

ROCKCASTLE COUNTY SCHOOLS

Enrollment Information

2020-2021

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: <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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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, development, 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 2020-2021 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 College Student __ Full Time __ Part Time

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 College Student __ Full Time __ Part Time

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) _____

CHILD'S INFORMATION

Legal Name: (Last) _____ (First) _____ (Middle) _____ Date of Birth: _____

Sex: Male Female Person Interviewed: _____ Relation to Child: _____

Interviewer: _____ Title: _____ Date: _____

Pregnancy/Birth Information:

Did mother have any problems during pregnancy or delivery? Yes No

Did mother visit physician less than two times during pregnancy? Yes No

What was the length of the pregnancy? 9 months less than 9 months

Was the child born more than 3 weeks early? Yes No

Were there any health concerns with mother or child at birth? Yes No

If yes, please explain: _____

Health Information:

Has your child ever had a serious accident? Yes No

Has your child ever had a serious illness? Yes No

Has your child ever been hospitalized or had an operation? Yes No

If yes, date and reason: _____

Please complete other side.

Development Information:

Do you have any concerns about how your child is developing in any of the following areas? Check all that apply.

- Behavior Eating Playing with other children Movement
- Dressing Listening Understanding directions Sleeping
- Speech

Explain: _____

- Does your child wear pull-ups or diapers? Yes No
- Does your child have trouble toileting (e.g. constipation, diarrhea, etc.)? Yes No
- Does your child use a: Bottle Pacifier Both Neither one
- Is there a current or past history of abuse/neglect, substance abuse or domestic violence? Yes No

What foods does your child especially like? Please list. _____

Is there anything else you would like to share with us about your child? If yes, please explain. _____

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 to determine eligibility for preschool.

Signature of Parent/Guardian

Date

Witness

Date