

Clark County School District Student Enrollment Form

Student 1 Please Fill out Student Information with Child's Legal Name

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Birth Date: _____ Female: Male: Grade: _____

Race Code: **CHECK ONLY ONE** White (Not Hispanic) Black (Not Hispanic) Hispanic
Asian/Pacific Islander American Indian/Alaskan Native Other

Child lives with: Both Parents: Mother Only: Father Only: Joint Custody:
Other (Specify): _____

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: _____

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).
Please explain: _____

FOR OFFICE USE ONLY

- NT-Non-transport
- T1-Over 1 mile twice-daily
- T2-Under 1-mile twice-daily
- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Proof of Residence

Enrollment Date: _____
Enrollment Code: _____
Home Room Assignment: _____
State ID Number: _____

Student 2 Please Fill out Student Information with Child's Legal Name

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Birth Date: _____ Female: Male: Grade: _____

Race Code: **CHECK ONLY ONE** White (Not Hispanic) Black (Not Hispanic) Hispanic
Asian/Pacific Islander American Indian/Alaskan Native Other

Child lives with: Both Parents: Mother Only: Father Only: Joint Custody:
Other (Specify): _____

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: _____

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).
Please explain: _____

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- NT-Non-transport
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- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Proof of Residence

Enrollment Date: _____
Enrollment Code: _____
Home Room Assignment: _____
State ID Number: _____

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Student 3 Please Fill out Student Information with Child's Legal Name

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Birth Date: _____ Female: Male: Grade: _____

Race Code: **CHECK ONLY ONE** White (Not Hispanic) Black (Not Hispanic) Hispanic
Asian/Pacific Islander American Indian/Alaskan Native Other

Child lives with: Both Parents: Mother Only: Father Only: Joint Custody:
Other (Specify): _____

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: _____

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).
Please explain: _____

FOR OFFICE USE ONLY

- NT-Non-transport
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- T2-Under 1-mile twice-daily
- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Proof of Residence

Enrollment Date: _____
Enrollment Code: _____
Home Room Assignment: _____
State ID Number: _____

Student 4 Please Fill out Student Information with Child's Legal Name

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Birth Date: _____ Female: Male: Grade: _____

Race Code: **CHECK ONLY ONE** White (Not Hispanic) Black (Not Hispanic) Hispanic
Asian/Pacific Islander American Indian/Alaskan Native Other

Child lives with: Both Parents: Mother Only: Father Only: Joint Custody:
Other (Specify): _____

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: _____

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).
Please explain: _____

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- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Proof of Residence

Enrollment Date: _____
Enrollment Code: _____
Home Room Assignment: _____
State ID Number: _____

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Household Information

Today's Date: _____

Phone # for Primary Residence: _____ What language does your child speak most often? _____

Physical Address: _____ City: _____ Zip: _____

PO Box/Mailing Address: _____ City: _____ Zip: _____

Guardian Information

Guardian 1 Please use Adult Legal Name

Female

Male

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work # and Extension: _____

Email Address: _____ Do we have your permission to contact you by email: Yes No

Relationships:

To Student 1: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 2: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 3: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 4: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

Guardian 2 Please use Adult Legal Name

Female

Male

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work # and Extension: _____

Email Address: _____ Do we have your permission to contact you by email: Yes No

Relationships:

To Student 1: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 2: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 3: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 4: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

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Guardian 3 Please use Adult Legal Name Female Male

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work # and Extension: _____

Email Address: _____ Do we have your permission to contact you by email: Yes No

Relationships:

To Student 1: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 2: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 3: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 4: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

Guardian 4 Please use Adult Legal Name Female Male

Last Name: _____ First Name: _____ Maiden Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ Work # and Extension: _____

Email Address: _____ Do we have your permission to contact you by email: Yes No

Relationships:

To Student 1: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 2: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 3: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

To Student 4: Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify): _____
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

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Emergency Contacts

Emergency Contacts are those people to whom we may release this/these students in the event of an illness or injury if the Parent/Guardian can not be reached. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to Student: _____

Home #: _____ Work #: _____ Cell #: _____

Notice of Expulsion/Conviction

In Compliance with Board Policy (09.12AP.23):

I affirm that _____

Student Name

_____ Has never been expelled from school.

_____ Has been expelled from school.

If your child has been expelled, please check the reason for the expulsion:

_____ Homicide

_____ Assault

_____ Sex Offense

_____ Violation of Law Relating to Weapons

_____ Violation of School Regulation to Weapons

_____ Violation of Law Relating to Alcohol

_____ Violation of Law Relating to Drugs

_____ Violation of School Regulation Relating to Alcohol

_____ Violation of School Regulation Relating to Drugs

_____ Any Violation offense that resulted in death or
Serious physical injury to victim

My child was expelled from: _____ in _____

Name of School

City

_____, _____

County

State

Parent's/Guardian's Signature: _____ Date: _____