

Ashland Independent School District Student Enrollment Form

Office Use Only (revised 2/26/18) School: _____ Start Date: _____ Homeroom: _____

Legal Name of Student (Please Print) _____ Suffix _____
(Last) (First) (Middle) (Jr., III, etc)

Male Female Date of Birth: _____ SS# _____ Grade: _____
A copy of Student's Social Security Card MUST be on file with the school for the student to receive KEES money.

Ethnicity: Is your child Hispanic/Latino: Yes No

Student Race: *(Must check at least one)* White Black/African American Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native

U.S. Citizen: Yes No If no, country of residence: _____ Migrant Immigrant Refugee: (Country) _____

Birthplace: (Country) _____ (County) _____ (State) _____ Home Phone #: (____) _____

Student Address: _____ (City) _____ (State) _____ (Zip) _____
(May not use a PO Box)

(Check only if applicable) Shelter Motel House or apartment shared with friends/family Friends/Family Member (other than parent /guardian)

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
(Street or PO Box and Apt #)

District of Residence: _____

Have you ever attended a Kentucky School: Yes No

Last School Attended: _____ Last Date Attended: _____ School Telephone #: (____) _____

School Address: (City) _____ (County) _____ (State) _____ (Zip) _____

Parent(s)/Guardian(s) Living in Same Household as Student

Legal Name: _____ Suffix: _____ Guardian 1 (Last) (First) (M. I.) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ SS#: _____ Relationship to Student: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ Place of Employment: _____ Occupation: _____	Legal Name: _____ Suffix: _____ Guardian 2 (Last) (First) (M. I.) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ SS#: _____ Relationship to Student: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ Place of Employment: _____ Occupation: _____
--	--

School Aged Siblings Living in Same Household as Student

Legal Name: _____ Suffix: _____ Birth Date _____ Sex: ____ Grade: ____ School: _____ Relationship to Guardian 1: _____ Guardian 2: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: ____ Grade: ____ School: _____ Relationship to Guardian 1: _____ Guardian 2: _____
Legal Name: _____ Suffix: _____ Birth Date _____ Sex: ____ Grade: ____ School: _____ Relationship to Guardian 1: _____ Guardian 2: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: ____ Grade: ____ School: _____ Relationship to Guardian 1: _____ Guardian 2: _____

Parent(s)/Guardian(s) Living at an Address Different from Student

Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <i>(A copy of the court order MUST be provided to school.)</i> Legal Name: _____ Suffix: _____ Relationship to Student Enrolling: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <i>(A copy of the court order MUST be provided to school.)</i> Legal Name: _____ Suffix: _____ Relationship to Student Enrolling: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____
--	--

Emergency Contact

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 number: _____

Name: _____ Relationship to student: _____ Telephone number: _____

Home Language Survey

What is the language most frequently spoken at home? _____

Which language did this student learn when he or she first began to talk? _____

What language does the student most frequently speak? _____

What language do the parents of this student speak? _____

Military Survey

Does this student have a parent/guardian in the military? Yes No If Yes which branch? _____

Name of parent in the military: _____ (only list National Guard if the parent/guardian is full-time)

Is the parent/guardian active duty? Yes No Is the parent/guardian currently deployed? Yes No

Technology Access Survey

Does this student have access to high speed internet at home? Yes No Not Sure

Does this student have a personal device such as a smartphone, tablet or computer with an internet connection? Yes No

Special Services Survey

Does this student have special needs or receive special education services? Yes No Not Sure

Does this student have a current 504 plan? Yes No Not Sure

Has this student been formally identified as Gifted/Talented? Yes No Not Sure

Medical Information

Known medical problems: asthma/breathing problems diabetes heart problems epilepsy/seizures

allergies to food, medication, or insects other

Please explain any item checked: _____

If your child has any other health condition not listed above, please explain: _____

Is your child currently under a physicians care for the above conditions? Yes No

Regular Medication: _____ Dosage: _____

Physician Name: _____ Telephone: _____

Student Insurance Company: _____ Group #: _____

Policy #: _____ Medicaid #: _____

Hospital preference: (check one): King's Daughter's Medical Center Our Lady of Bellefonte Hospital

Please provide an updated form anytime any of the medical information changes. By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions and parasites by trained school personnel. ***In case of an emergency and no one can be reached a the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment , call the physician listed and/or call 911 for emergency transportation.*** I will not hold the school district financially responsible for the emergency care and/or transport of my child. Signing this form shall release Ashland Independent Schools and any staff member from any liability of any nature in assisting my child during a medical emergency.

For safety reasons, is there any specific person **NOT ALLOWED** access to this student? If so please list their name and relationship: Legal documentation (restraining order, parental termination court order, etc.) **MUST** be provided to the school.

Name: _____ Relationship to student _____

I hereby certify that the information given on this form is true and accurate and that the address listed is my legal residence. If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____