

# Erlanger-Elsmere School District Enrollment/Information Update Form 2017-18

School: \_\_\_\_\_ Grade: \_\_\_\_\_ **SSN\*:** \_\_\_\_\_

### Student Information

Legal Name of Student: (First, M, Last) \_\_\_\_\_ Gender: \_\_\_ Date of Birth: \_\_\_\_\_

Check for 1<sup>st</sup> time enrollment in a Kentucky School Student Nickname: \_\_\_\_\_

Birth Place: \_\_\_\_\_ (Birth Certificate or other reliable proof of birth required by State Law 158.032)

Ethnicity (must choose one): Hispanic/Latino  or Not Hispanic/Latino

(choose all that apply): White:  Black:  Asian:  American Indian/Native Alaskan:  Native Hawaiian/Other Pacific Islander:

Household Phone #: \_\_\_\_\_ Household Address: \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Has your child ever been enrolled in a Kentucky School? No: \_\_\_ Yes: \_\_\_ Last school attended: \_\_\_\_\_

Last school address: \_\_\_\_\_

**\*Optional. To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card **MUST** be on file.**

### Parents/Guardians Living in same Household as Student (*Student's Primary Household*)

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email. In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email.

I would also like to be contacted about non-emergency events (i.e. school news) via \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email. I would also like to be contacted about non-emergency events (i.e. school news) via \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email

### Children (Ages BIRTH to 18) Living in Same Household as Student

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

### Legal Parent/Guardian Living at a Different Address from Student (*Secondary Household*)

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Does this parent/guardian have joint custody? \_\_\_\_\_ In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ I would also like to be contacted about non-emergency events (i.e. school news) via \_\_\_ Household \_\_\_ Cell \_\_\_ Work \_\_\_ Email

Place of Employment: \_\_\_\_\_

### Emergency Contacts (People Authorized to Pick Student Up From School)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone 1 : \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone 1 : \_\_\_\_\_ Phone 2: \_\_\_\_\_

### Student Safety

Do you have any form of legal documentation stating that any person(s) may **NOT** pick up your child from school? \_\_\_ Yes \_\_\_ No

*(If "yes" is checked, please provide a copy of legal documentation with this enrollment form.)*

### Medical Provider (s), Health Insurance and other Health Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have health insurance? No:  Yes:  If Yes- What kind? Medicaid: Yes:  Private Insurance Yes:

Does your child take Medications/have Allergies or any Medical Conditions? \_\_\_\_\_

*It is the legal parent/guardian's responsibility to send in writing any pertinent information each year to the school office about serious health conditions.*

**Temporary Living Arrangements**

The following questions address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine services the student may be eligible to receive.

Is the student's current address a temporary living arrangement? \_\_\_ No \_\_\_ Yes

Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_ No \_\_\_ Yes

If the answer to **both** of the above questions is **Yes**, the student is entitled to immediate enrollment.

Please indicate where the student is living: \_\_\_ In a motel/hotel \_\_\_ Unaccompanied youth \_\_\_ In a homeless shelter  
\_\_\_ Doubled up with family or friend \_\_\_ Other (a place not designed for ordinary sleeping accommodations)

**Special Services.** Please check any special programs in which the student has participated.

Speech/Language  IEP (Special Education)  504 Plan  Gifted/Talented

**Home Language Survey**

1. What language is most frequently spoken at home? \_\_\_\_\_ 2. What language did your child learn when he/she first began to speak? \_\_\_\_\_  
3. What language does your child most frequently speak at home? \_\_\_\_\_  
4. In what language do you most frequently speak to your child? \_\_\_\_\_

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs?

NO:  YES  KRS 158 requires that a parent/guardian report this conduct to school officials.

Is your child currently under suspension from a previous school? NO  YES

**Parent/Guardian and Student Authorizations.** Please check all that apply.

*The following two check boxes MUST be checked prior to enrollment.*

\_\_\_ I acknowledge receipt of and accept school/district codes of conduct, including a) the Discipline Code, 2) the Dress Code, 3) the School Medication Policy and 4) the EES District Code of Acceptable Student Behavior and Discipline.

\_\_\_ I acknowledge receiving information regarding my rights under the Federal Educational Rights and Privacy Act.

\_\_\_ I acknowledge receiving the Annual Student Directory Information Notification and the Protection of Pupil Rights Admendment.

The remaining check boxes are optional. Students will not be denied enrollment if unchecked. However, some services may be denied.

\_\_\_ I acknowledge receipt of and accept the district Acceptable Use Policy, and agree for my child to have access to the Internet. In lieu of signing and returning the "Student User Contract " on the final page of the AUP, the check to the left and my signature below indicate my agreement with all of the statements in the "Yes" section of the AUP's Student User Contract.

\_\_\_ I acknowledge receipt of the district Bring Your Own Device Guidelines, and in lieu of signing the BYOD signature sheet, by checking here I give permission for my child to bring a personal technology device to school, and my child and I agree to abide by those guidelines.

\_\_\_ I give permission for the school district to share the Free/Reduced Meal Eligibility **status only** of my child with the Erlanger-Elsmere Schools Family Resource Centers/Youth Service Centers in order to assist in determining families in need. I understand that the FRC/YSC Centers will NOT share this information with any other entity or program. I further understand that failing to check the box to the left will NOT affect my child's ability to participate in FRC/YSC programs.

\_\_\_ (**Grades 6-12 only**) I acknowledge receiving the Individual Learning Plan Web Release form from my school, and in lieu of returning the Signature sheet on that form, I hereby acknowledge that I have read and understood that form, and authorize the District to enable a Feature of the ILP which will permit my student to invite third parties to have access to his/her ILP information.

\_\_\_ (**Grades 9-12 only**) (Federal law requires that schools release directory information to military recruiters unless a parent explicitly forbids the release of such information.) I **DO NOT** give permission for my child's contact information to be released to military recruiters.

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

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

**I, as the enrolling student, hereby agree to abide by all of the policies checked above.**

Student Signature (grade 4 and above): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

\_\_\_ Birth Certificate \_\_\_ Immunizations \_\_\_ Physical \_\_\_ SSN \_\_\_ Lease/Proof of Residency \_\_\_ Transportation Code \_\_\_ HR  
\_\_\_ Spec. Ed. \_\_\_ Speech \_\_\_ Gifted/Talented \_\_\_ 504 Plan Entry Date: \_\_\_\_\_ Initial \_\_\_\_\_