



# Meade County Schools

## Student Enrollment Form

Entry Date: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Demographic Information

Student's Legal Name \_\_\_\_\_  
 First Middle Last

Sex:  Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Race/Ethnicity: Is the student Hispanic/Latino? (must choose one)  No  Yes

Is the student from one or more of these races? (check all that apply)

American Indian or Alaska native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

Who is identifying student's race?  Parent/Guardian  Child  Observer  Unknown

Place of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 County, State (or Country if not USA)

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Is your enrollment in Meade County due to Base Re-alignment & Closure?  Yes  No

If so, are you  active military or  civil service

**FOR OFFICE USE ONLY:**

SSID # \_\_\_\_\_

Homeroom \_\_\_\_\_

Birth Certificate

Immunization

Eye Exam

Physical

Records Release

Proof of Residence & 2 items

Report Card

Transcript

WD form from Prev School

### Last School Attended

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

School Phone Number: \_\_\_\_\_  I give permission to request all records from this school.

Have you been in a Meade County School before?  Yes  No

If yes, which school and when? \_\_\_\_\_

If not, have you been in a Kentucky school before?  Yes  No

If yes, which district and when? \_\_\_\_\_

### Transportation

Transportation Code (check one)  T1 - Over 1 mile twice daily 3 or more times a wk  T2 - Under 1 mile twice daily 3 or more times a wk  
 T3 - Over 1 mile once daily 3 or more times a wk  T4 - Under 1 mile once daily 3 or more times a wk  
 T5 - Handicapped/special \_\_\_\_\_ Bus you ride to school  NT - Not transported by bus OR 2 or less times a wk  
 \_\_\_\_\_ Bus you ride home

Directions to your home: \_\_\_\_\_

### Medical Information / Emergency Release

Are there any particular medical problems your child may be experiencing? (Please explain.) \*Health Flag

Heart Problems \_\_\_\_\_  Hearing Difficulty \_\_\_\_\_

Allergies \_\_\_\_\_  Seizures \_\_\_\_\_

Asthma \_\_\_\_\_  Diabetes \_\_\_\_\_

Current medications the student is taking: \_\_\_\_\_

### School Safety Information

KRS 158.155 requires that a parent or guardian of a 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 a 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: \_\_\_\_\_

### Participation in Programs

Please check any special programs in which the student has participated:

Speech/Language  504 Plan  Gifted/Talented  Special Reading  Free/Reduced Lunch  IEP

OR  Not Applicable



# Meade County Schools

## Household Enrollment Form

Updated 2/2016  
**First Point of Contact School:** \_\_\_\_\_

The Household Enrollment Form will be filled out at **only** the **first school enrollment site**.  
*First Point of Contact School: copy pages 2 – 4 for each student enrolling in another Meade Co School.*

**Student Name on 1<sup>st</sup> Page** \_\_\_\_\_

<b>Siblings/Students in Same Household Attending School</b> <i>(Ages 3 and Above)</i>			
<b>1<sup>st</sup> Student's LEGAL Name:</b> _____			
	FIRST	MIDDLE	LAST
<b>Relationship to student on Pg 1 -</b> _____			
<b>Date of Birth</b> _____	<b>Grade</b> _____	<b>School</b> _____	
<b>2<sup>nd</sup> Student's LEGAL Name:</b> _____			
	FIRST	MIDDLE	LAST
<b>Relationship to student on Pg 1 -</b> _____			
<b>Date of Birth</b> _____	<b>Grade</b> _____	<b>School</b> _____	
<b>3<sup>rd</sup> Student's LEGAL Name:</b> _____			
	FIRST	MIDDLE	LAST
<b>Relationship to student on Pg 1 -</b> _____			
<b>Date of Birth</b> _____	<b>Grade</b> _____	<b>School</b> _____	
<b>4<sup>th</sup> Student's LEGAL Name:</b> _____			
	FIRST	MIDDLE	LAST
<b>Relationship to student on Pg 1 -</b> _____			
<b>Date of Birth</b> _____	<b>Grade</b> _____	<b>School</b> _____	
<b>5<sup>th</sup> Student's LEGAL Name:</b> _____			
	FIRST	MIDDLE	LAST
<b>Relationship to student on Pg 1 -</b> _____			
<b>Date of Birth</b> _____	<b>Grade</b> _____	<b>School</b> _____	

<b>Primary Household</b> <i>(This is the address where the students above reside.)</i>			
<b>Physical Address</b> _____			
	NUMBER	STREET	APT/LOT
_____			
	CITY	STATE	ZIP
_____			
<b>Mailing Address</b> _____			
<i>(if different)</i> P.O. BOX (OR OTHER MAILING ADDRESS) _____			
_____			
	CITY	STATE	ZIP
_____			
<b>Home Phone</b> _____ <input type="checkbox"/> <i>(Check if Unlisted)</i>			

<b>Parent or Guardian 1</b> <i>(This is the primary parent/guardian for the students listed above.)</i>			
<b>Name</b> _____			
	FIRST	MIDDLE /MAIDEN	LAST
<b>Employer</b> _____			<b>Work Phone</b> _____
<b>Cell Phone</b> _____		<b>Email Address</b> _____	
<b>Relationship to Student:</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Guardian (by court) <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Parent's Significant Other			
<input type="checkbox"/> Other (specify) _____			

Check the box for access to the following: <input type="checkbox"/> Portal (checking grades on-line) <input type="checkbox"/> Emails <input type="checkbox"/> Mailings
--

**Parent or Guardian 2** (This is either the second parent/guardian or a step-parent living in the household.)

Name \_\_\_\_\_  
FIRST MIDDLE /MAIDEN LAST

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Student:  Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Parent's Significant Other  
 Other (specify) \_\_\_\_\_

Check the box for access to the following:  Portal (checking grades on-line)  Emails  Mailings

**Secondary Household** (This section should be completed if both parents do not live in the Primary Household.)

Physical Address \_\_\_\_\_  
NUMBER STREET APT/LOT

\_\_\_\_\_ CITY STATE ZIP

Mailing Address \_\_\_\_\_  
(if different) P.O. BOX (OR OTHER MAILING ADDRESS)

\_\_\_\_\_ CITY STATE ZIP

Home Phone \_\_\_\_\_  (Check if Unlisted)

**Parent or Guardian 3** (This will generally be a parent who does NOT live in the Primary Household with the students.)

Name \_\_\_\_\_  
FIRST MIDDLE /MAIDEN LAST

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Student:  Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Parent's Significant Other  
 Other (specify) \_\_\_\_\_

Check the box for access to the following:  Portal (checking grades on-line)  Emails  Mailings

**Parent or Guardian 4** (This will generally be the individual living with a parent in a Secondary Household.)

Name \_\_\_\_\_  
FIRST MIDDLE /MAIDEN LAST

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Relationship to Student:  Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Parent's Significant Other  
 Other (specify) \_\_\_\_\_

Check the box for access to the following:  Portal (checking grades on-line)  Emails  Mailings

**District Services Survey** (The following will help determine if you are eligible for additional services.)

<i>Student Residency Survey</i>		
Do your children live with friends or family members in a home in which their parents/guardians don't live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your children live with more than one family in a house or apartment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your children live in a motel, car, or campsite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your children live in a shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Emergency Contacts for Student on 1<sup>st</sup> page – People who have permission to *check out or pick up* student without calling Parent first.**

*List in order of preference of whom to call in case of an emergency.*

Name	Relationship	Home Phone	Work Phone	Cell Phone

**Transportation Contacts for Student on 1st page – People who have permission to *put student on or get off bus*.**

Mainly for Preschool, Kindergarten and Alternative High School students. *List in order of preference of whom to call in case of an emergency*

Name	Relationship	Home Phone	Work Phone	Cell Phone



**MEADE COUNTY SCHOOLS**

*Parent/Guardian Checklist & Signature*

**ENROLLMENT CHECKLIST:**

- Student Registration Form* is complete (page 1).
- Household Registration Form* has been completed either at this school or at another school (pages 2-3). (*This form is filled out once at the first enrollment school for the entire household.*)
- I have signed the *Meade County Schools Certification Statement*.
- I have read & signed the *Student Acceptable Use Policy*.
- I have completed a *Records Transfer Form* so that the new school may request educational records for my child. (if applicable for private or out of state school)
- I have received a *Free and Reduced Lunch Application*.
- I have completed and signed the *Proof of Residence Form* and supplied required proof.

**For initial entry into Meade County Schools (first time enrollees only):**

- I have supplied a *Kentucky Immunization Certificate*.
- I have supplied a copy of a recent *Health Physical Examination*.
- I have supplied a *Certified Birth Certificate*.
- I have supplied a *Kentucky Eye Exam* by an ophthalmologist or optometrist (*For children ages 3-6 initial entry into a Kentucky School only*)

**SIGNATURE:**

- I verify that the information supplied is correct and current.
- I verify that I live at the address given in the Meade County School District. I understand if found otherwise I will have to attend school in the district where I reside.
- I will inform the school of any changes in this information.
- I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.
- I have authorized appropriate permissions on the certification statement.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_