



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 5/2015
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 1st Page _____

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

Primary Household <i>(This is the address where the students above reside.)</i>			
Physical Address _____			
NUMBER	STREET	APT/LOT	

CITY	STATE	ZIP	

Mailing Address _____			
<i>(if different)</i> P.O. BOX (OR OTHER MAILING ADDRESS) _____			

CITY	STATE	ZIP	

Home Phone _____ <input type="checkbox"/> <i>(Check if Unlisted)</i>			

Parent or Guardian 1 <i>(This is the primary parent/guardian for the students listed above.)</i>			
Name _____			
FIRST	MIDDLE /MAIDEN	LAST	
Employer _____		Work Phone _____	
Cell Phone _____		Email Address _____	
Relationship to Student: <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
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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 1st 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



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 2-4). (*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*)
- I have supplied a *Kentucky Dental Exam* form (*New for 2010-11 school year—required for initial entry of all 5 and 6 year olds only*)

SIGNATURES:

- 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: _____