



Please check appropriate school

ADAIR CO. PRIMARY CENTER (K-2) ADAIR CO. ELEMENTARY SCHOOL (P, 3-5)
 ADAIR CO. MIDDLE SCHOOL (6-8) ADAIR CO. HIGH SCHOOL (9-12) INDIAN ACADEMY

Student Demographic Information

Legal Name of Student: _____ Nickname: _____
 (name on birth certificate) (Last) (First) (Middle) Social Security #: _____

Gender: Male Female Date of Birth: _____ Grade: _____ County of Residence: _____

Phone #: _____ Student's Place of Birth: _____
 (County) (State/Country)

Student's Mailing Address: _____
 (Street/PO Box/Apt.) (City) (State) (Zip Code)

Student's Physical Address: _____
 (Street/PO Box/Apt.) (City) (State) (Zip Code)

Ethnicity: Is your child Hispanic/Latino? Yes No

Student Race: (check all that apply) White Black or African American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native

List any religious traditions that might affect participation in school activities: _____

Family Status: (check all that apply) _____ Parents Married _____ Parents Divorced _____ Parents Separated _____ Father Deceased _____ Mother Deceased _____ Foster Care
 _____ Living in Residential Care

Transportation

Student Bus Transportation Codes (Check One): NT-Not Transported by bus T3-Over 1 mile once daily by bus AM PM
 T1-Over 1 mile twice daily by bus T4-Under 1 mile once daily by bus AM PM
 Bus Number: _____ T2-Under 1 mile twice daily by bus T5-Handicap equipped bus

Distance student lives from school: _____ mile(s) Will your child need bus transportation to before or after school daycare? Yes No

Name of Daycare: _____ Address: _____ Phone: _____

Services/Programs

Please check any Special Programs that student participates in:
 Special Education Services/IEP 504 Plan Gifted/Talented Free/Reduced Lunch Migrant Other _____

Medical Information/Emergency Release

Medical Condition of Student (Check all that apply): Asthma Diabetes Seizures Hearing Impaired Vision Impaired Heart Condition
 Epi-Pen Allergies (food, medicine, environmental) _____ Physical Disabilities _____ Other _____

Medications/Insurance/Physician:
 List any medications the student takes on a regular basis: _____
 List any medications to be taken during school hours: _____

*(Parental/Physician Authorization Forms are required to be on file for students taking medication at school)
 If your child becomes ill or hurt at school, what is the best phone number to reach you? _____

Name of Medical Insurance Company: _____ Policy #: _____ Group #: _____
 Or Medical Card Policy #: _____

Student's Family Physician: _____ Phone: _____
 Student's Dentist: _____ Phone: _____

Persons Authorized to check the student out of school

Who other than legal parent/guardian has permission to pick up your child from school? *If anyone other than a legal parent/guardian will be picking up your child from school, you are required to fill out in person at the school office a Student Authorization Release Form listing those persons. Only persons authorized in person by a parent/guardian will be allowed to sign your child out of school. A parent/guardian must also come to the school office to make changes to the release list. (Please be advised that District staff can not prevent a legal parent/guardian from picking up his/her child, unless there is a valid court order on file at the school.)

Legal Directives

Are there circumstances about the custody of this child or a legal directive that we should know about, which limits the sharing of records, picking up of your child, etc.?
 Yes No (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal court order documents each year and after any changes.) *If this child has an EPO (emergency protection order) or restraining order, you must provide an up-to-date copy to the school each year.

Notice of Expulsion/Suspension/Conviction/Pending Charges

In compliance with the Board policy requirements included with this form, I swear or affirm that I am the parent/legal guardian, or other person, or agency responsible for the enrolling this student and am releasing required information for student expulsions/suspensions/adjudication/convictions or pending judicial or school discipline charges as indicated below. Board policy requires that parents, guardians, or other persons or agencies responsible for enrollment of a prospective student complete the following section for a student who has previously been expelled, suspended, convicted, adjudicated or has current charges pending for any offense listed below from any school or judicial system in Kentucky or any other state or country. If this student has no past or pending charges, the responsible party will indicate no prior offenses in the check box below.

Check (✓) the School or Law Offenses that Apply to this Student

Checkbox	Violation	Checkbox	Violation	Checkbox	Violation
	Homicide		Violation of Law Relating to Weapons		Violation of Law Relating to Drugs
	Assault		Violation of School Regulation Relating to Alcohol		Any Violent Offenses that resulted in Death or Serious Physical Injury to the Victim
	Sex Offense		Violation of Law Relating to Alcohol		<u>This Student Has No Past or Pending Violations of the Above School or Law Offenses</u>
	Violation of School Regulation Relating to Weapons		Violation of School Regulation Relating to Drugs		

List Judicial Law Offenses checked above resulting in Adjudication/Convictions or Current Pending Charges

Offense _____ Adjudicated/Convicted Or Charge Pending

Month/Year Offense Committed _____

County _____ State/Country _____

Use facts to briefly explain this judicial law offense, attach extra sheets, if needed.

****Attach additional forms to include information on any additional offenses specified on the above checklist**

***Upon request state agencies shall provide the enrollees most recent DCBS-881 or DPP-886A Form or a similar document (only information pertaining to the enrollee is required)**

Previous School Enrollment Information – List the Most Recent School (s) of Enrollment First

List the names and addresses of all schools, public or private, and in addition list any other schools of enrollment that incidents of expulsions/suspensions/convictions or pending charges of school discipline and/or law violations specified in this policy occurred.

Name of School: _____ County: _____

School Address: _____ City: _____ State: _____ Phone: () _____

Last Date Attended: _____ Grade(s): _____ Years of Enrollment: _____

List and use facts to briefly explain any school discipline or law offense(s) checked above that occurred in this school setting that resulted in expulsion/suspension or for which there is current pending charge(s). School discipline reports can be attached, if all incidents checked above are addressed on the school report(s).

Name of School: _____ County: _____

School Address: _____ City: _____ State: _____ Phone: () _____

Last Date Attended: _____ Grade(s): _____ Years of Enrollment: _____

List and use facts to briefly explain any school discipline or law offense(s) checked above that occurred in this school setting that resulted in expulsion/suspension or for which there is current pending charge(s). School discipline reports can be attached, if all incidents checked above are addressed on the school report(s).

Attach additional forms to include additional schools that the above checked incidents occurred that resulted in school discipline expulsion/suspensions or pending charges.

District Services Survey (The following questions will help determine if your child is eligible for additional services.)

Home Language Survey (Complete the four Home Language Survey questions below only if a language other than English is spoken in the home):

First language your child spoke: _____ Language your child speaks most frequently at home: _____

Language most frequently spoken at home? _____ Country of Origin: _____

Employment Survey (Migrant):

Have you or your family moved from one town or school district to another within the state or out-of-state within the past three years? Yes No

Did the children in your family move with you? Yes No OR Did your children join you at a later date after you moved? Yes No

During the last three years, were any of these moves made with the intent to find temporary or seasonal work in farming/agricultural? Yes No

Check all that apply: Working on a farm Working with beef cattle Picking fruits or vegetables Tree growing or harvesting

Working in tobacco Working in tobacco greenhouse Working on a poultry farm

Working in a processing plant Working in a plant nursery/greenhouse Milking cows

Student Residency Survey - The McKinney-Vento Act provides additional services to students living in transitional/temporary housing.

Please answer the following questions: Does student (s) live with more than one family in a house or apartment? Yes No

Does student(s) live in a (check all that apply): Shelter Motel Car Campsite

Is the student(s) awaiting foster care placement? Yes No

HOUSEHOLD DATA

Parents/Guardians Living in SAME Household as Student

*Legal Name: _____ Relationship to Student: ___ Parent ___ Step-Parent ___ Grandparent
 (Last) (First) (Middle) _____ Court Appointed Guardian
 E-Mail: _____ Foster Parent (Agency _____)
 _____ Other _____

Phone Numbers: Home _____ Cell _____ Work _____
 Place of Employment: _____ Occupation: _____

Does this parent/guardian have joint custody? Yes No Should this parent/guardian receive this student's school records/information? Yes No
 Is this person legally restricted access to this student? Yes No (If yes, a copy of the court order must be provided to the school)

*Legal Name: _____ Relationship to Student: ___ Parent ___ Step-Parent ___ Grandparent
 (Last) (First) (Middle) _____ Court Appointed Guardian
 E-Mail: _____ Foster Parent (Agency _____)
 _____ Other _____

Phone Numbers: Home _____ Cell _____ Work _____
 Place of Employment: _____ Occupation: _____

Does this parent/guardian have joint custody? Yes No Should this parent/guardian receive this student's school records/information? Yes No
 Is this person legally restricted access to this student? Yes No (If yes, a copy of the court order must be provided to the school)

Parents/Guardians Living at Address DIFFERENT From Student

*Legal Name: _____ Relationship to Student: ___ Parent ___ Step-Parent ___ Grandparent
 (Last) (First) (Middle) _____ Court Appointed Guardian
 E-Mail: _____ Foster Parent (Agency _____)
 Address: _____ Other _____

Phone Numbers: Home _____ Cell _____ Work _____
 Place of Employment: _____ Occupation: _____

Does this parent/guardian have joint custody? Yes No Should this parent/guardian receive this student's school records/information? Yes No
 Is this person legally restricted access to this student? Yes No (If yes, a copy of the court order must be provided to the school)

*Legal Name: _____ Relationship to Student: ___ Parent ___ Step-Parent ___ Grandparent
 (Last) (First) (Middle) _____ Court Appointed Guardian
 E-Mail: _____ Foster Parent (Agency _____)
 Address: _____ Other _____

Phone Numbers: Home _____ Cell _____ Work _____
 Place of Employment: _____ Occupation: _____

Does this parent/guardian have joint custody? Yes No Should this parent/guardian receive this student's school records/information? Yes No
 Is this person legally restricted access to this student? Yes No (If yes, a copy of the court order must be provided to the school)

SIBLINGS OR OTHER CHILDREN IN THE STUDENT'S HOUSEHOLD (please list any children that are not of school age yet as well)

Legal Name	Birth Date	School Attending	Grade	Relationship to Student

EMERGENCY CONTACTS, if parent/guardians cannot be reached

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone

I swear or affirm that to the best of my knowledge or belief the statements and information contained above are true, factual, and complete.

 Signature of Parent/Guardian/Custodian
 Responsible Agency Representative/Name of Agency

 Date