to pick up student Date of Birth ____/____/____ Relationship to Student: _____
(Ex. Aunt, Uncle, Grandmother, Stepfather, Stepmother)

4th EMERGENCY CONTACT

Name: _____ Phone (_____) _____
(First) (Last)

Allowed to pick up student Date of Birth ____/____/____ Relationship to Student: _____
(Ex. Aunt, Uncle, Grandmother, Stepfather, Stepmother)

CONSENT INFORMATION

Please initial each line.

_____ I UNDERSTAND that the superintendent may deny non-resident enrollment applications if misrepresentation of information by the applicant for transfer is determined to exist, before, or after the acceptance process or while the student is in attendance with Selma City Schools.

_____ I UNDERSTAND that it is the responsibility of the parent to provide transportation for my child to and from school.

Signature of Parent/Guardian

Date

Signature of the parent/guardian indicates above is the legal address of residence for the student and that the information provided is up-to-date and current. It is the responsibility of the parent/guardian to provide school officials with verifiable student information and to notify the school immediately in writing of any change in student information. Falsification of residency is prohibited by Alabama Law. Falsifying information or withholding information may lead to removal from school district.

ADDITIONAL DOCUMENTS NEEDED - FOR OFFICE USE ONLY

- ____ Withdrawal/Transfer Information
- ____ Documentation of established residence (i.e., mortgage title or loan agreement)
- ____ Copy of Birth Certificate
- ____ Current Alabama Immunization Form
- ____ Most recent Report Card
- ____ Copy of Social Security Card

Student Standing at Prior School ____ Good Standing ____ Expelled ____ Currently Suspended ____ Withdrew prior to Board Hearing

Enrollment information approved: Date ____/____/____

Temporary Admission approved by the principal pending: _____