



Meade County Schools Student Enrollment Form

Entry Date: ___/___/___

Updated 2/2019

Demographic Information

Student's Legal Name on Birth Certificate _____

Name Referred to if Different _____

Sex: Male Female Grade: _____

Birthdate: _____
Month / Day / Year

First Middle Last

First Middle Last

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: _____

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

Last School Attended

Name of School: _____

School Address: _____

STREET ADDRESS

CITY

STATE

ZIP

COUNTY

School Phone Number: _____

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

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

Allergies

Asthma

Current medications the student is taking: _____

Diabetes

Seizures

Hearing Difficulty

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: _____ Relationship to student on Pg 1 - _____ FIRST MIDDLE LAST Date of Birth _____ Grade _____ School _____
2nd Student's LEGAL Name: _____ Relationship to student on Pg 1 - _____ FIRST MIDDLE LAST Date of Birth _____ Grade _____ School _____
3rd Student's LEGAL Name: _____ Relationship to student on Pg 1 - _____ FIRST MIDDLE LAST Date of Birth _____ Grade _____ School _____
4th Student's LEGAL Name: _____ Relationship to student on Pg 1 - _____ FIRST MIDDLE LAST Date of Birth _____ Grade _____ School _____
5th Student's LEGAL Name: _____ Relationship to student on Pg 1 - _____ FIRST MIDDLE LAST Date of Birth _____ Grade _____ School _____

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

Physical Address
 NUMBER _____ STREET _____
 CITY _____ STATE _____ ZIP _____
 P.O. BOX (OR OTHER MAILING ADDRESS) _____
 CITY _____ STATE _____ ZIP _____
 Home Phone _____
 CITY _____ STATE _____ ZIP _____
 (Check if Unlisted)

Parent or Guardian I (This is the primary parent/guardian for the students listed above.)
 Name _____ FIRST MIDDLE / MAIDEN LAST
 Birthdate _____
 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

Do you and 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 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and your children live in a motel, hotel, car, abandoned building, or campgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and your children live in a shelter or transitional housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student Residency Survey

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

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

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

Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Name _____ FIRST _____ MIDDLE / MAIDEN _____ LAST _____
 Birthdate _____

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

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

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

Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Name _____ FIRST _____ MIDDLE / MAIDEN _____ LAST _____
 Birthdate _____

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

Home Phone _____
 CITY _____ STATE _____ ZIP _____
 (Check if Unlisted)

Mailing Address (if different)
 P.O. BOX (OR OTHER MAILING ADDRESS) _____
 CITY _____ STATE _____ ZIP _____

Physical Address
 NUMBER _____ STREET _____ APT./LOT _____
 CITY _____ STATE _____ ZIP _____

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

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

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

Cell Phone _____ Email Address _____

Employer _____ Work Phone _____

Name _____ FIRST _____ MIDDLE / MAIDEN _____ LAST _____
 Birthdate _____

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

