# Clay County Public Schools

2024-2025 Student Enrollment Form ( **Please print & use a pen**)

Date _____

## Student Information *Please Print*

Student's Full Legal Name _____
*Last* *First* *Middle (Full)*

Gender ☐M ☐F Birthdate ____/____/____ Student SS# _____
*Ex: 02/02/2002*

Home Phone (____)_____ Grade _____ Homeroom: (completed by school) _____

## Ethnicity

Ethnicity: (**Check One**) ____ Hispanic/Latino ____Non Hispanic/Latino

Race: (Must check one– may check more than one) ____American Indian/Alaskan ____Asian ____White ____Black ____Native Hawaiian/Other Pacific Islander

911 Address _____ Apt# _____ City _____ State ____ Zip _____

Mailing Address (If different) _____ Apt#_____ City _____ State ____ Zip _____
Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time of enrollment.

**Transportation:** Student will ☐Ride Bus twice daily ☐ Ride Bus once daily ☐a.m. ☐p.m. ☐Will not ride the bus

## Parent/Guardian Information *(These guardians live in the primary home with the student)*

Female Guardian Name _____ Relationship to student _____
*Last* *First* *Middle (Full)*
Work Phone (_____)_____ Cell Phone (_____)_____
Email_____@_____ Date of Birth_____

Male Guardian Name _____ Relationship to student _____
*Last* *First* *Middle (Full)*
Work Phone (_____)_____ Cell Phone (_____)_____
Email_____@_____ Date of Birth_____

## Other Parent/Guardian Information *(For Divorce / Separation / Shared Custody—this guardian does NOT live in the primary home with student)*

Name _____ Relationship to student _____
*Last* *First* *Middle (Full)*
Mailing Address _____ Apt# _____ City _____ State _____ Zip _____
Household Telephone (_____)_____Cell Phone (____)_____ Work Phone (____)_____
Email_____@_____ Date of Birth_____

## Other Children Under Age 18 Living in the Home (include all children regardless of age)

| First Name | Middle (Full) | Last Name | Birthdate | Gender | Relation to Student | School Attending |
|---|---|---|---|---|---|---|
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**Emergency Contact Information** (other than parent/guardian)

In case of an accident or emergency of any kind, when parent/guardian cannot be located please call and/or release my child to one of the following individuals. Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.

1. Name: _____ Relationship to child: _____

   Home phone: _____ Work phone: _____ Cell phone: _____

2. Name: _____ Relationship to child: _____

   Home phone: _____ Work phone: _____ Cell phone: _____

3. Name: _____ Relationship to child: _____

   Home phone: _____ Work phone: _____ Cell phone: _____

4. Name: _____ Relationship to child: _____

   Home phone: _____ Work phone: _____ Cell phone: _____

**Student Previous School Information**

Last School Attended _____ City, State, Zip _____

Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? ☐Y ☐N

Is your child presently under consideration for expulsion? ☐Y ☐N

Is your child presently involved in the Juvenile Justice system? ☐Y ☐N

**English Language Learner Information** (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? ☐Y ☐N What language? _____

Primary Language of Household: ☐English ☐Spanish ☐Other _____

**Special Services Information**

Is your child receiving special education services? ☐Y ☐N

Does your child have a current 504 plan? ☐Y ☐N Is it in: ☐Academics ☐Health

Was your child in any Gifted/Talented Programs? ☐Y ☐N Please list: _____

Is Mom or Dad military? ☐Y ☐N

**Medical Information**

Is your child taking any medications regularly? ☐Y ☐N If yes, please list: _____

*Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.*

Known Medical Problems: _____

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.

Physician name: _____ Phone (_____) _____

Parent/Guardian Signature _____ Date _____

(Do not sign this form if any of the statements are incorrect)

Last Name First Name Middle Name

Grade:_____

Directions to home:

_____

_____

_____

_____

_____

_____

In the event of an accident or illness which occurs at school, every effort will be made to contact one or both of the student's parents/legal guardians. However, if neither parent/guardian or no one listed on the Student Release Form can be reached, it may be necessary to take the student to the nearest medical facility.

**I hereby authorize the school authorities to take my child to the nearest medical facility for treatment.**

Parent/Guardian Signature_____ Date_____

Parent/Guardian Signature_____ Date_____

*It is the policy of the Clay County Public School District not to discriminate on the basis of race, color, natural origin, gender, disability, religion, creed, age, or marital status in its programs or employment policies.*

# CLAY COUNTY PUBLIC SCHOOLS

Manchester, Kentucky

## STUDENT RELEASE FORM

Student's Name _____ Grade _____

My child is allowed to be released to the following persons:

| Person's Name | Valid ID | Phone | Relationship to Child |
|---|---|---|---|
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I/we understand that my/our child will not be released to another individual who is not listed above or has signed below. In the event of an emergency, should the parent/guardian or an individual listed above not be available to assume responsibility of the child, he/she will be released to legal authorities.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent/Guardian Signature Date

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