

# Florence City Schools



541 Riverview Drive  
Florence, AL 35630  
Phone (256) 768-3000  
Fax (256) 768-3006

March 1, 2010

Dear Parent/Guardian:

If your child is returning to Florence City Schools for the 2010-11 school year, or if your child will be attending for the first time, please complete and return the attached forms by March 31, 2010. The enclosed forms may be returned to your child's school, or you may mail or deliver them to the Florence City Board of Education Central Office at 541 Riverview Drive, Florence, Alabama 35630. The information on these documents is important to update school records and to plan for the upcoming school year.

Transportation to school is provided by the Florence City Board of Education under the state-sponsored transportation program. No student shall be transported for pay. To be eligible for transportation a student must:

- live within the city limits of Florence, and
- live two miles or farther from a school housing his grade, or be caused to attend a school more than two miles from home by Board of Education assignment.

Information regarding transportation routes will be available at school and in local newspapers prior to the beginning of the 2010-11 school year.

The staff at the school system's Central Office and the local school staff will do everything possible to assist you with school registration. Any questions you have concerning the schools or programs will be answered. We appreciate your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Kendy Behrends". The signature is fluid and cursive.

Kendy Behrends, Ed.D.  
Superintendent

## **Equal Education Opportunity Statement**

It is the official policy of the Florence City School District that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity or employment.

This School Registration Form is provided for you to register your child for the 2010-11 school year. (Note: A student entering ninth or higher grade or who is at least 15 years old may complete the form.) **Please return your completed form to the school system during the designated school selection period, March 1-31, 2010. Please note the grades offered in each school.**

**Social Security Number or Other Student I.D. Number** \_\_\_\_\_

**Grade Student Entering** \_\_\_\_\_

**Student's Last Name** \_\_\_\_\_

**Race:** Asian      Indian  
 Black      No Response  
 Hispanic      White

**Student's First Name** \_\_\_\_\_

**Student's Middle Name** \_\_\_\_\_

**Gender:** Male  
 Female

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

**Date of Birth\*\*** \_\_\_\_\_

\_\_\_\_\_

**Primary Language** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Father's Cell Phone** \_\_\_\_\_ **Mother's Cell Phone** \_\_\_\_\_

**Parent/Guardian's Email Address** \_\_\_\_\_

**Student Lives With** \_\_\_\_\_

**Does parent or guardian live in city limits?**  Yes  No

School Student Attended 2009-10 \_\_\_\_\_

Mailing address of student's last school, if other than a Florence City School (below):

Name of School: \_\_\_\_\_ Address \_\_\_\_\_

Please indicate your preference by marking an X on the circle beside the name of the school.

<i>Name of School</i>	<i>Grades Offered</i>	<i>Location</i>
<input type="radio"/> Forest Hills	K-4	101 Stovall Drive
<input type="radio"/> Harlan	K-4	2233 McBurney Drive
<input type="radio"/> Weeden	K-4	400 Baldwin Street
<input type="radio"/> Hibbett	5-6	1601 Appleby Boulevard
<input type="radio"/> Florence Middle School	7-8	648 N. Cherry Street
<input type="radio"/> Freshman Center	9	648 N. Cherry Street
<input type="radio"/> Florence High School	10-12	1201 Bradshaw Drive
<input type="radio"/> I will attend school in another school system ( <b>please name system</b> ):		

\* Must provide a street address. Please do not give post office box number or route number.

\*\* Must be 5 on or before September 2, 2010, to enter Kindergarten; must be 6 on or before September 2, 2010, to enter 1<sup>st</sup> Grade.

**Parent/Guardian Information (1)**

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Middle Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

City \_\_\_\_\_

Extension Number \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

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**Parent/Guardian Information (2)**

Last Name \_\_\_\_\_

Phone No. \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Middle Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

City \_\_\_\_\_

Extension Number \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

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**Parent/Guardian Information (3)**

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Middle Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

City \_\_\_\_\_

Extension Number \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

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**MEDICAL INFORMATION ON BACK MUST BE COMPLETED AND SIGNED.**

**Student Emergency/Medical Information (Please print clearly)**

Please list any physical/medical problems of which school personnel should be aware:

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Please list medications that the student takes regularly of which school and/or emergency personnel should be aware:

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Please list any allergies to food(s) and/or medication(s) of which school and/or emergency personnel should be aware:

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**Name of Student's Doctor** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Emergency Contacts (to call if parent/guardian is not available)**

Name of Emergency Contact	Relation to Student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use the space below to provide a list of the individuals who have permission to check out your child from school and/or pick up your child after school. **No one, except for the individuals listed here, will be able to check out your child from school. Students cannot be checked out from school via note or telephone. In other words, parent(s), guardian(s) and/or other designated individuals must check out students from school in person.**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_