



Meade County Schools

Student Enrollment Form

Updated 2/2019

Entry Date:

__/__/__

Demographic Information

Student's Legal Name on Birth Certificate _____
 First Middle Last

Name Referred to if Different _____

Sex: ☐ Male ☐ Female Grade: _____ 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: _____ Student Cell Phone: _____

County, State (or Country if not USA)

Student SSN: _____ *not required but needed at high school level to submit

KEES scholarship info for college

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

☐ *Social Security Card

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.

Has student been retained before? ☐ Yes ☐ No

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 ☐ NT - Not transported by bus OR 2 or less times a wk
 _____ Bus you ride to school _____ 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:

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

☐ ESL/ELL ☐ Migrant **OR** ☐ Not Applicable



Meade County Schools

Household Enrollment Form

Updated 2/2019

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 (Ages 3 and Above)

1st Student's LEGAL Name: _____
FIRST MIDDLE LAST

Relationship to student on Pg 1 - _____

Date of Birth _____ Grade _____ School _____

2nd Student's LEGAL Name: _____
FIRST MIDDLE LAST

Relationship to student on Pg 1 - _____

Date of Birth _____ Grade _____ School _____

3rd Student's LEGAL Name: _____
FIRST MIDDLE LAST

Relationship to student on Pg 1 - _____

Date of Birth _____ Grade _____ School _____

4th Student's LEGAL Name: _____
FIRST MIDDLE LAST

Relationship to student on Pg 1 - _____

Date of Birth _____ Grade _____ School _____

5th Student's LEGAL Name: _____
FIRST MIDDLE LAST

Relationship to student on Pg 1 - _____

Date of Birth _____ Grade _____ School _____

Primary Household (This is the address where the students above reside.)

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 1 (This is the primary parent/guardian for the students listed above.)

Name _____ Birthdate _____
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 2 (This is either the second parent/guardian or a step-parent living in the household.)

Name _____ Birthdate _____

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 _____ Birthdate _____

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 _____ Birthdate _____

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.)**Student Residency Survey**

Do your children live with friends or family members in a home in which their parents/guardians don't live?

☐ Yes☐ No

Do you and your children live with more than one family in a house or apartment due to loss of housing or economic hardship (doubled up)?

☐ Yes☐ No

Do you and your children live in a motel, hotel, car, abandoned building, or campgrounds?

☐ Yes☐ No

Do you and your children live in a shelter or transitional housing?

☐ Yes☐ 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

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: _____

Meade County Schools do not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, disability in employment, educational programs, activities, or handicapping condition.