

Trimble County School District Student Enrollment Form 2017-18

It's About Every Student, Every Day... No Excuses

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

Grade: _____ Date of Birth: _____ Gender: Male Female

Birthplace: _____
Country County State

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

Physical Address: _____
Number and Street, No PO Boxes City State Zip

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

**check below only if applicable if you live: If applicable, please call 255-3201 to complete a Residency Questionnaire (704 KAR 7:090)*

In a shelter In a Motel In a house/apartment shared with friends/family with friend/family member other than parent/guardian

Ethnicity: Is your child Hispanic/Latino: Yes No *(If you select yes you are not required to answer student race question below unless you choose to)*

Student Race: *Check all that apply* White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

(only for applicants new to school district) Last School Attended: _____

School Address: City _____ State _____ Zip _____

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

Legal Guardian #1: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Place of Employment: _____ Work Phone: _____	Legal Guardian #2: _____ Relationship to Student: _____ Home Phone: _____ Cell Phone: _____ Place of Employment: _____ Work Phone: _____
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Siblings Living in Same Household as Student

Legal Name: _____ Birth Date _____ Sex: _____ Age: _____	Legal Name: _____ Birth Date _____ Sex: _____ Age: _____
Legal Name: _____ Birth Date _____ Sex: _____ Age: _____	Legal Name: _____ Birth Date _____ Sex: _____ Age: _____

Parent/Guardian Living at an Address Different from Student (only fill out if applicable)

Does this parent/guardian have joint custody? Yes No over

In regards to custody/guardianship situations, a copy of the court order must be provided.

Legal Name: _____ Relationship to Student: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ Work: _____ Place of Employment: _____
Phone Phone Phone

Race/Ethnic Group Categories

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black/African American (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic/Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North & South America and who maintains culture identification through tribal affiliation or community attachment.

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Special Services

Has this student ever been evaluated or received services in any of the following areas? (check all that apply)

Special Education Speech Gifted/talented Migrant 504 Plan ESL

Has this student ever been expelled? Yes No

Has this student ever been enrolled in a Kentucky school? Yes No If yes, what school _____

Emergency Contact & Car Release Information

In the event of an accident, illness or medical condition and if a parent/guardian cannot be contacted, please call or release my child to one of the following: (You do not have to list four additional contacts. Only list one name per box please.)

#1 Name: _____
Relationship to Student: _____
Cell Phone: _____
Other Phone: _____

#3 Name: _____
Relationship to Student: _____
Cell Phone: _____
Other Phone: _____

#2 Name: _____
Relationship to Student: _____
Cell Phone: _____
Other Phone: _____

#4 Name: _____
Relationship to Student: _____
Cell Phone: _____
Other Phone: _____

Home Language

Which language did your child learn when he/she first began to talk? _____

Which language does your child most frequently speak at home? _____

Which language do you (parent) most frequently use at home? _____

Which language is most often spoken by adults in the home? _____

I verify all information provided is accurate to the best of my knowledge: **(If there are changes made during the year, please notify the school office immediately).** The last 4 digits of the SSN# are necessary for parent/guardian identification when discussing student information by phone.

Parent/Guardian Signature

Date

Last 4 digits of SSN

Parent/Guardian Signature

Date

Last 4 digits of SSN