

If there is any change made during the school year, contact the school office IMMEDIATELY

PARIS INDEPENDENT SCHOOL DISTRICT Enrollment Information

School: _____
Start Date: _____
Office Use Only

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

☐ Male ☐ Female Grade: _____ Nickname: _____ Date of Birth: _____

Birthplace: (Country) _____ (County) _____ (State) _____ SS# _____

Race/Ethnicity: These two questions are designed to identify your child's ethnicity/race.

Question 1: Is the student **Hispanic/Latino**? Yes or No (please circle response)

(If the answer to Question 1 is "Yes" skip Question 2; if the answer is "No", please complete Question 2.)

Question 2: Please select the racial category or categories which best identify your child. Check all that apply.

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Pacific Islander
☐ White

Student Address: (Street/PO Box) _____ (City) _____ (State) _____ (Zip) _____

(Check only if applicable) Is this a: ☐ Shelter ☐ Motel ☐ House or apartment shared with friends or family members

Student Mailing Address (if different): (Street/PO Box) _____ (City) _____ (State) _____ (Zip) _____

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

Has student ever been enrolled in a Kentucky school? ☐ Yes ☐ No If yes: Date/Year attended: _____

Last School Attended: _____ Telephone No: (_____) _____

School Address: (City) _____ (County) _____ (State) _____

Last Date Attended This School: _____ Most Recent Grade Level _____

If student has not been continuously enrolled in a public school, please explain why: _____

Does your child have special needs, or does he or she receive special education services or have an IEP? ☐ Yes ☐ No

Does your child have a 504 plan? ☐ Yes ☐ No Has your child been formally identified as Gifted/Talented? ☐ Yes ☐ No

Does your child receive Title 1 Services? ☐ Yes ☐ No

Parents/Guardians Living in Same Household as Student

Legal Name: _____ Suffix: _____ Relationship to Student: _____ Phone: Home (_____) _____ Work: (_____) _____ Cell Phone: (_____) _____ E-Mail _____ Place of Employment: _____	Legal Name: _____ Suffix: _____ Relationship to Student: _____ Phone: Home (_____) _____ Work: (_____) _____ Cell Phone: (_____) _____ E-Mail _____ Place of Employment: _____
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Siblings Living in Same Household as Student

Legal Name: _____ Suffix: _____ Birth Date ____/____/____ Sex: ____ Grade: ____ Currently attending a Paris School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school: _____	Legal Name: _____ Suffix: _____ Birth Date ____/____/____ Sex: ____ Grade: ____ Currently attending a Paris School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school: _____
Legal Name: _____ Suffix: _____ Birth Date ____/____/____ Sex: ____ Grade: ____ Currently attending a Paris School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school: _____	Legal Name: _____ Suffix: _____ Birth Date ____/____/____ Sex: ____ Grade: ____ Currently attending a Paris School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school: _____

Parents/Guardians Living at Another Address (Different from Student)

Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, should this parent/guardian receive school information? <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (_____) _____ Work: (_____) _____ Cell Phone: (_____) _____ E-Mail _____ Place of Employment: _____ Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, should this parent/guardian receive school information? <input type="checkbox"/> Yes <input type="checkbox"/> No Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (_____) _____ Work: (_____) _____ Cell Phone: (_____) _____ E-Mail _____ Place of Employment: _____ Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, a copy of the court order MUST
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Legal Name of Student (Last) _____ (First) _____ (Middle) _____ Suffix _____
 Primary Transportation to School (check all that applies): ☐ Car Rider ☐ Walker ☐ School Bus (Jr., III, etc)
 Bus #: _____ (assigned by school staff)
 Transportation by Bus: ☐ A.M. ☐ P.M. ☐ Both A.M & P.M. ☐ More Than 1 Mile ☐ Less Than 1 Mile ☐ None
 Daycare: _____

Language

What is the language most frequently spoken at home? _____
 Which language did your child learn when he or 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? _____

Medical and Emergency Information

Family Physician: _____ Telephone No: (____) _____
 List and identify problems and/or medical conditions (such as allergies and/or allergies to medications) that should be known to school personnel:

 Per state regulation, any child with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a Primary Care Authorization form on file. For more information or to obtain a form, please contact the School Nurse.
 Regular Medication: _____ Dosage: _____
 An "Authorization to Give Medication" Form must be on file for any medication to be given to a student during the school day.
 If needed, what hospital should your child be taken to? _____
 In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:
 Name: _____ Relationship to student _____ Telephone No: (____) _____
☐ Home ☐ Work ☐ Cell
 Name: _____ Relationship to student _____ Telephone No: (____) _____
☐ Home ☐ Work ☐ Cell
 Name: _____ Relationship to student _____ Telephone No: (____) _____
☐ Home ☐ Work ☐ Cell
 Name: _____ Relationship to student _____ Telephone No: (____) _____
☐ Home ☐ Work ☐ Cell
 If there is anyone **NOT ALLOWED** to pick-up this child, list their name and relationship to student: (Legal documentation **MUST** be on file at the school.)
 Name: _____ Relationship to student _____

Additional Information

May we include this student's address in the Student Directory? ☐ Yes ☐ No Phone Number? ☐ Yes ☐ No
 May we release this student's photograph for any media coverage? ☐ Yes ☐ No
 Do you grant permission to release information about this student to military recruiting officers (HS only)? ☐ Yes ☐ No
 Does this student have any prior or pending criminal charges? ☐ Yes ☐ No If yes, please provide the charge(s), court(s) of jurisdiction and probation officer's name, if any: _____
 Has this student been expelled, recommended for expulsion, or is an expulsion hearing pending? ☐ Yes ☐ No
 If yes, from what school? _____ Dates _____
 Reason _____

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

Parent/Guardian Signature _____ Print Name: _____ Date: _____