

Enrollment Information *(Please print and complete front and back of form.)* Today's Date: _____

Student Information	Legal Name of Student: (Last) _____ (Jr,III, etc) _____ (First) _____ (Middle) _____
	____ Male ____ Female Grade ____ Nickname _____ Social Security Number _____
	Date of Birth (Month) _____ (Day) _____ (Year) _____ Birthplace (County) _____ (State) _____
	Race: ____ White ____ Black ____ Hispanic ____ Asian/Pacific Islander ____ American Indian/Alaskan Native ____ Other
	Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
	Student's Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____
	Citizenship: ____ U.S. Citizen ____ U.S. Resident ____ Non-Resident Alien ____ Other _____
	Does your child have special needs, or does he or she receive special education services? ____ Yes ____ No
	Please check any of the following services that apply to your student: ____ Individual Education Plan (IEP) ____ 504 Plan ____ Speech Therapy ____ ESS ____ ESL ____ GIFTED
	First time enrolled in a Kentucky school? ____ Yes ____ No

Parents/Guardians Living Within Household With Student

Household Information	Last Name _____ Suffix _____	Last Name _____ Suffix _____
	First Name _____ MI _____	First Name _____ MI _____
	Sex ____ Relationship to Student _____	Sex ____ Relationship to Student _____
	Phone # _____ Work # _____	Phone # _____ Work # _____
	Cell Phone # _____	Cell Phone # _____
	Place of Employment _____	Place of Employment _____
	E-mail Address _____	E-mail Address _____

Siblings Living Within Household

Sibling Information	Last Name _____ Suffix _____	Last Name _____ Suffix _____	
	First Name _____ MI _____	First Name _____ MI _____	
	Birthdate ____ / ____ / ____ Sex ____ Grade ____	Birthdate ____ / ____ / ____ Sex ____ Grade ____	
	Relationship to Student _____	Relationship to Student _____	
Currently attending a Hardin County School? ____ Yes ____ No		Currently attending a Hardin County School? ____ Yes ____ No	
Name of School _____		Name of School _____	
Sibling Information	Last Name _____ Suffix _____	Last Name _____ Suffix _____	
	First Name _____ MI _____	First Name _____ MI _____	
	Birthdate ____ / ____ / ____ Sex ____ Grade ____	Birthdate ____ / ____ / ____ Sex ____ Grade ____	
	Relationship to Student _____	Relationship to Student _____	
Currently attending a Hardin County School? ____ Yes ____ No		Currently attending a Hardin County School? ____ Yes ____ No	
Name of School _____		Name of School _____	

Parents/Guardians Living at Another Address

Non-Household Information	Does this parent/guardian have joint custody? ____ Yes ____ No	Does this parent/guardian have joint custody? ____ Yes ____ No	
	Should this parent/guardian receive school mailings? ____ Yes ____ No	Should this parent/guardian receive school mailings? ____ Yes ____ No	
	Last Name _____ Suffix _____	Last Name _____ Suffix _____	
	First Name _____ MI _____	First Name _____ MI _____	
	Sex ____ Relationship to Student _____	Sex ____ Relationship to Student _____	
	Address _____	Address _____	
	City _____	City _____	
	Phone # _____ Work # _____	Phone # _____ Work # _____	
	Cell Phone # _____ Place of Employment _____	Cell Phone # _____ Place of Employment _____	
	E-mail Address _____	E-mail Address _____	
Is there a court order restricting this parent/guardian's access to this student? ____ Yes ____ No		Is there a court order restricting this parent/guardian's access to this student? ____ Yes ____ No	
(If yes, a copy of the court order MUST be provided.)		(If yes, a copy of the court order MUST be provided.)	

Legal Name of Student: _____
(Last) _____ (First) _____ (Middle) _____

Transportation	Primary Transportation to School: _____ Car Rider _____ Walker _____ School Bus
	Transportation by Hardin County School Bus: _____ One Way _____ Both Ways _____ More Than 1 Mile _____ Less Than 1 Mile
	If child is to ride bus to/from address different than home, please list: Name _____
	Address _____ Telephone # _____

Language	Child's Birth Country _____
	What is the language most frequently spoken at home? _____ Which language did your child learn when he/she first began to talk? _____
	What language does your child most frequently speak at home? _____ What language do you most frequently speak to your child? _____

Medical and Emergency Information	Family Physician _____ Telephone # _____
	Dentist _____ Telephone # _____
	List and identify problems and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel _____

	List medications to be given during school day along with dosage _____

	(An Authorization to Give Medication Form must be on file for any medication to be given to a student during the school day).
Emergency Information:	
In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following:	
Name _____ Relationship _____ Telephone # _____	
Name _____ Relationship _____ Telephone # _____	
Name _____ Relationship _____ Telephone # _____	
Name _____ Relationship _____ Telephone # _____	
In case of weather related early school dismissal, I prefer: _____ My child ride regular bus _____ My child will ride bus to regular day care _____ My child will be picked up.	

PARENT/GUARDIAN SIGNATURE _____ DATE _____
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Do Not Write Below This Line.

OFFICE USE ONLY

Household Name: _____	_____ Immunization Certificate _____ Physical Exam
Student ID No.: _____	_____ Birth Certificate _____ Vision Exam
Address Verification: _____	Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Teacher/Room No.: _____	
Entry Date/Code: _____	
Transfer Student: ___Yes ___No	
Withdrawal Code: _____	
GEO Code: _____ Transportation Code _____	
Bus No.: _____	
ESL Services: ___Yes ___No IEP: ___Yes ___No	
504 Plan: _____	
Records Requested: ___Yes ___No Date: _____	
IEP Requested: ___Yes ___No Date: _____	

