

**2019-2020 Pendleton County Schools Preschool Enrollment Form** Date \_\_\_\_\_

Race/Ethnic Group Categories

**HEAD OF HOUSEHOLD** \_\_\_\_\_  
 Last Name First Name Date of Birth

\*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

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 \_\_\_\_\_

**Student lives with:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_

**Student Address:** (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Student Mailing Address:** (if different) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 (Street or P.O. Box)

**Student's Home Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **This number will be used for Call Command (cancellations, activities, etc.)**

Do your children live with friends or family members in a home in which their parents/guardians do not live? \_\_\_ Yes \_\_\_ No

Do your children live in a home with more than one family? \_\_\_ Yes \_\_\_ No

Do your children live in a motel, car, or campsite? \_\_\_ Yes \_\_\_ No

Ethnicity: Is your child Hispanic/Latino? \_\_\_ Yes \_\_\_ No Student Race: (Check all that apply below)  
 \_\_\_ White \_\_\_ Black or African American \_\_\_ Asian \_\_\_ Native Hawaiian or Pacific Islander \_\_\_ American Indian or Alaskan Native

U.S. Citizen: Yes \_\_\_ No \_\_\_ If not, country of residence: \_\_\_\_\_ Migrant \_\_\_ Immigrant \_\_\_ Refugee: (Country) \_\_\_\_\_

Previous School: \_\_\_\_\_ KY School \_\_\_ Yes \_\_\_ No Last Date Attended \_\_\_\_\_

School Address: (City) \_\_\_\_\_ (County) \_\_\_\_\_ School Telephone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**\*\*Are there ANY legal matters regarding custody of this student? \_\_\_ No \_\_\_ Yes** Circle one **foster temporary permanent other\***  
 \*Other \_\_\_\_\_

**Parents/Guardians Living in Same Household as Student**

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Relationship to Student:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Phone: Home** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Workplace** \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Relationship to Student:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Phone: Home** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Workplace** \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Family Members Living in Same Household as Student**

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Grade** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Grade** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Grade** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_ **Grade** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

**Mother or Father Living at an Address Different from Student's Address**

Does this parent/guardian have joint custody? \_\_\_ Yes \_\_\_ No  
 Should this parent/guardian receive school information? \_\_\_\_\_  
 Is this person legally restricted access to this student? \_\_\_\_\_  
 (A copy of the court order **MUST** be provided to the school.)

**Legal Name** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone: Home** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

Does this parent/guardian have joint custody? \_\_\_ Yes \_\_\_ No  
 Should this parent/guardian receive school information? \_\_\_\_\_  
 Is this person legally restricted access to this student? \_\_\_\_\_  
 (A copy of the court order **MUST** be provided to the school.)

**Legal Name** \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone: Home** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

### Special Services

Does this student have special needs?  Yes  No If yes, what type \_\_\_\_\_

Does this student receive special education services?  Yes  No Has he/she ever received services from First Steps?  Yes  No

Does this student receive services for speech/language delays?  Yes  No

Does this student receive physical or occupational therapy?  Yes  No

### Transportation

Primary Transportation to School (Check all that apply)  Parent Transport  Ride School Bus  More than 1 mile  Less than 1 mile

Student will be attending day care  Yes  No Name of Day Care \_\_\_\_\_

### Medical Information

**List and identify health conditions (such as severe allergies, food allergies or allergies to medications):**

Please check any medical conditions your has:

Asthma  Diabetes  Heart  Convulsive Seizures  Hearing Impairment  Wears glasses  other, specify below

Regular Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the day.

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Information

If needed, what hospital should this child 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 #1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone #2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Telephone #1 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Telephone #2 (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If anyone is NOT ALLOWED access to this student, list their name and relationship: **(Legal documentation MUST provided to the school.)**

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

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

### Needs Survey

I currently receive: (please check all that apply)

Food Stamps

Medical Card

K-Chip Insurance

Enrolled in Adult Ed/GED Education Classes

Parenting Classes

I am in need of the following: (please check all that apply)

Food Stamps

Medical Card

K-Chip Insurance

Adult Ed/GED Education Classes

Parenting Classes

Other

Parent/Legal Guardian Signature \_\_\_\_\_ Relationship to student \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_