

**Clark County School District Student Enrollment Form**

**Student 1** Please Fill out Student Information with Child's Legal Name

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Female:  Male:  Grade: \_\_\_\_\_

Race Code: (Please check all that apply)

American Indian or Alaskan Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  Hispanic  White

Child lives with: Both Parents:  Mother Only:  Father Only:  Joint Custody:   
Other (Specify): \_\_\_\_\_

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: \_\_\_\_\_

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).  
Please explain: \_\_\_\_\_

FOR OFFICE USE ONLY

- NT-Non-transport
- T1-Over 1 mile twice-daily
- T2-Under 1-mile twice-daily
- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Dental Exam
- Proof of Residence

Enrollment Date: \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_  
Home Room Assignment: \_\_\_\_\_  
State ID Number: \_\_\_\_\_

**Student 2** Please Fill out Student Information with Child's Legal Name

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Female:  Male:  Grade: \_\_\_\_\_

Race Code: (Please check all that apply)

American Indian or Alaskan Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  Hispanic  White

Child lives with: Both Parents:  Mother Only:  Father Only:  Joint Custody:   
Other (Specify): \_\_\_\_\_

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: \_\_\_\_\_

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).  
Please explain: \_\_\_\_\_

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REQUIRED DOCUMENTS

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- Proof of Residence

Enrollment Date: \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_  
Home Room Assignment: \_\_\_\_\_  
State ID Number: \_\_\_\_\_

**Clark County School District Student Enrollment Form**

**Student 3** Please Fill out Student Information with Child's Legal Name

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Female:  Male:  Grade: \_\_\_\_\_

Race Code: (Please check all that apply)

American Indian or Alaskan Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  Hispanic  White

Child lives with: Both Parents:  Mother Only:  Father Only:  Joint Custody:   
Other (Specify): \_\_\_\_\_

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: \_\_\_\_\_

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).  
Please explain: \_\_\_\_\_

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- T3-Over 1 mile once daily
- T4-Under 1-mile once daily
- T5-Handicapped/Special Vehicle

REQUIRED DOCUMENTS

- Birth Certificate
- Social Sec. Card
- Immunization Cert.
- Physical Exam
- Eye Exam
- Dental Exam
- Proof of Residence

Enrollment Date: \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_  
Home Room Assignment: \_\_\_\_\_  
State ID Number: \_\_\_\_\_

**Student 4** Please Fill out Student Information with Child's Legal Name

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Female:  Male:  Grade: \_\_\_\_\_

Race Code: (Please check all that apply)

American Indian or Alaskan Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  Hispanic  White

Child lives with: Both Parents:  Mother Only:  Father Only:  Joint Custody:   
Other (Specify): \_\_\_\_\_

Has your child ever been enrolled in a KY school before? YES NO

Name & Address of Last School Attended: \_\_\_\_\_

Does your child require any special services: 504 Plan , Auditory , IEP , Speech , Visual

Does your child have any significant or on-going conditions (ex. Severe allergies/EpiPen, asthma, epilepsy).  
Please explain: \_\_\_\_\_

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REQUIRED DOCUMENTS

- Birth Certificate
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- Physical Exam
- Eye Exam
- Dental Exam
- Proof of Residence

Enrollment Date: \_\_\_\_\_  
Enrollment Code: \_\_\_\_\_  
Home Room Assignment: \_\_\_\_\_  
State ID Number: \_\_\_\_\_

**Clark County School District Student Enrollment Form**

**Household Information**

Today's Date: \_\_\_\_\_ Phone # for Primary Residence: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
PO Box/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
What language does your child speak most often? \_\_\_\_\_  
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? \_\_\_\_\_

**Guardian Information**

**Guardian 1** Please use Adult Legal Name Female  Male   
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work # and Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Do we have your permission to contact you by email: Yes No  
**Relationships:**  
**To Student 1:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 2:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 3:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 4:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**Guardian 2** Please use Adult Legal Name Female  Male   
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work # and Extension: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Do we have your permission to contact you by email: Yes No  
**Relationships:**  
**To Student 1:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 2:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 3:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No  
**To Student 4:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

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**Guardian 3** Please use Adult Legal Name Female  Male

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # and Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ Do we have your permission to contact you by email: Yes No

**Relationships:**

**To Student 1:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 2:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 3:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 4:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**Guardian 4** Please use Adult Legal Name Female  Male

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work # and Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ Do we have your permission to contact you by email: Yes No

**Relationships:**

**To Student 1:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 2:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 3:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

**To Student 4:** Parent/Guardian  Legal Guardian (by court)  Stepparent  Foster Parent  Other (specify): \_\_\_\_\_  
Will this guardian receive mailing? Yes No Does this guardian have parent portal? Yes No

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**Emergency Contacts**

Emergency Contacts are those people to whom we may release this/these students in the event of an illness or injury if the Parent/Guardian can not be reached. DO NOT put the names of any previously listed Parent/Guardians in the following spaces.

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Notice of Expulsion/Conviction**

In Compliance with Board Policy (09.12AP.23):

I affirm that \_\_\_\_\_

Student Name

\_\_\_\_\_ Has never been expelled from school.

\_\_\_\_\_ Has been expelled from school.

If your child has been expelled, please check the reason for the expulsion:

\_\_\_\_\_ Homicide

\_\_\_\_\_ Assault

\_\_\_\_\_ Sex Offense

\_\_\_\_\_ Violation of Law Relating to Weapons

\_\_\_\_\_ Violation of School Regulation to Weapons

\_\_\_\_\_ Violation of Law Relating to Alcohol

\_\_\_\_\_ Violation of Law Relating to Drugs

\_\_\_\_\_ Violation of School Regulation Relating to Alcohol

\_\_\_\_\_ Violation of School Regulation Relating to Drugs

\_\_\_\_\_ Any Violation offense that resulted in death or Serious physical injury to victim

My child was expelled from: \_\_\_\_\_ in \_\_\_\_\_

Name of School

City

\_\_\_\_\_, \_\_\_\_\_.

County

State

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