# **DRAFT – 6/9/20**

# STUDENTS R09.12 AP.2

School Enrollment Form

# **REGISTRATION FORM: School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

(Please print. Complete this page for each student you are enrolling in the District.)

**Student Legal Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_

Last Name Suffix (Jr, etc.) First Name Middle Name

**Date of Birth**: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ **Birthplace**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month Day Year County State City Country

**Gender:** \_\_\_ Male \_\_\_ Female **Student Nickname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN (optional)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Maiden Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity - Is the student Hispanic/Latino?** \_\_Yes \_\_No

**Race – Is the student from one or more of the following?** Please check all that apply: \_\_\_ American Indian/Alaskan Native \_\_\_Asian \_\_\_Black or African American \_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White

**Please check any of the following services that apply to your student:** \_\_\_IEP \_\_\_504 Plan \_\_\_Speech IEP

 \_\_\_Gifted Plan \_\_\_PSP (for LEP/ELL/ESL students)

**Name and address of last school attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Isthis the first time this student has been enrolled in a KY public school (preschool not included)?**

 \_\_\_ Yes \_\_\_ No

**Was the student previously enrolled in the Elizabethtown School District?** \_\_Yes \_\_ No If “yes”, when? \_\_\_\_

 Which school in the Elizabethtown School District? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Information – please check ✓ the appropriate choice below:**

|  |  |  |
| --- | --- | --- |
|  | *Code* | *Description* |
| \_\_\_\_\_ | T1 | For the majority of school days, the student will ride the bus to and from school more than one (1) mile each way. |
| \_\_\_\_\_ | T2 | For the majority of school days, the student will ride the bus to and from school less than one (1) mile each way. |
| \_\_\_\_\_ | T3 | The student is considered to be a part-time bus rider who lives more than one (1) mile from school. |
| \_\_\_\_\_ | T4 | The student is considered to be a part-time bus rider who lives less than one (1) mile from school. |
| \_\_\_\_\_ | T5 | The student is specially transported by bus according to his/her IEP. |
| \_\_\_\_\_ | NT | The student does not require bus transportation and either walks or rides to and from school most of the time. |

**If child is to travel to/from an address different than the physical address listed, please indicate details below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student lives with (check all that apply):** \_\_\_Both parents \_\_\_Mother \_\_\_Father \_\_\_Stepparent

 \_\_\_Joint Custody \_\_\_Foster parent(s) \_\_\_Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Physical Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 House # and Street City State/Zip

**Student’s Mailing Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(if different from physical address*) House # and Street City State/Zip

# STUDENTS R09.12 AP.2

#  (Continued)

School Enrollment Form

Parent(s)/Guardian(s) *living in same household as student*:

***Parent/Guardian 1 (living at indicated physical address):***Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial\_\_\_\_Suffix \_\_\_\_\_\_

Gender: Male Female Cell Phone (include area code): (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # (include area code): (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If military, indicate Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian 2 (living at indicated physical address):***Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial \_\_\_\_ Suffix \_\_\_\_\_\_

Gender: Male Female Cell Phone (include area code): (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # (include area code): (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_

If military, indicate Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sibling(s) Living in same household as student:**

**Legal Name Gender DOB School Grade**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian *Living at a Different Physical Address***

***Parent/Guardian (living at different physical address):***Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Gender: Male Female Primary Phone (include area code): (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # (include area code): (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this parent/guardian have joint custody? \_\_\_ Yes \_\_\_ No **Is this parent/guardian an emergency contact ? \_\_\_ Yes \_\_\_ No**

Is this parent/guardian to receive mailings, emails, and access to the Parent Portal? \_\_\_ Yes \_\_\_ No

Is there a court order restricting this parent/guardian access to the student? \_\_\_ Yes (must provide a copy of the court order) \_\_\_No

**EMERGENCY CONTACTS – These are the people to whom we may release your child in the event of an illness or emergency when we are unable to contact you. Please include area code.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature of person completing form and verifying data accuracy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***