

Silver Grove Independent Schools

Student Enrollment/Emergency Information

2016-2017

Any changes in address,
phone number or custody /
guardianship since last
school year?
___ YES ___ NO

Legal Name of Student (Please Print) _____ Suffix _____
(Last) (First) (Middle) (Jr., III, etc)

Grade: _____ Date of Birth: _____ Male Female SS# _____
(Optional)

Birthplace: (Country) _____ (County) _____ (State) _____ Phone #: () _____

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____

(Check only if applicable*) Shelter Motel House or apartment shared with friends or family members Unaccompanied youth
**If applicable, please complete the Affidavit of Residence Questionnaire (704 KAR 7:090)*

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
(Street or PO Box and Apt #)

Ethnicity: Is your child Hispanic/Latino: Yes No

Student Race: *(Check all that apply)* White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

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

Last School Attended: _____ Kentucky School: Yes No

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

School Address: (City) _____ (County) _____ (State) _____

Parents/Guardians Living in Same Household as Student

Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail : _____ Place of Employment: _____ Occupation: _____ DOB _____	Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail : _____ Place of Employment: _____ Occupation: _____ DOB _____
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Siblings Living in Same Household as Student

Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Independent School: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Independent School: _____
Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Independent School: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Independent School: _____

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? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____ Place of Employment: _____ DOB _____	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____ Place of Employment: _____ DOB _____
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Race/Ethnic Group Categories

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black/African American (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic/Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North & South America and who maintains culture identification through tribal affiliation or community attachment.

Special Services

Does this student have special needs, or receive special education services? Yes No
Does this student have a 504 plan? Yes No Does this student receive Title 1 services? Yes No
Has this student been formally identified as Gifted/Talented? Yes No

Language

What is the language most frequently spoken at home?

Which language did this student learn when he or she first began to talk?

What language does this student most frequently speak?

What languages do the parents of this student speak?

(If any answers above are other than English, please complete the "Home Language Survey")

Medical Information

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.

Physician Name: _____ Telephone: _____

I give school officials permission to contact the named Health Care Provider: _____
(Parent/Guardian Signature)

Does your child have any allergies? Yes No List: _____
Type of Reaction: _____

Does your child have asthma? Yes No Triggers: _____

Medication: _____

Does your child have a history of seizures? Yes No Type _____ Date of last seizure: _____

Medication: _____

List other medical conditions: _____

Does your child require any special considerations: _____

This information will be released to all the following school personnel on a need to know basis.

- * Bus Driver(s) * Classroom Teacher(s) * Counselor * Principal * Dean/Asst. Principal
- * Speech/OT/PT/ School Psychologist * Family Resource Center/ Youth Service Center
- *Other Designated School Personnel

I, _____, do, do not; want this information shared with school personnel.
(Parent/Guardian Signature)

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 _____ Telephone No: _____
(____) _____

Name: _____ Relationship to student _____ Telephone No: (____) _____

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. THIS DOES NOT AFFECT THE SCHOOLS ABILITY TO DISCIPLINE STUDENTS TRAVELING TO AND FROM SCHOOL PER APPLICABLE KRS.

My child's image **may be** printed and broadcast publicly to fulfill the district's mission. Yes No
Have you completed an application for free or reduced meals? Yes No

FAILURE TO ANSWER THE FOLLOWING QUESTIONS IN A TRUTHFUL MANNER MAY RESULT IN IMMEDIATE WITHDRAW FROM THIS DISTRICT AND CRIMINAL PROSECUTION.

KRS 158.158.000 requires that a parent or guardian of a child who has been found 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 that requirement, I swear or affirm that:

My child **has not been** found guilty or suspended/expelled for weapons, alcohol or drug involvement, homicide, assault, or violation of state law or school regulation.

My child **has been** found guilty or suspended/expelled for weapons, alcohol or drug involvement, homicide, assault, or violation of state law or school regulation

The facts surrounding each of the above listed occurrences are as follows:

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

Parent/Guardian Signature _____ Date: _____

Office Use Only
School: _____
Start Date: _____
Teacher: _____

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