

# Enrollment Information

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Suffix (Jr., III, etc.) \_\_\_\_\_

Male  Female Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Is the student Hispanic/Latino?  Yes  No

Is the student from 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) \_\_\_\_\_ (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

### Racial Categories

- **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

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Siblings Living Within Household

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Currently Attending a Jefferson County Public School?  Yes  No

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

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Currently Attending a Jefferson County Public School?  Yes  No

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

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Currently Attending a Jefferson County Public School?  Yes  No

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

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Currently Attending a Jefferson County Public School?  Yes  No

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

## Parents/Guardians Living at Another Address

Does this parent/guardian have joint custody?  Yes  No

Should this parent/guardian receive school mailings?  Yes  No

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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?

Yes  No (If yes, a copy of the court order MUST be provided.)

Does this parent/guardian have joint custody?  Yes  No

Should this parent/guardian receive school mailings?  Yes  No

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Sex: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

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?

Yes  No (If yes, a copy of the court order MUST be provided.)

Student Information

Household Information

Sibling Information

Non-Household Information

Legal Name of Student: (Last) \_\_\_\_\_ (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 Daycare/Babysitter: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

List and identify problems and/or medical conditions (such as allergies) that should be known to school personnel: \_\_\_\_\_

Medical and Emergency Information

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

Regular Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**A notarized Authorization to Give Medication Form must be on file for any medication to be given to a student during the school day.**

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

In case of an accident or emergency of any kind, when 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

Records Requested:  Yes  No Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_