

DISTRICT ENROLLMENT FORM 2017-2018

Student Information

Legal Name of Student: _____ Nickname: _____
LAST FIRST MIDDLE
 Male Female Date of Birth: _____ Social Security # (If not on file by 8th grade, ineligible for KEES college money): _____
 School to Attend: _____ Grade: _____ Student cell # (if applicable): _____
 Student Address: _____ (City) _____ (Zip) _____
 Mailing Address (if different): _____ (City) _____ (Zip) _____
 Do your children live in any of the following: Home of family/friends without parent/guardian Multiple family home
 Motel, car, camper or shelter
 Ethnicity (Check ALL that apply.): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander
 White Is the student Hispanic/Latino (**MUST** check one)? Yes No
 Has your child ever been evaluated or received services for Special Education 504 Plan Speech Gifted/Talented ELL
 Last school attended: _____ If not KY, state of previous school: _____
 Previous school address: _____ Phone: _____
 Check here if the student has been expelled from a public OR private school, in or out of state; has been disciplined for a violation of state/school regulation; and/or has been found guilty for violation relating to weapons, alcohol or drugs.

Household Information

Parents/Guardians Living in Household WITH Student

Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Work PH: _____ Employer: _____ Email: _____	Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Work PH: _____ Employer: _____ Email: _____
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Sibling Information

School-Age Siblings Living in Household WITH Student

If also enrolling 1 or more siblings in this household, please complete SIBLING ENROLLMENT section(s) at end of this packet.

Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Currently in HCPS School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not School-Age <input type="checkbox"/> Need to also enroll (see Sibling Enrollment Section)	Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Currently in HCPS School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not School-Age <input type="checkbox"/> Need to also enroll (see Sibling Enrollment Section)
Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Currently in HCPS School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not School-Age <input type="checkbox"/> Need to also enroll (see Sibling Enrollment Section)	Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Currently in HCPS School? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not School-Age <input type="checkbox"/> Need to also enroll (see Sibling Enrollment Section)

Non-Household Information

Parents/Guardians Living at ANOTHER Address

Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Work PH: _____ Employer: _____ Email: _____ Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a court order restricting access to student? <input type="checkbox"/> Yes (Provide copy) <input type="checkbox"/> No Should this parent/guardian receive school emails/calls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Work PH: _____ Employer: _____ Email: _____ Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a court order restricting access to student? <input type="checkbox"/> Yes (Provide copy) <input type="checkbox"/> No Should this parent/guardian receive school emails/calls? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contacts/Authorization to Pick Up

(Must be 18 years old in order to pick up child. If unable to contact parent, contacts will be made in order they are listed here.)

Emergency Information

Emergency Contact #1: _____ Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Alternate PH: _____
Emergency Contact #2: _____ Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Alternate PH: _____
Emergency Contact #3: _____ Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Alternate PH: _____
Emergency Contact #4: _____ Date of Birth: _____ Relationship to Student: _____ Cell PH: _____ Alternate PH: _____

Transportation Needed by HCPS – Elementary students must live within the transportation boundaries of the school in which they are enrolled to be eligible for bus transportation.

Transportation

AM Pick Up: Home/Bus Stop Daycare/Other Site (complete below) **PM Pick Up:** Home/Bus Stop Daycare/Other Site (complete below)
Name: _____ PH: _____ Name: _____ PH: _____
Address: _____ Address: _____
City: _____ City: _____

PLEASE NOTE: Board Policy requires a hand-to-hand transfer to an approved adult when dropping off Preschool students and requires drivers to SEE an approved adult before dropping off Kindergarten students. While we err on the side of caution, it is not required for 1st grade & up. If you would like anyone other than parents/guardian, emergency contacts, and/or daycare providers to be approved to receive your child from the bus, please list their names AND phone numbers.

1) _____ 3) _____
2) _____ 4) _____

Medical

Family Doctor: _____ PH: _____ Preferred Hospital: _____
Is this student currently taking any medications? Yes No If yes, please list: _____

Mark any conditions that apply to your child. No Physical/Mental Health Conditions nor Medications
Would you like the school to have permission to give this child acetaminophen (Tylenol) if needed? Yes (Must complete permission form) No
VISION: Wears glasses Wears contacts Blind Other Vision Impairment: _____
HEARING: Hearing Aids Cochlear implants Deaf – Other Hearing Impairment: _____

The following conditions AND any medications that need to be taken at school require ADDITIONAL FORMS be completed by the child's doctor.

Asthma Anaphylactic Allergy Diabetes Seizure Disorder
 ADHD/ADD Any other physical or mental health diagnoses that may impact your child's school day? Yes No
If yes, please list: _____

Language

Student's Country of Origin: United States Other: _____
Is your child's first or home language anything other than English? Yes No **If yes, complete the following:**
Which language did your child learn when he or she first began to talk? Spanish Other: _____
What is the language most frequently spoken at home? Spanish Other: _____
What language does your child most frequently speak at home? Spanish Other: _____
What language do you most frequently speak to your child? Mother: _____ Father: _____

Tech & Communication

Can this student access the Internet from home? Yes No If yes, does connection provide smooth video streaming? Yes No
HCPS sends automated emails, texts, and/or voice messages to a student's legal Parent/Guardian concerning school/district activities and student attendance. The following **DEFAULTS** can be changed in Infinite Campus Parent Portal: Voice messages to home AND cell phones; Text-based messages to e-mail. I wish to OPT OUT of automated calls and e-mails from HCPS.
My child has permission to be in videos produced for school purposes. In addition, my child's picture may be used in the newspaper, on bulletin boards, in displays, in electronic/web-based media, and/or in other types of educational publications. Yes No

Parent/Guardian Signature: _____ Date: _____