



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

Grade: []

Legal Name of Student: (name on birth certificate) (Last) (First) (Middle) Nickname:

Gender: Male Female Date of Birth: Social Security Number:

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)

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

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:

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

District Services Survey

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

Home Language Survey (Complete the 4 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 by others: Country of Origin:

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

Does the student live with more than one family in a house or apartment? Yes No Does the student live in a (check all that apply) Shelter Motel Car Campsite

Military Connections

For the purpose of data collection for the Every Student Succeeds Act, the US Department of Education requires school districts to identify students who are armed forces family members. Please mark all that apply:

- No Parent or Guardian is currently serving as an active duty member of the US Armed forces, or full time National Guard. Yes a parent/guardian is a current member of the active duty US Armed forces. Start Date: Branch: Yes a parent/guardian is a current full time member of the National Guard. Start Date: Branch: No Response/Refuse to State

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:

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 #: _____

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, 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: _____

Name of School : _____ County: _____

School Address:: _____ City: _____ State: _____

Phone: () _____

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

Notice of Expulsion/Suspension/Conviction/Pending Charges

Board policy requires that you 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.

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

This student has NO past or pending violations of the law or school regulations.

Violation of law related to: Homicide Weapons Drugs Assault Alcohol Sex Offense Death or Serious Injury to Victim

Violation of school regulation related to: Homicide Weapons Drugs Assault Alcohol Sex Offense Death or Serious Injury to Victim

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

Month/Year Offense Committed _____ County _____ State _____

Briefly explain the law offense, attach extra sheets, if needed. _____

HOUSEHOLD DATA

Parents/Guardians Living in SAME Household as Student

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

Non- Household Parent/Guardian Information

Parents/Guardians Living in at an Address DIFFERENT from Student

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

EMERGENCY CONTACTS

Name	Relationship to Student	Home Phone	Work Phone	Cell Phone

Persons Authorized to check the student out of 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 those authorized in by a parent/guardian will be allowed to sign your child out of school.

Please be advised that District staff cannot prevent a legal parent/guardian from picking up his/her child, unless there is a valid court order on file at the school.

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