

ROCKCASTLE COUNTY SCHOOLS

Enrollment Information

2016-2017

Enrollment Date _____

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 NoDoes your child have a 504 plan? Yes No Does your child receive gifted and talented services? Yes NoHas 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: Male Female Relationship to Student: _____
 Phone: (Home) () _____ (Cell) () _____
 Place of Employment: _____ (Phone) () _____
 E-Mail Address: _____
 I want a Parent Portal account: Yes No

Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Relationship to Student: _____
 Phone: (Home) () _____ (Cell) () _____
 Place of Employment: _____ (Phone) () _____
 E-Mail Address: _____
 I want a Parent Portal account: Yes No

SIBLINGS/OTHERS LIVING IN SAME HOUSEHOLD

Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Birthdate: _____
 Grade: _____ Relationship to Student: _____
 Currently attending a Rockcastle County School? Yes No
 Name of School: _____

Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Birthdate: _____
 Grade: _____ Relationship to Student: _____
 Currently attending a Rockcastle County School? Yes No
 Name of School: _____

Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Birthdate: _____
 Grade: _____ Relationship to Student: _____
 Currently attending a Rockcastle County School? Yes No
 Name of School: _____

Last Name: _____ First Name: _____ MI: _____
 Sex: Male Female Birthdate: _____
 Grade: _____ Relationship to Student: _____
 Currently attending a Rockcastle County School? Yes No
 Name of School: _____

PARENTS/GUARDIANS LIVING AT ANOTHER ADDRESS

Does this parent/guardian have joint custody? Yes No
 Last Name: _____ First Name: _____ MI: _____
 Sex: Male 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? Yes No (If yes, a copy of the court order MUST be provided.)

Does this parent/guardian have joint custody? Yes No
 Last Name: _____ First Name: _____ MI: _____
 Sex: Male 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? Yes No (If yes, a copy of the court order MUST be provided.)

Please complete other side.

Student Name: _____

Teacher Name: _____

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.

ROCKCASTLE COUNTY EARLY CHILDHOOD 2016-2017 Registration Form

Teacher Use Only	
Class:	_____
Session:	_____
Bus:	_____
Hgt:	_____ Wgt: _____
Birth Certificate:	<input type="checkbox"/>

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 Other None 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