



# Student/Household Enrollment Form

Demographic Information			
Student's Legal Name _____			
Last	First	Middle (Full)	
Physical Address _____			
Mailing Address (If different) _____			
<input type="checkbox"/> (Check if Unlisted) Home Phone (____) _____ Cell Phone (____) _____			
Birthdate ____/____/____ Place of Birth _____ Birth Certificate # _____			
<small>Ex. 02-02-2002</small>			
Enrolling at _____ Grade _____ Social Security # _____			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Homeroom Teacher: _____			
<b>*Is the individual Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>*Is the individual from one or more of these races?</b>			
(check all that apply)			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> White			

## CHECK-OUT CONSENT

**Parent/Guardian Names and any additional individuals who may check student out of school:**

<i>Name</i>	<i>Relationship</i>	<i>Work/Home Phone</i>	<i>Cell Phone</i>

## Student Information

Has this student previously dropped out of school?  Yes  No

If student does not reside with both natural parents, who has legal custody rights? (Attach a copy of the court order or decree awarding custody)  Mother  Father  Both  Other \_\_\_\_\_

Are there any Emergency Protective Orders or Restraining Orders pertaining to the student?  Yes  No

If yes, please attach a copy.

## Last School Attended

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

### **FOR OUT OF DISTRICT TRANSFERS:**

Physical Address \_\_\_\_\_  
                            NUMBER                            STREET                            APT/LOT                            CITY                            STATE                            ZIP

Phone Number (\_\_\_\_)\_\_\_\_\_  I give permission to request all records from this school.

## Transportation

Does this student ride a bus?  Yes  No

If YES:  Both ways  Only TO school  Only FROM school  T-5

## School Safety

KRS 158.155 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration. In compliance with this requirement, please check  Yes  No

If yes, must complete the Kentucky Board of Education form.

## Participation in Programs

Please check any special programs in which the student is eligible:

Speech/Language  Special Reading  IEP  BC 17  504 Plan

List Area of Identification - \_\_\_\_\_

Gifted/Talented – Please list \_\_\_\_\_

Participate in lunch program as -  Paid  Reduced  Free

## Medical Information

Is your child taking any medications regularly?  Yes  No

If yes, please list \_\_\_\_\_

*Student Permission forms for Prescribed Medication are available at the school office. This form must be completed for any medication a student will need to take during school hours. Medication will not be dispensed without proper completed paperwork.*

**Known Medical Problems:**  Asthma/Breathing problems  Diabetes  Heart problems  Epilepsy/Seizures  
 Allergies to food, medication, or insects  Other

Please explain any item checked:

If your child has any other health condition not listed above, please explain:

Is your child currently under a physicians care for the above conditions?  Yes  No

### Special Medical Instructions

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Please provide an updated form anytime any of the medical information changes so that the school health team is informed.

By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. ***In case of an emergency and no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call 911 for emergency transportation if needed.*** I will not hold the school district financially responsible for the emergency care and/or transportation of my child. Signing this form shall release Barren County Public Schools and staff members from any liability of any nature in assisting my child during a medical emergency.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# BARREN COUNTY HOUSEHOLD REGISTRATION

<b>Date:</b> _____
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## Household Information (Please Print)

Household Phone Number ( _____ ) _____				
Household Mailing Address	City	State	Zip Code	Geo Code (Sch Only)
Household Physical Address (If different than mailing)	City	State	Zip Code	Geo Code (Sch Only)

## First Student Information – Living at Household Address (Please Print)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>
School			Grade Level	

### PARENT/GUARDIAN #1

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Relationship to Student: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Permissions: Access to on-line student information? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Lives at Household Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone	Cell Phone	Other Phone	Pager	
Mailing Address (If different than Household Address)	City	State	Zip Code	Geo Code
Guardian Email Address			Receive on-line student information access via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### PARENT/GUARDIAN #2

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Relationship to Student: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____			Permissions: Access to on-line student information? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Lives at Household Address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Work Phone	Cell Phone	Other Phone	Pager	
Mailing Address (If different than Household Address)	City	State	Zip Code	Geo Code (Sch Only)
Guardian Email Address			Receive on-line student information access via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### EMERGENCY INFORMATION OTHER THAN GUARDIAN

Primary Contact Last Name	First Name	Middle Name	Relationship	Address	
Home Phone	Work Phone	Cell Phone	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Permission to pick up child from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary Contact Last Name	First Name	Middle Name	Relationship	Address	
Home Phone	Work Phone	Cell Phone	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Permission to pick up child from school? Yes <input type="checkbox"/> No <input type="checkbox"/>	

# BARREN COUNTY HOUSEHOLD REGISTRATION

## Additional Student - Living at Household Address (Please Print)

Student Last Name		Student First Name		Student Middle Name		Date of Birth		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
School						Grade Level			
<b>PARENT/GUARDIAN #1 – SAME AS PAGE 1? Yes <input type="checkbox"/> No <input type="checkbox"/></b>									
Guardian Last Name		Guardian First Name		Guardian Middle Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>			
Relationship to Student: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____				Permissions: Access to on-line student information? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Lives at Household Address? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Work Phone		Cell Phone		Other Phone		Pager			
Mailing Address (If different than Household Address)				City		State	Zip Code	Geo Code (Sch Only)	
Guardian Email Address						Receive on-line student information access via email? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>PARENT/GUARDIAN #2 – SAME AS PAGE 1? Yes <input type="checkbox"/> No <input type="checkbox"/></b>									
Guardian Last Name		Guardian First Name		Guardian Middle Name		Sex M <input type="checkbox"/> F <input type="checkbox"/>			
Relationship to Student: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other: _____				Permissions: Access to on-line student information? Yes <input type="checkbox"/> No <input type="checkbox"/> Receive mailings? Yes <input type="checkbox"/> No <input type="checkbox"/> Lives at Household Address? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Work Phone		Cell Phone		Other Phone		Pager			
Mailing Address (If different than Household Address)				City		State	Zip Code	Geo Code (Sch Only)	
Guardian Email Address						Receive on-line student information access via email? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>EMERGENCY INFORMATION OTHER THAN GUARDIAN – SAME AS PAGE 1? Yes <input type="checkbox"/> No <input type="checkbox"/></b>									
Primary Contact Last Name		First Name	Middle Name	Relationship		Address			
Home Phone	Work Phone		Cell Phone		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Permission to pick up child from school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Secondary Contact Last Name		First Name	Middle Name	Relationship		Address			
Home Phone	Work Phone		Cell Phone		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Permission to pick up child from school? Yes <input type="checkbox"/> No <input type="checkbox"/>			

# BARREN COUNTY SCHOOLS

## *Parent/Guardian Checklist & Signature Page*

**For initial entry into Barren County Schools (first time enrollees only):**

- I have supplied a ***Kentucky Eye Exam*** by an ophthalmologist or optometrist (*For initial entry into Kentucky School only*)
- I have supplied a ***Certified Birth Certificate***.
- OR
- I have supplied the appropriate form along with a \$10 check to order a ***Certified Birth Certificate***.
- I have supplied (for photocopy) the student's ***Social Security Card***.
- I have supplied a ***Kentucky Immunization Certificate***.
- I have supplied a copy of a recent ***Health Physical Examination***.
- I have supplied a copy of a recent ***Dental Screening or Examination*** (for five and six year olds).

**SIGNATURES:**

- I verify that the information supplied is correct and current.
- I will inform the school of any changes in this information.
- I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.
- I have authorized appropriate permission on page 4.
- All information provided on this form is true and accurate. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and school assignment.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_