

# ROCKCASTLE COUNTY SCHOOLS

## Enrollment Information

# 2017-2018

Enrollment Date \_\_\_\_\_

Student Name: \_\_\_\_\_

### STUDENT INFORMATION

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Male  Female Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race/Ethnicity (check all that apply): Hispanic/Latino:  Yes  No

White  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander

Student's Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Mailing Address (if different from above): Street/PO Box: \_\_\_\_\_ 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

Does your child have a 504 plan?  Yes  No Does your child receive gifted and talented services?  Yes  No

Has your child been enrolled in another school district in Kentucky?  Yes  No

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone No.:( ) \_\_\_\_\_

### PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT

Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone) ( ) _____ E-Mail Address: _____ I want a Parent Portal account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone)( ) _____ E-Mail Address: _____ I want a Parent Portal account: <input type="checkbox"/> Yes <input type="checkbox"/> No
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### SIBLINGS/OTHERS LIVING IN SAME HOUSEHOLD

Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
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Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
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### PARENTS/GUARDIANS LIVING AT ANOTHER ADDRESS

Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Address: _____ Phone: (Home)( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone)( ) _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Address: _____ Phone: (Home)( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone)( ) _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)
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Teacher Name: \_\_\_\_\_

Please complete other side.

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

### **TRANSPORTATION**

Primary Transportation to School:  School Bus  Walk  Parent Pickup Bus #: \_\_\_\_\_ Parent Pickup #: \_\_\_\_\_

Transportation provided by Rockcastle County Schools:  One Way  Both Ways  More than 1 mile  Less than 1 mile

Detailed Directions to Student's Home: \_\_\_\_\_

### **NON-ENGLISH SPEAKERS**

What is the primary language spoken in the student's home? \_\_\_\_\_

What language did your child learn when he or 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? \_\_\_\_\_

### **CHILDCARE**

Name of Day Care or Babysitter: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

**In case of an accident/emergency or when parent /guardian is not available, my child may be released to one of the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

### **MEDICAL AND EMERGENCY INFORMATION**

Family Physician: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Please mark the following conditions that that have been diagnosed by a healthcare provider:

Anaphylactic Reaction/Severe Allergic Episode  Diabetes  Asthma  Seizures  Other \_\_\_\_\_

**Per state regulation, any child with a health condition (such as asthma, diabetes, seizures) must have a Primary Care Provider Authorization Form on file. For more information or to obtain a form, please contact your child's school.**

Please list any medications your child takes at home or school: \_\_\_\_\_

I give permission for my child to be seen by the school nurse and receive treatment for minor complaints (i.e.. Headache, skin irritations, cough, etc.)	Y	N
I give permission for my child to be photographed or audio/video taped for broadcast or print for Rockcastle County Schools publications or website.	Y	N
I give permission for my child to participate in physical education. (If no, a doctor's statement must be attached.)	Y	N
I give permission to the Rockcastle County Schools to display the product of my child's school related academic, athletic, music and/ or art work on the district website and other district publications.	Y	N
I give permission for my child to be screened for vision, hearing, speech, contagions, and parasites by trained school personnel. In case of an emergency and in the event that no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed, and/or call 911 for emergency transportation of my child. I will not hold the school district financially responsible for the emergency care and/or transport of my child.		
I verify that all information provided on this form was supplied by me and is accurate.		
Parent's/Guardian's Signature: _____	Date: _____	

## **Rockcastle County Schools**

245 Richmond Street | Mt. Vernon, KY 40456 | (606) 256-2125

www.rockcastle.kyschools.us

*Rockcastle County Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.*

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

# ROCKCASTLE COUNTY EARLY CHILDHOOD 2017-2018 Registration Form

### PRIMARY ADULT (PERSON CHILD LIVES WITH)

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Marital Status:  Married  Divorced  Other Date of Birth: \_\_\_\_\_ Member of the US Military:  Yes  No

Employment Status:  Full-time  Part-time  Disabled  Unemployed  Retired

Education Level: (circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED Years beyond High School: 1 2 3 4 4+

### SECONDARY ADULT

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Marital Status:  Married  Divorced  Other Date of Birth: \_\_\_\_\_ Member of the US Military:  Yes  No

Employment Status:  Full-time  Part-time  Disabled  Unemployed  Retired

Education Level: (circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED Years beyond High School: 1 2 3 4 4+

### SERVICES RECEIVED

SNAP (food stamps)  Yes  No

TANF/K-Tap  Yes  No

SSI  Yes  No

WIC  Yes  No

### HEALTH/MEDICAL INFORMATION

Health Insurance:  Medicaid  K-Chip  Private  None

Dental Insurance  Yes  No

Social Security # (optional) \_\_\_\_\_

### **SCREENING PERMISSION AND RELEASE OF INFORMATION**

I give permission for my child, \_\_\_\_\_ to be given a developmental/behavioral screening, vision screening and hearing screening provided by the Rockcastle County Board of Education and Kentucky River Foothills Head Start.

I understand that registration and screening information will be shared between the Rockcastle County Board of Education and Kentucky River Foothills Head Start to determine eligibility for preschool.

I understand that the following application information will be shared between the Rockcastle County Board of Education and Kentucky River Foothills Head Start: copy of certified birth certificate, copy of social security card, copy of medical, K-Chip or insurance card, medical exam-including lead, dental exam, eye exam and immunization certificate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date