

APRIL 1, 2009

DEAR PARENT/GUARDIAN:

**PLEASE COMPLETE THE ATTACHED PUPIL
INFORMATION CARD FOR THE 2009/2010
SCHOOL YEAR WITH REQUIRED RESIDENCY
DOCUMENTATION BY FRIDAY, APRIL 10.**

**YOUR STUDENT SHOULD BRING ALL ITEMS
TO THE COUNSELOR SUITE (OFFICE 610).**

AUBURN CITY SCHOOL DISTRICT

CENTRAL ADMINISTRATION OFFICE

855 East Samford Avenue • Auburn, AL 36830-3270

Phone: (334) 887-2100 • Fax: (334) 887-2107

Acceptable Proofs of Residency

Types of Residency	You need to
A homeowner You may obtain property owner information from Lee County Court House or www.deltacomputersystems.com	Provide either of the following: <ul style="list-style-type: none">• A copy of most recently paid property tax bill with the section, block and lot number, and homestead <u>or</u>• A copy of a recent mortgage statement, The name and address on these documents must match the name and address of the parent or legal guardian of the student being registered.
Recently closed on a new home	Provide the following: <ul style="list-style-type: none">• A copy of the settlement statement from closing or a warranty deed. This document must include the occupancy. Registrants must submit information to Central Office to be approved.
Recently made an offer on a home	Provide the following: <ul style="list-style-type: none">• Registrants should be referred to Central Office.
A renter	Provide the following: <ul style="list-style-type: none">• A copy of your lease agreement with the term listed, The agreement MUST contain property owner's name, address and signature; and name and signature of parent/guardian.
Rent without a lease (on a month-to-month basis)	Provide the following: <ul style="list-style-type: none">• A notarized Landlord Statement and rental receipt submitted monthly.
If none of the above "types of residency" describe your current situation.	Please contact the Central Office.

Please note: when a currently enrolled student has a change of address, or transfers within the school district, residency information will need to be resubmitted and updated in STI. If you are in need of using a post office box for mailing purposes, you will need to provide a copy of a utility bill that has the post office box on it in addition to the physical address that corresponds to the physical address you provided as acceptable proof of residency.

Residency Requirements for 2009-2010

I. Criteria for Establishing Residency

A. Proof of Residency

Each year, it is the responsibility of the parent, guardian, custodial parent, or attorney-in-fact to provide current proof of residency for their student(s). Submitted documents must be in the name of the parent, guardian, custodial parent, or attorney-in-fact; the primary residence must be listed for the address. Additional documentation may be required if residency is in question.

Therefore, the school must have current documentation of residency by providing one of the following combinations of documents:

1. Current year property tax PLUS one current utility bill, or;
2. Current lease/rental agreement PLUS one current utility bill, or;
3. Current mortgage or deed PLUS one current utility bill

If the parent, guardian, custodial parent, or attorney-in-fact moves into or within the city limits of Auburn and wishes to enroll a student(s) or continue the enrollment of their ACS student(s) and will be residing with others, the following must be completed at the Board of Education office:

- A *notarized residency affidavit
- The homeowner must provide documents as outlined in Section A; documents must include the name and address of the homeowner.
- Person completing affidavit must submit (2) proofs of residency at said address which may include utility bills, drivers license, or other approved proofs.

NOTE: THE BURDEN OF PROOF IN ESTABLISHING RESIDENCY IS THE RESPONSIBILITY OF THE PARENT, GUARDIAN, CUSTODIAL PARENT, OR ATTORNEY-IN-FACT.

B. Residency Checks and Home Visits

The attendance supervisor, accompanied by a uniform police officer, will make a home visit if the school principal or employee of the Board of Education receives one of the following complaints:

1. Student does not reside with the parent, guardian or attorney-in-fact;
 2. Guardianship documents or power of attorney documents have not been properly executed;
 3. Parent, custodial parent, guardian or the attorney-in-fact does not live within the Auburn City limits.
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4. If the parent, legal guardian, custodial parent or the attorney-in-fact has been found to live outside of the city limits, but has recently established residence within the city limits, the following criteria must be met prior to the approval of the students to attend the Auburn City Schools:
 - Complete documentation of residency
 - A home visit to the residence by the attendance supervisor

If the guardian fails to cooperate with the attendance supervisor, the school principal will be informed that confirmation was not possible and a termination of enrollment from school will be required. Parents are responsible for providing accurate and up-to-date information including, but not limited to, legal addresses to school officials. *Giving false information to a public official in the performance of his/her duty is a violation of the Criminal Code of Alabama §13A-10-109(a) and is punishable by a fine of \$500.00 and up to 90 days in jail.*

School currently attending [2008-2009]:

AUBURN CITY SCHOOLS
PUPIL INFORMATION CARD 2009-2010

School Zoned for 2009-2010 school year:

Auburn Junior High School

Student Information

Name: _____ [As it appears on birth certificate] Preferred Name: _____ Social Security #: _____ Child Lives with: _____
 Parents Legal Guardian
[complete guardian info box]
 Father Mother

Street Address: _____ Mailing Address: _____ Zip Code: _____
 Last First Middle
 Race: _____ Sex: F M Date of Birth: _____ Home Phone: _____ Check if phone is unlisted:
 Grade (2009-2010): _____ Year originally entered Auburn City Schools and what grade: _____

Mother Information

Mother Stepmother Foster Mother
 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Email Address: _____
 Employer: _____ Employer Address: _____ Employer Phone: _____

Father Information

Father Stepfather Foster Father
 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Email Address: _____
 Employer: _____ Employer Address: _____ Employer Phone: _____

Guardian Information

Legal Guardian: Please specify _____ Court Appointed [Attached copy of Certified Letter of Guardianship]
 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Cell: _____ Email Address: _____
 Employer: _____ Employer Address: _____ Employer Phone: _____

Family Information

	Name	Birth date	Name	Birth date
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____
Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____	_____	Brother <input type="checkbox"/> Sister <input type="checkbox"/>	_____

Emergency Contact Information

AUTHORIZED LOCAL PERSONS TO BE NOTIFIED IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED:

Name:	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Parent(s), Guardian or Person(s) listed above 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 for the school to render emergency medical assistance if needed and/or contact emergency person(s). Yes No

I acknowledge that only Parents, Guardians OR Person(s) listed in this section will be allowed to check child out of school.

PLEASE SUPPLY THE FOLLOWING INFORMATION REGARDING STUDENT'S PREVIOUS EDUCATIONAL EXPERIENCES.

Preschool Participation: None Head Start Private Preschool Private Kindergarten Daycare
Number of Schools attended prior to 2009-2010 year: _____ Name of schools: _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS TO ASSIST WITH OUR HOME LANGUAGE SURVEY

What language did your daughter/son learn when she/he first began to talk? _____ Name the language most often spoken by the adults at home. _____
What language does your daughter/son use most frequently at home? _____ Nationality [origin of birth]: _____
What language do you use most frequently to speak to your daughter/son? _____

HEALTH INFORMATION

Does student have any unusual health conditions? YES NO (If YES, please specify below by checking where applicable.)

Asthma Medication and/or instructions _____
 Inhaler Medication and/or instructions _____
 Allergies Medication and/or instructions _____
 Heart Medication and/or instructions _____
 Hearing Medication and/or instructions _____
 Vision Medication and/or instructions Glasses: YES NO _____
 Seizures Medication and/or instructions _____
 Diabetes Medication and/or instructions _____
 Other (specify): Medication and/or instructions _____

Does student take medication regularly? YES NO If YES, specify. _____ Medications taken regularly at school: _____
Medications taken regularly at home: _____

Physician to be notified in emergency: _____ Phone: _____

TO BE COMPLETED ONLY BY STUDENTS NEW TO AUBURN CITY SCHOOLS

School last attended: _____ Address: _____ Phone: _____

Did student receive special services at last school attended? YES NO If YES, please specify: _____ Fax: _____

PARENT/GUARDIAN SIGNATURE [REQUIRED]

- I acknowledge that should information on this card change during the course of the year, it is my responsibility to notify school personnel of the necessary changes.
- My signature below confirms that I am the parent or legal guardian and that the child resides with me at the address given above.

Signature of Parent or Legal Guardian _____ Date _____

FOR OFFICE USE ONLY

Documentation Provided: Birth Certificate Social Security Card Alabama Immunization Certificate: Blue Residency Verification #1 #2
Transported: YES NO School: _____ Date of Entry: _____ Teacher Assigned: _____