

- New to Hopkins County Schools
- Siblings already enrolled
- Previously enrolled in Hopkins County Schools

## Hopkins County Schools Student Enrollment

**Office Use Only**

School: \_\_\_\_\_

Start Date: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Legal Name of Student:** (Please Print) \_\_\_\_\_ Suffix \_\_\_\_\_ Grade: \_\_\_\_ DOB: \_\_\_\_\_  M  F SS# \_\_\_\_\_  
(Last) (First) (Middle) (Jr., III, etc.)

**Race:** (Circle all that apply) American Indian/Alaskan Native Asian Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander White (Non-Hispanic)

**Birthplace:** (Country) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Student Address:** (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Student Residency Questionnaire** *(If checked, please complete secondary form)*

**Presently, where do you and/or your family sleep at night? Check the appropriate box if any of the following are true:**

- 1.) In a shelter or transitional housing?  Y  N
- 2.) In a motel/hotel due to loss of housing, economic hardship or similar reason  Y  N
- 3.) Displaced due to a natural disaster (fire, flooding, etc.)  Y  N
- 4.) In housing or any vehicle (including camper) without running water, electricity, or heat  Y  N
- 5.) With another family in their home, apartment, etc. due to loss of housing, economic hardship or similar reason  Y  N

**Student Mailing Address:** (if different) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**U.S. Citizen:**  YES  NO If No, country of residence: \_\_\_\_\_  Migrant  Immigrant  Refugee: (Country) \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ Last Date Attended: \_\_\_\_\_ Kentucky School:  Yes  No

**School Address:** (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ School Telephone #: (\_\_\_\_) \_\_\_\_\_

**PRIMARY RESIDENCE - Parents/Guardians Living in Same Household as Student**

**Legal Name:** \_\_\_\_\_ Suffix: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (M.I.)

**Relationship to Student:** \_\_\_\_\_ SS#: XXX - XX - \_\_\_\_\_

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_ Suffix: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (M.I.)

**Relationship to Student:** \_\_\_\_\_ SS#: XXX - XX - \_\_\_\_\_

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Siblings Living in Same Household as Student**

Legal Name: _____ Suffix: _____ Sex: _____ Grade: _____ Birth Date _____ Name of Hopkins County School: _____	Legal Name: _____ Suffix: _____ Sex: _____ Grade: _____ Birth Date _____ Name of Hopkins County School: _____
Legal Name: _____ Suffix: _____ Sex: _____ Grade: _____ Birth Date _____ Name of Hopkins County School: _____	Legal Name: _____ Suffix: _____ Sex: _____ Grade: _____ Birth Date _____ Name of Hopkins County School: _____

**Special Services**

Does this student have special needs, or receive special education services? Yes  No

Does this student have a 504 Plan? Yes  No

Does this student receive Title 1 services? Yes  No

## Transportation

Primary Transportation to School (check all that apply):  Walker/Car Rider  Bus, #: \_\_\_\_\_ (assigned by school district staff) BUS:  AM  PM  Both A.M & P.M  More Than 1 Mile  Less Than 1 Mile

### SECONDARY RESIDENCE Parents/Guardians Living at an Address Different from Student

Does this parent/guardian have joint custody? \_\_\_\_\_  
Should this parent/guardian receive school information? \_\_\_\_\_  
Is this person legally restricted access to this student? \_\_\_\_\_

(A copy of the court order MUST be provided to the school.)

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does this parent/guardian have joint custody? \_\_\_\_\_  
Should this parent/guardian receive school information? \_\_\_\_\_  
Is this person legally restricted access to this student? \_\_\_\_\_

(A copy of the court order MUST be provided to the school.)

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## School Safety Information

KRS 158.155 requires that a parent or guardian of 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 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: \_\_\_\_\_

## Medical Information

List and identify diagnosed problems and/or medical conditions (such as food, environmental, and/or medication allergies, or intolerances): \_\_\_\_\_

\*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a "Primary Care Authorization" form on file. For more information or to obtain a form, please contact the school Nurse or Health Clerk.

Please check one:  Yes, my child receives Medicaid services. Medicaid # \_\_\_\_\_  No, my child does not receive Medicaid Services.

Regular Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

## Legal Issues

Please describe any legal issues that the school should be aware of. (Legal Flags)

\_\_\_\_\_  
\_\_\_\_\_

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

**If there are changes made during the year, please contact the school office IMMEDIATELY.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_