

GRAYSON COUNTY STUDENT ENROLLMENT FORM

Please circle one:

Caneyville
Clarkson
Lawler
Wilkey
GCMS
GCHS
AEC

Student Demographic Information

Student's Legal Name _____
First Middle Last

Address: _____ City: _____ Zip: _____

Mailing Address: (if different) _____

Student Email Address: _____

Home Phone: _____ Additional One-Call #'s _____

Birthdate: ____/____/____ Place of Birth: _____ Grade: _____
month day year

Social Security # _____ Sex: Male Female

Ethnicity, Race and Home Language

Hispanic/Latino: YES or NO (Circle One)

Check all races that apply must select at least one:

Race	Ancestral Origin
<input type="checkbox"/> American Indian or Alaska Native	Having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> Asian	Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
<input type="checkbox"/> Black or African American	Having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Pacific Islander	Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Language you most frequently speak to your child at home (If not English) _____

Language most frequently spoken at home (if not English) _____

First language your child began to speak (if not English) _____

Language your child most frequently speaks at home (if not English) _____

Last School Attended

Name of School: _____ Grade: _____

Physical Address: _____
Number Street APT/LOT

City _____ State _____ Zip _____

Phone Number: _____ I give permission to request all records from this school.

Primary Household *(This is the household where the student lives.)*

Parent or Guardian 1 *(This is the primary parent/guardian for the student listed above.)*

Name _____
First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Legal Guardian (by court) Step-Parent Foster Parent Other (specify) _____

- Portal
- Emails
- Mailings

Parent or Guardian 2 *(This is either the second parent/guardian or a step-parent living in the household.)*

Name _____
First Middle Last

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

Parent/Guardian Legal Guardian (by court) Step-Parent Foster Parent Other (specify) _____

- Portal
- Emails
- Mailings

Home room

Grade

First Name

Last Name

EMERGENCY CONTACTS & CHECK-OUT CONSENT

If parents/guardians cannot be reached in the event of an emergency, the following may be contacted. Please place a checkmark if these contacts may check the student out of school.

<i>Name</i>	<i>Relationship</i>	<i>Work/Home Phone</i>	<i>Cell Phone</i>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

In addition to the emergency contacts, these individuals may check the student out of school:

<i>Name</i>	<i>Relationship</i>	<i>Work/Home Phone</i>	<i>Cell Phone</i>

These individuals shall not have any contact with student (Must provide court documentation for Biological or Step Parent)

<i>Name</i>	<i>Relationship</i>	<i>Work/Home Phone</i>	<i>Cell Phone</i>

Transportation

Does this student ride a bus? YES NO More than a mile Less than a mile
 If YES: Both ways Only TO school Only FROM school **Bus Number** _____

If a car rider, who will pick the student up? _____

Will the student drive to school? YES NO

Medical Information/Emergency Release

Insurance Company _____ Policy # _____ Group # (if applicable) _____

Physician _____ Phone _____

Is the student covered by Kentucky Medical Assistance? (Medical Card) NO Yes: Card # _____

Current medications the student is taking: _____

Given at School? YES NO

Are there any particular medical problems your child may be experiencing? (Please explain.)

- Physical disabilities _____
- Allergies _____
- Asthma _____
- Diabetes _____
- Seizures _____
- Hearing Difficulty _____
- Kidney Problems _____
- Other _____

School Safety

KRS 158.000 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration. In compliance with this requirement, please check any of the following that apply to this student:

- adjudicated guilty
- expelled from school (If applicable, please list the name of the school: _____)
- disciplined for a violation of state law or school regulation relating to weapons, alcohol, or drugs

The facts are as follows: _____

Participation in Programs

Please check any special programs in which the student has participated:

- Speech/Language
- Special Reading
- IEP
- 504 Plan
- Gifted/Talented
- Free/Reduced Lunch
- ESL/ELL
- Other: _____

District Services Information (The following will help determine if you are eligible for additional services.)

Employment Survey

Have you or your family moved from one town or school district to another within the state or out-of-state within the past three years with the intent to find temporary or seasonal work in the farming or fishing industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Did the children in your family join you at a later date after you moved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Student Residency Survey

Do your children live with friends or family members in a home in which their parents/guardians do not live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do your children live with more than one family due to loss of housing or economic hardship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do your children live in a motel, car, or campsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do your children live in a shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do your children live in emergency or transitional housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do your children have a primary nighttime residence that is a public or private place not designed for regular sleeping accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Parent/Guardian Checklist & Signature

Parent/Guardian Authorizations

Please Check all that apply.

Media Release

- I give my permission to have my child interviewed/photographed/videotaped by the news media, school, or school district which may result in print, video, or web publication and the school or school district may feature my child's school work.

Acceptable Use of Network

- I have read the *Student Acceptable Use Policy* (pg. 5). I give my child permission to access all components of the district network and release the district from any and all claims and damages arising from use of this network.

Code of Conduct

- I have received a copy and will read the *Student Code of Conduct*.

PARENT INITIALS: _____

SIGNATURES:

- I verify that the information supplied is correct and current.
- I will inform the school of any changes in this information
- I authorize any school personnel to take reasonable emergency measures of behalf of my child and agree to hold them harmless for any treatment rendered.
- I have authorized appropriate permission.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

STUDENT AGREEMENT AND PARENT PERMISSION FOR TECHNOLOGY ACCEPTABLE USE

All students at Grayson County Schools are given access to computer and local resources on the local network. Student use of computers, school network, and other resources must be within the limits of local, state, and federal laws and in accordance with any guidelines set by the school and district while not limited to guidelines established in this document. After reading the Rules and Responsibilities, please complete this form to indicate that you agree with the terms and conditions outlined while the student is enrolled in Grayson County Schools. The signatures of both the student and parent/guardian are mandatory before access may be granted to the Internet and email.

Student: I understand and will abide by the provisions and conditions of this contract and realize the Internet/email user account is designed for educational purposes only. I understand that any violation of the above provisions may result in disciplinary action, the revoking of my user account, and any appropriate legal action. I will not hold my teacher, my school, or Grayson County School District responsible for or legally liable for materials distributed to or acquired from the Internet/email. I also agree to report any misuse of the Internet/email account to the system administrator, my teacher or any school administrator. Misuse can come in many forms, but can be viewed as any messages sent/received or viewed content that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, harassment and other issues described above.

Student Name: (print) _____

Student Signature: _____ Date: _____

Grade _____

Parent/Guardian: As the parent/guardian of the minor student signing above, I have read this contract and understand that the Grayson County Schools user account is designed for educational purposes only. I also understand that the Grayson County School District will restrict access to controversial materials however: it is impossible for the school, or the Grayson County School District to restrict access to all controversial materials. I will not hold the teacher, school, or the Grayson County School District responsible for, or legally liable for any materials distributed to or acquired from the Internet. I will also agree to report any misuse of the information system to the system administrator, teacher, or any school administrator. Misuse can come in many forms, but can be viewed as any messages sent/received or viewed content, that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language and other issues described above. I accept full responsibility for supervision of my child and agree to guide and convey to him/her appropriate standards of selection, sharing and/or exploring information and media.

The Outlook Live e-mail solution is provided to your child by the district as part of the Live@edu service from Microsoft. By signing this form, you hereby accept and agree that your child's rights to use the Outlook Live e-mail service, and other Live@edu services as the Kentucky Department of Education may provide over time, are subject to the terms and conditions set forth in district policy/procedure as provided and that the data stored in such Live@edu services, including the Outlook Live e-mail service, are managed by the district pursuant to policy 08.2323 and accompanying procedures. You also understand that the Windows Live ID provided to your child also can be used to access other electronic services that provide features such as online storage and instant messaging. Use of those Microsoft services is subject to Microsoft's standard consumer terms of use (the Windows Live Service Agreement), and data stored in those systems are managed pursuant to the Windows Live Service Agreement and the Microsoft Online Privacy Statement. Before your child can use those Microsoft services, he/she must accept the Windows Live Service Agreement and, in certain cases, obtain your consent.

I hereby give my permission to issue an Internet account (electronic mail and Internet access) for my child and certify that the information contained on this form is correct.

Parent/Guardian: (print) _____

Signature: _____ Date: _____

Technology Readiness Survey

Please answer the following questions:

1) Does the student have access to at least one computer at home for school related activities? **YES/NO**

A) If yes, is the computer less than 5 years old? **YES/NO**

2) Does the computer have access to the Internet? **YES/NO**

A) If yes circle the type of Internet connection you have.

Dial Up Cable Modem DSL Satellite Other