

ENROLLMENT/EXCLUSION FORM

To Implement Sections 16-28-40 through 16-28-45, Code of Alabama, 1975

Follow instructions on the back of this form. Print or type all information.

I. APPLICANT*

Driver's License No.: _____ Social Security No.: _____ Sex: _____
Male/Female
Legal Name: _____ Date of Birth: _____
Last First MI MM/DD/YY
Address: _____
Street City State Zip

II. ENROLLMENT* SCHOOL OR GED OR JOB TRAINING PROGRAM

Name: _____ Check one: ☐ GED Program
(School or in GED or Job Training Program) ☐ Job Training Program
Address _____ ☐ Secondary Program
Street City State Zip
Telephone No.: _____ Signature: _____
Title: _____

Enter the actual date of compliance or noncompliance in the blank located to the left of the appropriate statement.

IN COMPLIANCE

The applicant:

_____ Is enrolled.
Date
_____ Withdrew due to circumstances
Date beyond his or her control.*
_____ Has obtained a GED Certificate.
Date

_____	The applicant was previously reported as being noncompliant. As of this date, the student has complied.
Date	

NOT IN COMPLIANCE

The applicant:

_____ Is not enrolled.
Date
_____ Has accumulated more than 10 consecutive or 15 cumulative unexcused absences during a single semester. **(Only for students enrolled in secondary school)**
Date
_____ Is not making satisfactory progress. **(Only for GED students)**
Date

III. EXCLUSION

Enter the actual date in the blank located to the left of the appropriate statement.

The applicant:

_____ Is a parent with the care and custody of a minor or unborn child.
_____ Is the sole source transportation for the parent(s).

Physician/Health Department

Street

City State Zip Phone

Physician's Signature

Enter the beginning date of employment.

The applicant:

_____ Is gainfully and substantially employed.

Defined on the back of this form.
Revised 5/1/95

Place of Employment

Street

City State Zip Phone

Employer's Signature