

**Student Enrollment Form** GRADE \_\_\_\_\_ ENROLLMENT DATE 2020-2021 HOMEROOM \_\_\_\_\_ (Revised 06/02/19)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender (check one) \_\_\_ Male \_\_\_ Female SSN (\*optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Country \_\_\_\_\_ IN WHAT COUNTY DO YOU LIVE? \_\_\_\_\_

Race (Check all that apply) : \_\_\_ American Indian/Alaska Native \_\_\_ Asian \_\_\_ Black/African American \_\_\_ Native Hawaiian/other Pacific Islander \_\_\_ White

Ethnicity (Check one): \_\_\_ Hispanic \_\_\_ Non-Hispanic

Primary Language Spoken to Child \_\_\_\_\_ First Language Child Spoke \_\_\_\_\_ Primary Language Spoken at Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ KY (Zip) \_\_\_\_\_ Physical Address (911 address) \_\_\_\_\_ (City) \_\_\_\_\_ KY (Zip) \_\_\_\_\_

**HEAD OF HOUSEHOLD (Primary Guardian---Child lives with)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (Check one): \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race (Check all that apply): \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ White

Relationship to student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ home phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Employment \_\_\_\_\_ Work phone \_\_\_\_\_

**Secondary Guardian**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (Check one): \_\_\_ Hispanic \_\_\_ Non-Hispanic

Race (Check all that apply): \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ White

Current address, if different than your student \_\_\_\_\_, (City) \_\_\_\_\_, (State, Zip) \_\_\_\_\_

Relationship to student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_ Employment \_\_\_\_\_ Work phone \_\_\_\_\_

**Other Lawrence Co. students within the same household**

(1) Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School Grade \_\_\_\_\_ Relationship \_\_\_\_\_

(2) Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School Grade \_\_\_\_\_ Relationship \_\_\_\_\_

(3) Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School Grade \_\_\_\_\_ Relationship \_\_\_\_\_

(4) Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School Grade \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACT/STUDENT PICKUP INFORMATION**

**\*\*If you cannot be reached, please list persons authorized to pick up your child in case of emergency or illness, as well as, to check student out of school. This person will be required to present proof of identification.**

(1)Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Social Security Number \_\_\_\_\_ Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2)Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Social Security Number \_\_\_\_\_ Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(3)Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Social Security Number \_\_\_\_\_ Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(4)Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Social Security Number \_\_\_\_\_ Address: \_\_\_\_\_, City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*Please attach any additional PICKUP names on a separate sheet with ALL information listed above to this sheet.**

**Does this child have custody documentation? If so, what year was the last document filed?**  
**(Please make sure any custody documentation is on file at your child's school.)**

**Medical Alert \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_**

**Is your child on any routine medication? Yes \_\_\_ No \_\_\_ If so, what does he/she take and for what condition? \_\_\_\_\_**

**Does your child have any of the following?**

Heart Disease \_\_\_\_\_ diabetes \_\_\_\_\_ T.B. \_\_\_\_\_ nervous disorder \_\_\_\_\_ epilepsy \_\_\_\_\_ ear infection \_\_\_\_\_

Seizure activities \_\_\_\_\_ asthma \_\_\_\_\_ other \_\_\_\_\_ Describe \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

**In case of emergency and, neither you nor any of the people listed above can be contacted, to which local physician do you wish your child to be transported:**

**Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital Preference \_\_\_\_\_ Phone # \_\_\_\_\_**

**"I give my permission for \_\_\_\_\_ to be taken by the School Personnel or Ambulance to the office of this family doctor**

*(Name of your Student)*

*or to the nearest health care facility for emergency treatment in the event I cannot be located. I will be responsible for the doctor's fee and Transportation."*

**\*NOTE: Student social security numbers are required for Kentucky Educational Excellence Scholarship (KEES) eligibility.**

**Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_**