

2022-2023 Student Enrollment Form (Please print & use a pen)

Date _____

Student Information *Please Print*

Student's Full Legal Name _____

Last *First* *Middle (Full)*

Gender ☐ M ☐ F Birthdate ____/____/____ Student SS# ____
Ex: 02/02/2002

Home Phone (____) _____ Grade _____ Homeroom: (completed by school) _____

Ethnicity

Ethnicity: (Check One) ☐ Hispanic/Latino ☐ Non Hispanic/Latino

Race: (Must check one—may check more than one)

☐ American Indian/Alaskan	☐ Asian	☐ White
☐ Black	☐ Native Hawaiian/Other Pacific Islander	

911 Address _____ Apt# _____ City _____ State _____ Zip _____

Mailing Address (If different) _____ Apt# _____ City _____ State _____ Zip _____

Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time of enrollment.

Transportation: Student will ☐ Ride Bus twice daily ☐ Ride Bus once daily ☐ a.m. ☐ p.m. ☐ Will not ride the bus

Parent/Guardian Information *(These guardians live in the primary home with the student)*

Female Guardian Name _____ Relationship to student _____
Last First Middle (Full)

Work Phone (____) _____ Cell Phone (____) _____

Email _____@_____ Date of Birth _____

Male Guardian Name _____ Relationship to student _____
Last First Middle (Full)

Work Phone (____) _____ Cell Phone (____) _____

Email _____ @ _____ Date of Birth _____

Other Parent/Guardian Information (For Divorce / Separation / Shared Custody—this guardian does NOT live in the primary home with student)

Name _____ Relationship to student _____
Last First Middle (Full)

Mailing Address _____ Apt# _____ City _____ State _____ Zip _____

Household Telephone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email _____@_____ Date of Birth _____

Other Children Under Age 18 Living in the Home (include all children regardless of age)[illegible]

Emergency Contact Information (other than parent/guardian)

In case of an accident or emergency of any kind, when parent/guardian cannot be located please call and/or release my child to one of the following individuals. Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.

1. Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____
2. Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____
3. Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____
4. Name: _____ Relationship to child: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Student Previous School Information

Last School Attended _____ City, State, Zip _____

Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? ☐ Y ☐ N

Is your child presently under consideration for expulsion? ☐ Y ☐ N

Is your child presently involved in the Juvenile Justice system? ☐ Y ☐ N

English Language Learner Information (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? ☐ Y ☐ N What language? _____

Primary Language of Household: ☐ English ☐ Spanish ☐ Other _____

Special Services Information

Is your child receiving special education services? ☐ Y ☐ N

Does your child have a current 504 plan? ☐ Y ☐ N Is it in: ☐ Academics ☐ Health

Was your child in any Gifted/Talented Programs? ☐ Y ☐ N Please list: _____

Is Mom or Dad military? ☐ Y ☐ N

Medical Information

Is your child taking any medications regularly? ☐ Y ☐ N If yes, please list: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

Known Medical Problems: _____

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.

Physician name: _____ Phone (_____) _____

Parent/Guardian Signature _____

Date _____

(Do not sign this form if any of the statements are incorrect)

Last Name First Name Middle Name

Grade: _____

Directions to home:

In the event of an accident or illness which occurs at school, every effort will be made to contact one or both of the student's parents/legal guardians. However, if neither parent/guardian or no one listed on the Student Release Form can be reached, it may be necessary to take the student to the nearest medical facility.

I hereby authorize the school authorities to take my child to the nearest medical facility for treatment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

It is the policy of the Clay County Public School District not to discriminate on the basis of race, color, natural origin, gender, disability, religion, creed, age, or marital status in its programs or employment policies.

CLAY COUNTY PUBLIC SCHOOLS

Manchester, Kentucky

STUDENT RELEASE FORM

Student's Name _____

Grade _____

My child is allowed to be released to the following persons:

Person's Name	Valid ID	Phone	Relationship to Child

I/we understand that my/our child will not be released to another individual who is not listed above or has signed below. In the event of an emergency, should the parent/guardian or an individual listed above not be available to assume responsibility of the child, he/she will be released to legal authorities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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