

# ROCKCASTLE COUNTY SCHOOLS

## Enrollment Information

# 2022-2023

Enrollment Date \_\_\_\_\_

### STUDENT INFORMATION

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

☐ Male ☐ Female Social Security Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_Date of Birth: \_\_\_\_\_ Race/Ethnicity (check all that apply): Hispanic/Latino: ☐ Yes ☐ No☐ White ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

Student's Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Mailing Address (if different from above): Street/PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Citizenship: ☐ U.S. Citizen ☐ U.S. Resident ☐ Non-Resident Alien ☐ Other: \_\_\_\_\_Does your child have special needs, or does he or she receive special education services? ☐ Yes ☐ NoDoes your child have a 504 plan? ☐ Yes ☐ No Does your child receive gifted and talented services? ☐ Yes ☐ NoHas your child been enrolled in another school district in Kentucky? ☐ Yes ☐ No

Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

### PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT

Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone) ( ) _____ E-Mail Address: _____ I want a Parent Portal account: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone) ( ) _____ E-Mail Address: _____ I want a Parent Portal account: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

### SIBLINGS/OTHERS LIVING IN SAME HOUSEHOLD

Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
---	---

Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: _____ Grade: _____ Relationship to Student: _____ Currently attending a Rockcastle County School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
---	---

### PARENTS/GUARDIANS LIVING AT ANOTHER ADDRESS

Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Address: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone) ( ) _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ First Name: _____ MI: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Relationship to Student: _____ Address: _____ Phone: (Home) ( ) _____ (Cell) ( ) _____ Place of Employment: _____ (Phone) ( ) _____ E-Mail Address: _____ Is there a court order restricting this parent's/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST be provided.)
---	---

Please complete other side.

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Legal Name of Student: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

### TRANSPORTATION

Primary Transportation to School: ☐ School Bus ☐ Walk ☐ Parent Pickup Bus #: \_\_\_\_\_ Parent Pickup #: \_\_\_\_\_

Transportation provided by Rockcastle County Schools: ☐ One Way ☐ Both Ways ☐ More than 1 mile ☐ Less than 1 mile

Detailed Directions to Student's Home: \_\_\_\_\_

### NON-ENGLISH SPEAKERS

What is the primary language spoken in the student's home? \_\_\_\_\_

What language did your child learn when he or she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

### CHILDCARE

Name of Day Care or Babysitter: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

**In case of an accident/emergency or when parent /guardian is not available, my child may be released to one of the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

### MEDICAL AND EMERGENCY INFORMATION

Family Physician: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Please mark the following conditions that have been diagnosed by a healthcare provider:

☐ Anaphylactic Reaction/Severe Allergic Episode ☐ Diabetes ☐ Asthma ☐ Seizures ☐ Other \_\_\_\_\_

**Per state regulation, any child with a health condition (such as asthma, diabetes, seizures) must have a Primary Care Provider Authorization Form on file. For more information or to obtain a form, please contact your child's school.**

Please list any medications your child takes at home or school: \_\_\_\_\_

I give permission for my child to be seen by the school nurse and receive treatment for minor complaints (i.e., Headache, skin irritations, cough, etc.)	Y	N
--	---	---

I give permission for my child to be photographed or audio/video taped for broadcast or print for Rockcastle County Schools publications or website.	Y	N
--	---	---

I give permission for my child to participate in physical education. (If no, a doctor's statement must be attached.)	Y	N
--	---	---

I give permission to the Rockcastle County Schools to display the product of my child's school related academic, athletic, music and/or art work on the district website and other district publications.	Y	N
---	---	---

I give permission for my child to be screened for vision, hearing, speech, development, contagions, and parasites by trained school personnel. In case of an emergency and in the event that no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed, and/or call 911 for emergency transportation of my child. I will not hold the school district financially responsible for the emergency care and/or transport of my child.

I verify that all information provided on this form was supplied by me and is accurate.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Rockcastle County Schools**

245 Richmond Street | Mt. Vernon, KY 40456 | (606) 256-2125

www.rockcastle.kyschools.us

*Rockcastle County Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.*