

**Enrollment/Emergency Information Form**

Household Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Household Phone Number: (\_\_\_\_\_) \_\_\_\_\_

STUDENT #1 – LIVING at this address with guardians listed below:

NAME Last: _____	First: _____	Middle: _____
Birthdate: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade Level: _____ School: _____

STUDENT #2 – LIVING at this address with guardians listed below:

NAME Last: _____	First: _____	Middle: _____
Birthdate: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade Level: _____ School: _____

STUDENT #3 – LIVING at this address with guardians listed below:

NAME Last: _____	First: _____	Middle: _____
Birthdate: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade Level: _____ School: _____

STUDENT #4 – LIVING at this address with guardians listed below:

NAME Last: _____	First: _____	Middle: _____
Birthdate: _____	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade Level: _____ School: _____

**PLEASE LIST PARENT(S)/GUARDIAN(S) LIVING WITH STUDENT IN THIS SECTION.**

<b>PARENT/GUARDIAN – LIVING at this address with student(s): Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No</b>							
NAME Last: _____		First: _____		Middle: _____			
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Birthdate: _____	Email Address: _____	DL #:				
Cell Phone: _____		Work Phone: _____					
Relationship(s): Parent Step-Parent Foster Parent Legal Guardian – Specify Relationship Parent Portal Access							
Student #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No

<b>PARENT/GUARDIAN – LIVING at this address with student(s): Active Military <input type="checkbox"/> Yes <input type="checkbox"/> No</b>							
NAME Last: _____		First: _____		Middle: _____			
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Birthdate: _____	Email Address: _____	DL #:				
Cell Phone: _____		Work Phone: _____					
Relationship(s): Parent Step-Parent Foster Parent Legal Guardian – Specify Relationship Parent Portal Access							
Student #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No
Student #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No

**I certify the information on this form is correct and understand that I must contact the school with any changes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment/Emergency Information Form**

**PLEASE LIST PARENT(S)/GUARDIAN(S) NOT LIVING WITH STUDENT(S) IN THIS SECTION.**

<b>PARENT/GUARDIAN –Active Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
NAME Last:		First:			Middle:				
Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Birthdate:	Email Address:		DL#:			
Address:		City:			State:		Zip:-		
Cell Phone:		Work Phone:							
Relationship(s): Parent Step-Parent Foster Parent Legal Guardian – Specify Relationship Parent Portal Access									
Student #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		

<b>PARENT/GUARDIAN –Active Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
NAME Last:		First:			Middle:				
Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Birthdate:	Email Address:		DL#:			
Address:		City:			State:		Zip:-		
Cell Phone:		Work Phone:							
Relationship(s): Parent Step-Parent Foster Parent Legal Guardian – Specify Relationship Parent Portal Access									
Student #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		
Student #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Yes	No		

**Enrollment/Emergency Information Form**

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Full address where student lives: \_\_\_\_\_  
Street/Apt. etc. City, State Zip

( ) Rent ( ) Own ( ) Other Email address: \_\_\_\_\_

**Proof of Residency:** Bill with your name on it: \_\_\_\_\_, Lease Agreement: \_\_\_\_\_, Other proof: \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **SS# (\*)** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_  
\*SS# - optional but copy of SS card must be on file for KEES money scholarships City State

**Race Ethnicity Hispanic/Latino:** Yes ( ) No ( ) (check all that apply)  
( ) White ( ) Black/African Amer. ( ) Native Hawaiian/Other ( ) Pacific Islander ( ) Asian ( ) Amer.  
Indian/Alaskan Native

**Agriculture:** Does your family work in the agriculture field? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transportation:** (Check all that apply) Morning Bus \_\_\_\_\_ Afternoon Bus \_\_\_\_\_ Car (Morning) \_\_\_\_\_ Car (Afternoon) \_\_\_\_\_ Walk \_\_\_\_\_

Is the student enrolled: After School Program: Yes ( ) No ( ) Early Morning Program Yes ( ) No ( )

List any guardianship arrangements or custody situations the school should be aware of: \_\_\_\_\_

***Please note that copies of court and/or doctor paperwork are required on file for health issues as well as guardianship***

Does your child require special services? 504 Plan ( ), IEP ( ), Speech ( )

Please list the student's physician and phone number: \_\_\_\_\_

List all medical issues/allergies, medications, conditions, etc., the school should be aware of: \_\_\_\_\_

Yes ( ) No ( ) Has the student listed for enrollment on this form, ever been adjudicated guilty and/or currently under suspension or expulsion from any school district? If yes, you are required to provide specific information, in writing, as to school, events, and details prior to enrollment. This may impact enrollment status.

I, as legal parent/guardian, hereby state that the information contained on both sides of this form are accurate to the best of my knowledge. I authorize the school district personnel to share pertinent medical information with school staff, paraprofessionals, coach, volunteers and emergency personnel and to seek medical assistance for my child as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Scott County School district does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities.*

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**EMERGENCY CONTACTS**

These individuals will be authorized to pick up your child from school, including the After School Program. The names listed should be people other than parents/guardians.

Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone	DL#	Work Phone	Home Address		
Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone	DL#	Work Phone	Home Address		
Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone	DL#	Work Phone	Home Address		
Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone	DL#	Work Phone	Home Address		
Last Name	First Name	Middle Name	DOB	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone	DL#	Work Phone	Home Address		

**Office Use Only**

- .....
- ( ) Birth Certificate    ( ) Physical    ( ) Immunization    ( ) Eye Exam    ( ) Dental Screening  
 ( ) Proof of Residency    ( ) Permission to Photo/AUP    ( ) Social Security    ( ) Code of Conduct/Bus Contract

**Enrollment/Emergency Information Form**

**HOME LANGUAGE SURVEY**

Dear Parent/Guardian:

The Home Language Survey (HLS) is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance. The HLS is required for all students K-12 upon initial enrollment in school as the first screening process to determine if additional instructional supports are needed. This form must be signed and dated by the parent or guardian. It must be kept in the student's cumulative file.

If ANY response of a language other than English is provided, a copy will be given to the English language department at enrolled school. The District is legally obligated to conduct further language assessment to determine eligibility for language support to best serve the needs the student. This form will be used only for determining whether the student needs English learner services and will not be used for immigration matters or reported to immigration authorities. As the parent/guardian, you may decline part or all English language services for your student.

This information is essential in order for the school to provide appropriate English learner instructional programs and services. We appreciate your cooperation in complying with this legal requirement so that we may better serve the student. Please let us know if you have any questions about filling out the Home Language Survey by contacting your child's school. Thank you for choosing Scott County Schools. We look forward to working with you.

**Student Information: (Required)**

Student Name: \_\_\_\_\_ Grade Level at Enrollment: \_\_\_\_\_

**Student Language Background: (Required)**

1. What is the language most frequently spoken at home? \_\_\_\_\_
2. Which language did your child learn when they first began to talk? \_\_\_\_\_
3. What language does your child most frequently speak at home? \_\_\_\_\_
4. What language do you most frequently speak to your child? \_\_\_\_\_

**Language for School Communication: (Not Required):**

5. In which language would you prefer to receive all school information? \_\_\_\_\_

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Use Only:**

School Name: _____	Date of Enrollment: _____
Student Date of Birth: _____	Age at Date of Enrollment: _____
School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:	
Name: _____	Date: _____