

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

Hopkins County Schools Student Enrollment / Emergency Information

Please Check

White (not Hispanic) - A person having origin in any of the original peoples of Europe, North Africa or the Middle East.
 Black/African American (not Hispanic)-A person having origins in any of the black racial groups of Africa.
 Hispanic/Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race.
 Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
 Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 American Indian or Alaskan Native-A person having origins in any of the original people of North & South America and who maintains culture identification through tribal affiliation or community attachment.

Race/Ethnic Group Categories

Office Use Only

School: _____
 Start Date: _____
 Teacher: _____

Legal Name of Student (please Print) _____ (Last) _____ (First) _____ (Middle) _____ (Jr., III, etc.) Suffix _____ Grade: _____ DOB: _____ M F SS# _____

Birthplace: (Country) _____ (County) _____ (State) _____ Phone #: () _____ (Check only if applicable*)

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____ Shelter Motel House or apartment shared with Friends or family members Friends/Family member (other than parent/guardian)

**If applicable, please complete a Residency Questionnaire (704 KAR 7:090)*

Student Mailing Address: (if different) _____ (Street or PO Box and Apt #) _____ (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) _____ School Telephone #: () _____

Legal Name: _____ (Last) _____ (First) _____ (M.I.) _____ Suffix: _____ DOB: _____

Relationship to Student: _____ SS#: XXX - XX - _____ Relationship to Student: _____ (last) _____ (First) _____ (M.I.) _____ SS#: XXX - XX - _____

Phone: Home () _____ Work: () _____ Cell Phone: () _____

Place of Employment: _____ Occupation: _____

E-Mail: _____

Siblings Living in Same Household as Student

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

Special Services

Does this student have special needs, or receive special education services? Y N Does this student have a 504 plan? Y N Does this student receive Title 1 services? Y N
Does this student receive Speech/Language services? Y N Has this student been formally identified as Gifted/Talented? Y N Does this student receive Free/Reduced Lunch? Y N

Transportation

Primary Transportation to School (check all that applies): Car Walker Bus, #: _____ (assigned by school district staff) BUS: A.M. P.M. Both A.M. & P.M. More Than 1 Mile Less Than 1 Mile None

Language

Daycare: _____
What is the language most frequently spoken at home? _____ Which language did this student learn when he or she first began to speak? _____
What language does this student most frequently speak? _____ What languages do the parents of this student speak? _____

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: _____

Legal Issues

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

Medical Information

List and identify problems and/or medical conditions (such as allergies and/or allergies to medications): _____

*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.

Emergency Information

If needed, what hospital should this student be taken to? _____ IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship to student _____ Tel No: (____) _____ Home Work Cell DOB: _____

Name: _____ Relationship to student _____ Tel No: (____) _____ Home Work Cell DOB: _____

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: _____

Office Use Only
New Enrollment _____
Revised Enrollment _____
Office Personnel _____
Date _____

District Services Survey (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 3 years? Y N Did the children in your family join you at a later date? Y N

During the last 3 years, were any of these moves made with the intent to find temporary or seasonal work in farming/agriculture? Y N

Check all that apply: Working on a farm Working in tobacco Working in tobacco green house Working with beef cattle Working in a plant nursery/greenhouse Working in a processing plant

Working on a poultry farm Picking fruits or vegetables Tree growing/harvesting

Student residency Survey

Do your children live with friends or family members in a home in which their parents/guardians don't live? Y N Do your children live with more than one family in a house or apartment? Y N