

Enrollment Information

Student Information

Legal Name of Student: (Last) _____ (Jr., III, etc.) _____ (First) _____ (Middle) _____

Male Female Grade: _____ Nickname: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace: (County) _____ (State) _____

Is the student Hispanic/Latino? Yes No

Please select one or more of these races (check all that apply.): American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Student's Address: (Street) _____ (Apt.#) _____ (City) _____ (State) _____ (ZIP) _____

Student's Mailing Address (If different): (Street) _____ (City) _____ (State) _____ (ZIP) _____

Citizenship: U.S. Citizen U.S. Resident Non-Resident Alien Other: _____

Does your child have special needs, or does he or she receive special education services? Yes No

Does your child have a 504 plan? Yes No

Has your child been enrolled in a school in Kentucky? Yes No

Last School Attended: _____

School Address: _____ Telephone No.: _____

Does either parent/guardian work on government property? Yes No

Race/Ethnicity

- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race
- 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 a 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 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 Islanders**—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

Parents/Guardians Living Within Household With Student

Household Information

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ I want a Parent Portal account. <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ I want a Parent Portal account. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Siblings Living Within Household

Sibling Information

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently Attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently Attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently Attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently Attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____

Parents/Guardians Living at Another Address

Non-Household Information

Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ Apt.#: _____ City: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, a copy of the court order MUST be provided.)</i>	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ Apt.#: _____ City: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, a copy of the court order MUST be provided.)</i>
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Legal Name of Student: (Last) _____ (Suffix (Jr., III, etc.)) _____ (First) _____ (Middle) _____

Transportation

Primary Transportation to School: Car Rider Walker School Bus TARC
Transportation by JCPS: One Way Both Ways More Than 1 Mile Less Than 1 Mile

Language

Child's Birth Country: _____
What is the language most frequently spoken at home? _____ Which language did your child learn when he or she first began to talk? _____
What language does your child most frequently speak at home? _____ What language do you most frequently speak to your child? _____

Childcare

Name of Day Care/Babysitter: _____
Address: _____ Telephone No.: _____

Medical and Emergency Information

Family Physician: _____ Telephone No.: _____
Dentist: _____ Telephone No.: _____
Insurance Provider (Private provider, KCHIP, Passport): _____
List and identify problems and/or medical conditions (such as allergies) that should be known to school personnel: _____

Per state regulation, any child with a health condition (such as asthma, allergies, diabetes, seizures) must have a Primary Care Provider Authorization Form on file. For more information or to obtain a form, please contact Health Services at 485-3387.

Regular Medication: _____ Dosage: _____

The appropriate authorization form to give medication must be on file for any medication to be given to a student (prescription and/or over the counter medication).

If needed, what hospital should your child be taken to? _____

In case of an accident or emergency of any kind, when a parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship: _____ Telephone No.: _____

Name: _____ Relationship: _____ Telephone No.: _____

In case of a Weather Alert Warning: I prefer that my child remain at school. My child may be released to one of the above people.

Parent's/Guardian's Signature: _____ Date: _____

Do Not Write Below This Line.

OFFICE USE ONLY

Household Name: _____
Student ID No.: _____
Address Verification: _____
Teacher/Room No.: _____
Entry Date/Code: _____
Transfer Student: Yes No
Withdrawal Code: _____
Transportation Code: _____
Bus No.: _____
Advance Program: Yes No
ESL Services: Yes No
ECE Program: _____

504 Plan: _____
 Immunization Certificate
 Vision Exam Dental Exam Physical Exam
Records Requested: Yes No Date: _____
Comments: _____

