

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 _____
	Date of Birth (Month) _____ (Day) _____ (Year) _____
	Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
	Student's Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____
	Does your child have special needs, or does he or she receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last School Attended: _____
	School Address: _____ Telephone # _____
Does either parent/guardian work on government property? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Race and Ethnicity (Optional)

Race	Is your child Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Student Race: (Check <u>all</u> that apply) _____ White _____ Black or African American _____ Asian _____ Native Hawaiian or other Pacific Islander _____ American Indian or Alaskan Native

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently attending a Hardin County School? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of School _____	Name of School _____
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently attending a Hardin County School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of School _____	Name of School _____	

Parents/Guardians Living at Another Address

Non-Household Information	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)	Is there a court order restricting this parent/guardian's access to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)	

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

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

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: <input type="checkbox"/> My child ride regular bus <input type="checkbox"/> My child will ride bus to regular day care <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Withdrawal Code: _____	_____	
GEO Code: _____ Transportation Code _____	_____	
Bus No.: _____	_____	
ESL Services: <input type="checkbox"/> Yes <input type="checkbox"/> No IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
504 Plan: _____	_____	
Records Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	_____	
IEP Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	_____	

