

Student Information

Has this student previously dropped out of school? Yes No

If student does not reside with both natural parents, who has legal custody rights? (Attach a copy of the court order or decree awarding custody) Mother Father Both Other _____

Are there any Emergency Protective Orders or Restraining Orders pertaining to the student? Yes No
If yes, please attach a copy.

Last School Attended

Name of School: _____ Grade: _____

FOR OUT OF DISTRICT TRANSFERS:

Physical Address _____
 NUMBER STREET APT/LOT CITY STATE ZIP

Phone Number (____) _____ I give permission to request all records from this school.

Transportation

Does this student ride a bus? Yes No

If YES: Both ways Only TO school Only FROM school T-5

School Safety

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 Yes No

If yes, must complete the Kentucky Board of Education form.

Participation in Programs

Please check any special programs in which the student is eligible:

RTI Services IEP Speech/Language 504 Plan

List Area of Identification - _____

Gifted/Talented – Please list _____

Participate in lunch program as - Paid Reduced Free

Medical Information

Is your child taking any medications regularly? Yes No

If yes, please list _____

Student Permission forms for Prescribed Medication are available at the school office. This form must be completed for any medication a student will need to take during school hours. Medication will not be dispensed without proper completed paperwork.

Known Medical Problems: Asthma/Breathing problems Diabetes Heart problems Epilepsy/Seizures

Allergies to food, medication, or insects Other Please explain any item checked _____

If your child has any other health condition not listed above, please explain _____

Is your child currently under a physicians care for the above conditions? Yes No

Special Medical Instructions

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Please provide an updated form anytime any of the medical information changes so that the school health team is informed.

By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. ***In case of an emergency and no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call 911 for emergency transportation if needed.*** I will not hold the school district financially responsible for the emergency care and/or transportation of my child. Signing this form shall release Barren County Public Schools and staff members from any liability of any nature in assisting my child during a medical emergency.

Parent/Guardian Signature: _____

Date: _____

BARREN COUNTY HOUSEHOLD REGISTRATION

Date: _____

Household Information (Please Print)

Household Phone Number () _____				
Household Mailing Address	City	State	Zip Code	Geo Code (Sch Only)
Household Physical Address (If different than mailing)	City	State	Zip Code	Geo Code (Sch Only)

First Student Information – Living at Household Address (Please Print)

Student Last Name	Student First Name	Student Middle Name	Date of Birth	Sex M F
School			Grade Level	

PARENT/GUARDIAN #1

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex M F	
Relationship to Student: (Please circle)		Permissions: (Please circle)		
Parent	Guardian	Foster Parent	Access to on-line student information?	Yes No
Stepparent	Other: _____		Receive mailings?	Yes No
Lives at Household Address?			Yes	No
Cell Phone	Work Phone	Other Phone	Pager	
Mailing Address (If different than Household Address)	City	State	Zip Code	Geo Code
Guardian Email Address			Receive on-line student information access via email? Yes No	

PARENT/GUARDIAN #2

Guardian Last Name	Guardian First Name	Guardian Middle Name	Sex M F	
Relationship to Student: (Please circle)		Permissions: (Please circle)		
Parent	Guardian	Foster Parent	Access to on-line student information?	Yes No
Stepparent	Other: _____		Receive mailings?	Yes No
Lives at Household Address?			Yes	No
Cell Phone	Work Phone	Other Phone	Pager	
Mailing Address (If different than Household Address)	City	State	Zip Code	Geo Code (Sch Only)
Guardian Email Address			Receive on-line student information access via email? Yes No	

EMERGENCY INFORMATION OTHER THAN GUARDIAN

Primary Contact Last Name	First Name	Middle Name	Relationship	Address	
Cell Phone	Home Phone	Work Phone	Sex M F	Permission to pick up child from school? Yes No	
Secondary Contact Last Name	First Name	Middle Name	Relationship	Address	
Cell Phone	Home Phone	Work Phone	Sex M F	Permission to pick up child from school? Yes No	

BARREN COUNTY HOUSEHOLD REGISTRATION

Additional Student - Living at Household Address (Please Print)

Student Last Name		Student First Name		Student Middle Name		Date of Birth		Sex M F	
School						Grade Level			
PARENT/GUARDIAN #1 – SAME AS PAGE 1? Yes No									
Guardian Last Name		Guardian First Name		Guardian Middle Name				Sex M F	
Relationship to Student: (Please circle) Parent Guardian Foster Parent Stepparent Other: _____				Permissions: (Please circle) Access to on-line student information? Yes No Receive mailings? Yes No Lives at Household Address? Yes No					
Work Phone		Cell Phone		Other Phone		Pager			
Mailing Address (If different than Household Address)				City		State	Zip Code	Geo Code (Sch Only)	
Guardian Email Address						Receive on-line student information access via email? Yes No			
PARENT/GUARDIAN #2 – SAME AS PAGE 1? Yes No									
Guardian Last Name		Guardian First Name		Guardian Middle Name				Sex M F	
Relationship to Student: (Please circle) Parent Guardian Foster Parent Stepparent Other: _____				Permissions: (Please circle) Access to on-line student information? Yes No Receive mailings? Yes No Lives at Household Address? Yes No					
Work Phone		Cell Phone		Other Phone		Pager			
Mailing Address (If different than Household Address)				City		State	Zip Code	Geo Code (Sch Only)	
Guardian Email Address						Receive on-line student information access via email? Yes No			
EMERGENCY INFORMATION OTHER THAN GUARDIAN – SAME AS PAGE 1? Yes No									
Primary Contact Last Name		First Name	Middle Name	Relationship		Address			
Home Phone	Work Phone		Cell Phone		Sex M F		Permission to pick up child from school? Yes No		
Secondary Contact Last Name		First Name	Middle Name	Relationship		Address			
Home Phone	Work Phone		Cell Phone		Sex M F		Permission to pick up child from school? Yes No		

BARREN COUNTY SCHOOLS

Parent/Guardian Checklist & Signature Page

For initial entry into Barren County Schools (first time enrollees only):

- I have supplied a ***Kentucky Eye Exam*** by an ophthalmologist or optometrist. (*For initial entry into Kentucky School only*)
- I have supplied a ***Certified Birth Certificate***.
OR
- I have supplied the appropriate form along with a \$10 check to order a ***Certified Birth Certificate***.
- I have supplied (for photocopy) the student's ***Social Security Card***. (optional)
- I have supplied a ***Kentucky Immunization Certificate***.
- I have supplied a copy of a recent ***Health Physical Examination***.
- I have supplied a copy of a recent ***Dental Screening or Examination***. (for five and six year olds).

SIGNATURES:

- I verify that the information supplied is correct and current.
- I will inform the school of any changes in this information.
- I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment rendered.
- I have authorized appropriate permission on page 4.
- All information provided on this form is true and accurate. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and school assignment.

Parent's Signature _____ Date: _____