

SCOTT COUNTY SCHOOL DISTRICT –Enrollment

Homeroom: _____

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

What is the language most frequently spoken at home? _____
Which language did your child learn when he/she first began to talk? _____
What language does your child most frequently speak at home? _____
What language do you most frequently speak to your child? _____

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: _____

Emergency Contacts-These will be authorized to pick up your child from school, including the After School Program. The names should be people other than Guardians/Parents.

Last Name			First Name	Middle Name	Gender F M	Relationship to Student
DL#	Cell Phone	Work Phone	Home Address			
Last Name			First Name	Middle Name	Gender F M	Relationship to Student
DL#	Cell Phone	Work Phone	Home Address			
Last Name			First Name	Middle Name	Gender F M	Relationship to Student
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Last Name			First Name	Middle Name	Gender F M	Relationship to Student
DL#	Cell Phone	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

Registrar _____

Date _____

* Please complete one per household

SCOTT COUNTY SCHOOLS HOUSEHOLD 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: F M Grade Level: _____ School: _____

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

NAME Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade Level: _____ School: _____

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

NAME Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade Level: _____ School: _____

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

NAME Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade Level: _____ School: _____

Please list parent(s)/guardian(s) NOT LIVING with student(s) on PAGE 2

PARENT/GUARDIAN – LIVING at this address with student(s): Active Military Yes No

NAME Last: _____ First: _____ Middle: _____

Gender: F 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

PARENT/GUARDIAN – LIVING at this address with student(s): Active Military Yes No

NAME Last: _____ First: _____ Middle: _____

Gender: F 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: _____

PLEASE LIST PARENT(S)/GUARDIAN(S) NOT LIVING WITH STUDENTS IN THIS SECTION

PARENT/GUARDIAN - NOT LIVING with student(s): Active Military Yes No

NAME Last: _____ First: _____ Middle: _____

Gender: F M Birthdate: _____ Household Phone Number: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Email Address: _____ DL# _____

Cell Phone: _____ Other 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

PARENT/GUARDIAN - NOT LIVING with student(s): Active Military Yes No

NAME Last: _____ First: _____ Middle: _____

Gender: F M Birthdate: _____ Household Phone Number: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Email Address: _____ DL# _____

Cell Phone: _____ Other 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