



PENDLETON COUNTY SCHOOLS

Preschool Pre-Registration Information

NOTICE: Print or Type Legibly in Ink. Any area illegible will result in the document not being accepted.

Student Primary HOME PHONE: () --- ****REQUIRED** The Student-Family Household is built upon this number.**
Area Code

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

Male Female Grade Level Enrolling: _____ SS# _____ - _____ - _____ Nickname: _____

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

*** Kentucky State Law 158.032 requires that every child has a birth certificate on file.**

Ethnicity (**Must Choose One**): Hispanic/Latino OR Not Hispanic/Latino

(**Check ALL that apply**): White Black Asian American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander

Student's Address: (Street) _____ (Apt) _____

(City) _____ (State) _____ (Zip) _____

Mailing Address (If different): (Street) _____ (Apt) _____

(City) _____ (State) _____ (Zip) _____

In order to properly ensure available services to your student and family, please check the boxes that apply/describe your current situation:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Residing in house/apartment owned or leased by student's legal parent/guardian | <input type="checkbox"/> Residing in house/apartment not leased/mortgaged by student's legal parent/guardian | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Student does not reside in physical custody of his legal guardian | <input type="checkbox"/> Temporary or Emergency Care | <input type="checkbox"/> Motel/Hotel |
| | | <input type="checkbox"/> Foster |
| | | <input type="checkbox"/> Other: _____ |

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

Does your child have special needs or receive special education services? Yes No

Does your child have or receive Gifted/Talented services? Yes No

Does your child have a 504 plan? Yes No

Pendleton County Schools communicates district/ school wide announcements and information with parents/ guardians through automated emails, texts, and/or voice messages. Parents/ guardians should notify their child's school in writing if they do not wish to receive this automated information.

The Discipline Code for Pendleton County Schools can be found on the district website:

<http://www.pendleton.kyschools.us/> > Parent Resources> Code of Conduct

Parents/ guardians can request a printed copy of the Discipline Code Handbook by contacting their child's school in writing.

Notifications of FERPA, PPRA, and Opt Out Directory Information are located within the Discipline Code Handbook.

Last School Attended: _____

School Address: _____ Telephone No.: _____

Parents/Guardians Living Within The SAME Household, Home Phone, and Address With This Student

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Work Phone: _____ Cell Phone: _____ Place of Employment: _____

E-Mail Address: _____

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Work Phone: _____ Cell Phone: _____ Place of Employment: _____

E-Mail Address: _____

Parents/Guardians Living at Another Address

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: _____ Place of Employment: _____ E-Mail Address: _____

Is there a court order restricting this parent/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

Siblings Living Within the SAME Household, Home Phone, and Address With This Student

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Pendleton County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Pendleton County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Pendleton County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Pendleton County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____

Transportation

Primary Transportation to School: Car Rider School Bus

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: _____ Phone No.: _____

Medical – Emergency – Early Closure of School Information

Family Physician: _____ Phone No.: _____

Dentist: _____ Phone No.: _____

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: (Circle One)

Name: _____ Relationship: _____ Home No.: _____ Cell/Work No: _____

Name: _____ Relationship: _____ Home No.: _____ Cell/Work No: _____

Name: _____ Relationship: _____ Home No.: _____ Cell/Work No: _____

Parents/guardians should notify their child's school in writing if they would like to modify his/her transportation arrangements. In case of Inclement Weather or an Emergency Closure of School during the instructional day, all normal student transportation procedures will be followed by the school.

Medical Conditions

Allergies: _____

Medical Conditions: _____

This information is true and accurate to the best of my knowledge. Do not sign this form if any information is incorrect.

Parent's/Guardian's Signature: _____

Date: _____