Robertson County Public Schools 2024 – 2025 School Year

Student Enrollment Form (Please print & use a pen)

Student Information Please Print		
Student's Full Legal Name		
	<i>First</i> State of E Ex: 02/02/2002	Middle (Full) Birth Country of Birth
Grade Student SS#		Home Phone _() Cell # _() Student Cell # ()
Ethnicity		
 White (Not of Hispanic Origin) American Indian or Alaskan Native 	Black (Not of Hispanic Orig Asian or Pacific Islander	gin)
Residence Address	Apt# City _	State Zip
Mailing Address (If different) Parent/Guardian may be asked to provide proof of residence	Apt# City y (deed, mortgage receipt, rent receipt, re	StateZip
Drive to	school	ce daily \Box a.m. \Box p.m. \Box Will not ride the bus
Parent/Guardian Information (Thes	e Primary Guardians are the ones v	with whom the student(s) lives)
		Relationship to student
Employer Name:		-
Cell Phone () Email	@	
Educational Level: (Highest completed: check grade 15 16 Bachelors Degree Graduate De Email @	egree	2(high school graduate) 13 14 Associate Degree nternet access Yes No
Male Guardian Name		Relationship to student
Last Fit Employer Name:	rst Middle (Full)	Military? □Y □N
Cell Phone (Email	@	
Educational Level: (Highest completed: check grade 15 16 Bachelors Degree Graduate Degree		2(high school graduate) 13 14 Associate Degree
Other Parent/Guardian Informati	on (Shared parenting resp	onsibility: Second mailing information)
Name		Relationship to student
Last Fin	rst Middle (Full)	StateZip
		Work Phone _()
Other Children Under Age 18 Livi		
First Name Middle (Full)	Last Name Birth	

Emergency Contact Information (other than parent/guardian)

Name		Relationship to student
Home Phone ()	Work Phone ()	Cell Phone ()
Emergency Contact Infe	ormation and Pick Up Information	n (other than parent/guardian)
Name		Relationship to student
Home Phone ()	Work Phone ()	Cell Phone ()
Name		Relationship to student
Home Phone ()	Work Phone ()	Cell Phone ()
Name		Relationship to student
		Cell Phone ()
Student Previous School	l Information	
Last School Attended	0	City, State, Zip
GradeSchool Yea		
y 1 y	er an expulsion order from any other s	
• • •	er consideration for expulsion? $\Box Y$	
	lved in the Juvenile Justice system?	
Prior setting PreSchoo	i; <u>HeadStart;</u> Child Care;	Home Care; Other (please check one)
English Language Lear	non Information	
English Language Learn		
		egan to talk?
00	•	t home?
00		Id?
8.8.9		· · · · · · · · · · · · · · · · · · ·
Special Services Inform	ation	
Is your child receiving spec	ial education services? $\Box Y \Box N$	
Does your child have a curr	rent 504 plan? $\Box Y \Box N$ Is it in:	Academics Health
Was your child in any Gifte	$d/Talented Programs? \Box Y \Box N$	Please list:
Is Mom or Dad military?	e	
5		
Medical Information		
Is your child taking any me	dications regularly? $\Box Y \Box N$ If yes	s, please list:
Student Medication Request Rele	ase Agreements are available at the school of	office. This form must be completed for any medication a
student will need to take during s	chool hours.	
Known Medical Problems:_		
	s:	
If your child has a severe allergy	that could result in anaphylactic shock, we r	nust receive a physician statement stating so and a
		our child's use in the event of an emergency.
State Zin	Phone ()	City
Parent/Guardian Signature	nents are incorrect)	Date
(Do not sign this form if any of the staten	nents are incorrect)	