



Date: _____

Grandview Elementary/Preschool (Single Student) Enrollment Information



NOTICE: Print Neatly in Ink or else the form may be rejected.

Best Phone Number for Voice, Text or Emergency Calls/Msgs: (_____) _____ - _____

Legal Name of Student: (Last) _____ (Jr., III, etc.) _____ (First) _____ (Middle) _____

Male Female Grade Level Enrolling: _____ SS# (optional) ____/____/____ Nickname: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace: (County) _____ (State) _____

* **Kentucky State Law 158.032** requires that every child has a birth certificate or other reliable proof of birth on file.

Ethnicity: (Must Choose One): Hispanic/Latino OR Not Hispanic/Latino

(Check ALL that apply): White Black Asian American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander

Student's Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Citizenship: U.S. Citizen U.S. Resident Non-Resident Alien Other: _____

Does your child **have an IEP** (special needs) or a **504 Plan** (receive special education services)? Yes No

Student/household members frequently use computer/internet access at home? Yes No

Last School Attended (if any): _____

School Address: _____ Telephone No.: (_____) _____ - _____

Parents/Guardians Info for the above named student (even if living at other address).

Relationship to Student (Circle One): **Father** **Mother** **Step Parent** **Other Legal Guardian (Relationship)** _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Work Phone: _____ Cell Phone: _____ Home Phone _____

Place of Employment: _____ E-Mail Address: _____

Relationship to Student (Circle One): **Father** **Mother** **Step Parent** **Other Legal Guardian (Relationship)** _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Work Phone: _____ Cell Phone: _____ Home Phone _____

Place of Employment: _____ E-Mail Address: _____

Relationship to Student (Circle One): **Father** **Mother** **Step Parent** **Other Legal Guardian (Relationship)** _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Work Phone: _____ Cell Phone: _____ Home Phone _____

Place of Employment: _____ E-Mail Address: _____

Is there a court order restricting anyone above access to the student? Yes No (If yes, a court order copy **MUST** be provided.)

Does this parent/guardian have joint custody? Yes No

Should this parent/guardian receive school mailings? Yes No

Sibling(s) (of registered student) Information

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Bellevue Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School or childcare: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Bellevue Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School or childcare: _____
Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Bellevue Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School or childcare: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____ / ____ / ____ Gender: _____ Grade: _____ Relationship to Student: _____ Currently attending Bellevue Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School or childcare: _____

Childcare (if any)

Name of Child Care/Babysitter: _____
Address: _____ Phone No.: _____

Medical – Emergency – Early Closure of School Information

Family Physician: _____ Phone No.: _____
Dentist: _____ Phone No.: _____

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:

Name: _____ Relationship: _____ Home No.: _____
Cell No: _____ Work No.: _____

Name: _____ Relationship: _____ Home No.: _____
Cell No: _____ Work No.: _____

Name: _____ Relationship: _____ Home No.: _____
Cell No: _____ Work No.: _____

LIST ANY OTHER PEOPLE WHO CANNOT PICK UP MY CHILD: _____

This information is true and accurate to the best of my knowledge. Do not sign this form if any information is incorrect.

PARENTS OF PRESCHOOL & KINDERGARTEN STUDENTS ONLY

Transportation

Primary Transportation to School: (Check One) Car Rider Walker School Bus
Transportation by Bellevue Bus (Check One): One Way (Circle one) AM or PM Both Ways

Parent's/Guardian's Signature: _____ Date: _____