

RUSSELL COUNTY

Please use a pen & print. Complete all sections, front and back.
ENROLLMENT/PICK-UP/HEALTH/EMERGENCY INFORMATION
2024/2025 SCHOOL YEAR

STUDENT INFORMATION

Legal Full Name (Last) (First) (Middle-Full) Grade

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

Mailing Address (if different than above) SSN
Optional, Must be on file for KEES Scholarship

Directions to home:

County Student Resides In Previous School & State

Birthdate Male Female Circle: Bus Rider AM PM Car Rider AM PM Walker AM PM
Residence from School: Less than 1 mile More than 1 mile

Race (check all that apply) White Black or African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander
Is the child Hispanic/Latino? Yes No

Student E-mail address:

ENGLISH LANGUAGE LEARNER INFORMATION

Country of Origin Language most frequently spoken at home First language your child began to speak
Language your child most frequently speaks at home Primary language spoken to your child

PARENT/LEGAL GUARDIAN INFORMATION

Child lives with: Father & Mother Father Mother Father/Stepmother Mother/Stepfather
Court-appointed Guardian (attach court order) Foster Parent(s) (attach social services placement form) Other (specify)

NOTE: In the event of a divorce or other custodial proceedings, a copy of the custody agreement or judgment MUST be on file at the school AND at the central office with the Director of Pupil Personnel. Any student whose name has been legally changed must present the school and the Director of Pupil Personnel with a copy of said documents(s).

1st Guardian's Legal Name Maiden Birthdate

Address (if different than student's)

Relationship Cell # Home # Work #

Employer Email address

Military Connections: Active Duty, Deployed Active Duty, Not Deployed Discharged Injured Killed in Action
Student Military Identifier Only Inactive Retired Transitioning Out of Active Duty

2nd Guardian's Legal Name Maiden Birthdate

Address (if different than student's)

Relationship Cell # Home # Work #

Employer Email address

Military Connections: Active Duty, Deployed Active Duty, Not Deployed Discharged Injured Killed in Action
Student Military Identifier Only Inactive Retired Transitioning Out of Active Duty

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc? Yes No (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes). Bring custody papers to office.

List all children in Household

Table with 4 columns: NAME, AGE, DATE OF BIRTH, TEACHER. Rows numbered 1 to 10.

TEMPORARY LIVING ARRANGEMENTS

The following questions address the McKinney-Vento Act 42 U.S.C. Answers to these questions will help determine services the student may be eligible to receive.

Is the student's current address a temporary living arrangement? No Yes

Is this temporary living arrangement due to loss of housing or economic hardship? No Yes

If yes, please indicate where the student is living: In a motel/hotel Unaccompanied youth In a homeless shelter
Doubled up with family or friend Other (a place not designed for ordinary sleeping accommodations)

Child's Name: \_\_\_\_\_

*In case of an emergency, the parent/guardian will be contacted first. Who would need to be contacted in the case parent/guardian cannot be reached?*

Emergency Contact Person Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

NTI (Snow Day) Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**STUDENT REGISTRATION PICK-UP**

*I hereby authorize the following individuals to represent me in the removing/picking-up my child/children from school during my absence. It is my expressed consent that the following individuals can sign my child/children out of school for a reasonable cause.*

Please remember to list all individuals who can pick your child up at school. If they are not on this list, your child will not be allowed to leave. Make sure your name is on the list. Additionally, as the school year progresses and people need to be added or removed, please come to school to make such changes. Permission is given for the following individuals:

**(AT THE HIGH SCHOOL LEVEL, THERE IS AN ADDITIONAL REQUIREMENT OF A PARENT PHONE CALL TO VERIFY PERMISSION)**

Name	Relationship	Home Phone #	Work Phone #	Cell #
<b>PARENT/GUARDIAN</b>				
1.				
2.				
<b>OTHERS AUTHORIZED</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>THOSE NOT AUTHORIZED</b>				
1.				
2.				
3.				
4.				
5.				

**HEALTH INFORMATION**

My Child has permission to see the school nurse. \_\_\_\_ Yes \_\_\_\_ No

My Child has permission to participate in state mandated screening. \_\_\_\_ Yes \_\_\_\_ No

1. Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. (if applicable) \_\_\_\_\_

2. Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

3. List your child's history of any serious medical condition, injury, illness, disease or surgery. \_\_\_\_\_

4. Does your child have a food, insect, drug or Latex allergy? \_\_\_\_ Other? \_\_\_\_\_

If YES, Specify: \_\_\_\_\_ EPI-PEN? \_\_\_\_\_

5. Does your child have Asthma? \_\_\_\_ Will an Inhaler be provided for school use? \_\_\_\_\_

6. Does your child have Diabetes? \_\_\_\_ \*Type 1? \_\_\_\_ \*GLUCAGON required for school attendance Type 2? \_\_\_\_\_

7. Does your child have a history of seizures? \_\_\_\_ Life-sustaining prescription? \_\_\_\_ If Yes, Specify \_\_\_\_\_

8. Does your child **REGULARLY** take prescription medication? \_\_\_\_ If yes, Specify \_\_\_\_\_

9. Does any prescription medication need to be administered at school? \_\_\_\_ If yes, Specify \_\_\_\_\_

**AS PARENT/GUARDIAN OF THE CHILD LISTED ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE CARD IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of person enrolling child: \_\_\_\_\_ Relationship: \_\_\_\_\_