



Registration Form

Barren County Schools

OFFICE USE ONLY

Site # _____
 Bus # _____
 Date Entered in Computer ____/____/____
 Data Staff Initials _____

*****PLEASE PRINT *** ALL FAMILY MEMBERS SHOULD REGISTER ON ONE SHEET**

Please mark the box of the school your student will attend for the school year 2014-15.

[] My contact information has changed in the past year. I have completed information below.

Last Name First Name MI Date of Birth

--	--	--	--

- Austin Tracy Elementary
 - Eastern Elementary
 - Hiseville Elementary
 - North Jackson Elementary
 - Park City Elementary
 - Red Cross Elementary
 - Temple Hill Elementary
- Barren County Middle School
 - Barren County High School/
Trojan Academy

***** New REGISTRANTS AREA - PLEASE COMPLETE FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT *****

Last Name: _____ First Name _____ Middle _____ Student ID: _____ Date of Birth: ____/____/____ Gender: M F

Address: _____

Phone: _____ Cell: _____ Email: _____

Lives with (check one): Both Parents Foster Parents Grandparents Guardian Joint Custody Single Parent Father Single Parent Mother Other: _____

Lunch Status (check one): Free Full Reduced Unknown Primary Language (check one): English Spanish Other _____ Grade: _____

Ethnicity: American Indian/Alaskan Native Asian Black (not of Hispanic origin) Hispanic Other/Unknown Two or more races White (not of Hispanic origin) Other _____

Transportation (check one): Need transportation from closest elementary school Would like to be picked up at home (may not be offered) Picked Up

Special Needs (allergies, medications, diet restrictions, etc.): _____

Last Name: _____ First Name _____ Middle _____ Student ID: _____ Date of Birth: ____/____/____ Gender: M F

Address: _____

Phone: _____ Cell: _____ Email: _____

Lives with (check one): Both Parents Foster Parents Grandparents Guardian Joint Custody Single Parent Father Single Parent Mother Other: _____

Lunch Status (check one): Free Full Reduced Unknown Primary Language (check one): English Spanish Other _____ Grade: _____

Ethnicity: American Indian/Alaskan Native Asian Black (not of Hispanic origin) Hispanic Other/Unknown Two or more races White (not of Hispanic origin) Other _____

Transportation (check one): Need transportation from closest elementary school Would like to be picked up at home (may not be offered) Picked Up

Special Needs (allergies, medications, diet restrictions, etc.): _____

Last Name: _____ First Name _____ Middle _____ Student ID: _____ Date of Birth: ____/____/____ Gender: M F

Address: _____

Phone: _____ Cell: _____ Email: _____

Lives with (check one): Both Parents Foster Parents Grandparents Guardian Joint Custody Single Parent Father Single Parent Mother Other: _____

Lunch Status (check one): Free Full Reduced Unknown Primary Language (check one): English Spanish Other _____ Grade: _____

Ethnicity: American Indian/Alaskan Native Asian Black (not of Hispanic origin) Hispanic Other/Unknown Two or more races White (not of Hispanic origin) Other _____

Transportation (check one): Need transportation from closest elementary school Would like to be picked up at home (may not be offered) Picked Up

Special Needs (allergies, medications, diet restrictions, etc.): _____

HOUSEHOLD INFORMATION PAGE — Fill out only ONE per family —

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

ADDITIONAL CONTACTS: List additional contacts for the child(ren) and use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For CLC

*** PLEASE READ CAREFULLY ***

Must be signed by Parent/Guardian for participants 18 and under

I hereby give permission for the participant(s) listed on the reverse side to take part in the School District's 21st Century Community Learning Centers (CLC) activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the 21st Century Community Learning Center staff.

I give my consent to the School District's 21st Century Community Learning Centers (CLC) programs to take the participant's photograph or video during program activities, to be used for education and public relations purposes. I further give my consent to the School District and the 21st Century Community Learning Centers (CLC) to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that the School District will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement. [The student data will also be used to fulfill the State and Federal annual progress reporting requirements to obtain continued funding for the program.](#)

I hereby certify that I have read and do understand the above information:

Signed _____ Print Name _____ Date _____