

- New to Hopkins County Schools
- Siblings already enrolled
- Previously enrolled in Hopkins County Schools

Hopkins County Schools Student Enrollment / Emergency Information

Office Use Only

School: _____

Start Date: _____

Teacher: _____

Legal Name of Student (Please Print) _____ (Last) _____ (First) _____ (Middle) _____ DOB: _____ M F SS# _____

Birthplace: (Country) _____ (State) _____ (City) _____ Phone #: () _____ (State) _____ (Zip) _____ (Check only if applicable*)

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____ Motel Shelter House or apartment shared with friends or family members Friends/Family member (other than parent/guardian)

Student Mailing Address: (if different) _____ (Street or PO Box and Apt #) _____ (City) _____ (State) _____ (Zip) _____ Kentucky School: Yes No

U. S. Citizen: Yes No If no, country of residence: _____ Migrant Immigrant Refugee: (Country) _____

Last School Attended: _____ Last Date Attended: _____ (County) _____ School Telephone #: () _____

PRIMARY RESIDENCE Parents/Guardians Living in Same Household as Student

Legal Name: _____ (Last) _____ (First) _____ (M.I.) _____ Suffix: _____ DOB: _____

Relationship to Student: _____

Phone: Home () _____ Work: () _____ Cell Phone: () _____ SS#: XXX - XX - _____

Place of Employment: _____ Occupation: _____

E-Mail: _____

Siblings Living in Same Household as Student

<p>Legal Name: _____ Suffix: _____</p> <p>Birth Date _____ Sex: _____ Grade: _____</p> <p>Name of Hopkins County School: _____</p>	<p>Legal Name: _____ Suffix: _____</p> <p>Birth Date _____ Sex: _____ Grade: _____</p> <p>Name of Hopkins County School: _____</p>
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SECONDARY RESIDENCE Parents/Guardians Living at an Address Different from Student

Does this parent/guardian have joint custody? _____

Should this parent/guardian receive school information? _____

Is this person legally restricted access to this student? _____

(A copy of the court order MUST be provided to the school.)

Legal Name: _____ Suffix: _____ DOB _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ Work: () _____ Cell: () _____

Place of Employment: _____ E-Mail: _____

Special Services

Does this student have special needs, or receive special education services? Y N Does this student have a 504 plan? Y N Does this student receive Title 1 services? Y N
Does this student receive Speech/Language services? Y N Has this student been formally identified as Gifted/Talented? Y N Does this student receive Free/Reduced Lunch? Y N

Transportation

Primary Transportation to School (check all that applies): Car Walker Bus, #: _____ (assigned by school district staff) BUS: A.M. P.M. Both A.M. & P.M. More Than 1 Mile Less Than 1 Mile None
Daycare: _____

Language

What is the language most frequently spoken at home? _____
Which language did this student learn when he or she first began to speak? _____
What language does this student most frequently speak? _____
What languages do the parents of this student speak? _____

School Safety Information

KRS 158.155 requires that a parent or guardian of 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 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: _____

Legal Issues

Please describe any legal issues that the school should be aware of. (Legal Flags)

Medical Information

List and identify problems and/or medical conditions (such as allergies and/or allergies to medications): _____
*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a "Primary Care Authorization" form on file. For more information or to obtain a form, please contact the school nurse or Health Clerk.

Please check one: Yes, my child receives Medicaid Services. Medicaid # _____ No, my child does not receive Medicaid Services.

Regular Medication: _____ Dosage: _____
An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

Emergency Information

If needed, what hospital should this student be taken to? _____ IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship to student _____ Tel No: () _____ Home Work Cell DOB: _____
Name: _____ Relationship to student _____ Tel No: () _____ Home Work Cell DOB: _____
If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: _____ Relationship to student _____
The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____

Office Use Only
New Enrollment _____
Revised Enrollment _____
Office Personnel _____
Date _____

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

Have you or your family moved from one town or school district to another within the state or out-of-state within the past 3 years? Y N Did the children in your family join you at a later date? Y N
During the last 3 years, were any of these moves made with the intent to find temporary or seasonal work in farming/agriculture? Y N
Check all that apply: Working on a farm Working in tobacco Working in tobacco green house Milking cows Working with beef cattle Working in a plant nursery/greenhouse Working in a processing plant
 Working on a poultry farm Picking fruits or vegetables Tree growing/harvesting

Student residency Survey

Do your children live with friends or family members in a home in which their parents/guardians don't live? Y N Do your children live with more than one family in a house or apartment? Y N
Do your children live in a motel, car, or campsite? Y N Do your children live in a shelter? Y N