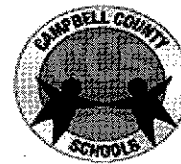


CAMPBELL COUNTY SCHOOLS

(Single Student) Enrollment Information



OUR COMMUNITY. OUR SCHOOLS.
OUR COMMITMENT.

NOTICE: Print Legibly in Ink. Any area illegible will result in the document not being accepted.

Student Primary HOME PHONE: () -- **** Required: Student-Family Household is built upon this number.**
Area Code

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

Male Female Grade Level Enrolling: _____ SS# _____ - _____ - _____ Nickname: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace: (County) _____ (State) _____

*** Kentucky State Law 158.032 requires that every child has a birth certificate on file.**

Ethnicity (Must Choose One): Hispanic/Latino OR Not Hispanic/Latino

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

Student's Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Mailing Address (if different): (Street) _____

(City) _____ (State) _____ (Zip) _____

In order to properly ensure available services to your student and family please, check the boxes that apply/describe your current situation:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Residing in house/apartment owned or leased by student's legal parent/guardian | <input type="checkbox"/> Residing in house/apartment not leased/mortgaged by student's legal parent/guardian | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Student does not reside in physical custody of his legal guardian | <input type="checkbox"/> Temporary or Emergency Care | <input type="checkbox"/> Motel/Hotel |
| | | <input type="checkbox"/> Foster |

Citizenship: U.S. Citizen U.S. Resident Non-Resident Alien Other: _____

Does your child have special needs or receive special education services? Yes No

Does your child have or receive Gifted/Talented services? Yes No

Does your child have a 504 plan? Yes No

CCS sends automated emails, texts, and/or voice messages to a students' Legal Parents/Guardians concerning school or district activities and the child's attendance. If you wish to opt-out of receiving messages, please indicate that here. I do **NOT** wish to receive automated calls from CCS.

Video tapes, photographs, and web page photos are often produced by school personnel and by outside media during the course of a school year. Please check this box if you request your child NOT be video taped, photographed, or a photo placed on a web page and waiver will be provided.

Last School Attended: _____

School Address: _____ Telephone No.: _____

Parents/Guardians Living Within The SAME Household, Home Phone, and Address With This Student

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

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

E-Mail Address: _____

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

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

E-Mail Address: _____

Parents/Guardians Living at Another Address

Relationship to Student (Circle One): Father = Mother = Step Parent = Other Legal Guardian (Fill in Relationship): _____

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: _____ Place of Employment: _____ E-Mail Address: _____

Is there a court order restricting this parent/guardian's access to the student? Yes No (If yes, a copy of the court order MUST be provided.)

Does this parent/guardian have joint custody? Yes No

Should this parent/guardian receive school mailings? Yes No

Siblings Living Within the SAME Household, Home Phone, and Address With This Student

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: ____ Grade: ____ Relationship to Student: _____ Currently attending Campbell County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: ____ Grade: ____ Relationship to Student: _____ Currently attending Campbell County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: ____ Grade: ____ Relationship to Student: _____ Currently attending Campbell County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Gender: ____ Grade: ____ Relationship to Student: _____ Currently attending Campbell County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____

Transportation

Primary Transportation to School: Car Rider Walker School Bus
 Transportation by CCS (Check One): One Way AM or PM Both Ways (Check One): More Than 1 Mile to school Less Than 1 Mile to school

Language

Child's Birth Country: _____
 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? _____

Childcare

Name of Day Care/Babysitter: _____
 Address: _____ Phone No.: _____

Medical - Emergency - Early Closure of School Information

Family Physician: _____ Phone No.: _____
 Dentist: _____ Phone No.: _____

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: _____ Home No.: _____ Cell/Work No.: _____ (Circle One)
 Name: _____ Relationship: _____ Home No.: _____ Cell/Work No.: _____
 Name: _____ Relationship: _____ Home No.: _____ Cell/Work No.: _____

In case of an Inclement Weather or Emergency Closure of School: (Check one ONLY and we request NO CHANGES OCCUR OVER THE PHONE)

I prefer that my child follow the normal busing routine My child may be released to myself or one of the above people.

MANDATORY NOTIFICATION OF COURT ADJUDICATION CONVICTION OR SCHOOL EXPULSION

Has your child ever been adjudicated guilty by a court of law or previously expelled for homicide, any form of assault, or violations relating to weapons, alcohol, or drugs? Yes No
If so, KRS 158.155 requires that a parent or legal guardian report this conduct to school officials on the Campbell County Disclosure/Compliance Form.

This information is true and accurate to the best of my knowledge. Do not sign this form if any information is incorrect.

Parent's/Guardian's Signature: _____ Date: _____