School Year: _____

Spencer County Public Schools
Enrollment/Census Form
Household Information

Today's Date: _____

Student Information: List all of the children in your household that will be attending a school in Spencer County.

First Name	Middle Name	Last Name	Date of Birth	Social Security (Optional)	Gender	Grade	Previously Attended Spencer County Schools?

Custodial Parent(s)/Guardian(s): **Proof of Residence is Required**
Household Information **Telephone Number for Primary Residence: (___)_____**

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

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) at Primary Residence

Parent/Guardian 1 FULL LEGAL NAME

Last Name: _____

First Name: _____ Middle Initial: _____

Gender: ❒ Female ❒ Male

Work Phone (w/Ext): _____

Employer: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Parent/Guardian 2 FULL LEGAL NAME

Last Name: _____

First Name: _____ Middle Initial: _____

Gender: ❒ Female ❒ Male

Work Phone (w/Ext): _____

Employer: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Translation and Interpretation Needs for Above Household
Do you need help understanding school documents that are written in English? ❒ Yes ❒ No
Do you need the help of an interpreter for meetings with school personnel? ❒ Yes ❒ No

Complete Info Below Only If Both Parents Do Not Live At The Same Address

Parent(s)/Guardian(s) at Secondary Residence: Mailings are only sent to Primary Mailing Address listed above unless indicated below.

Do you want an additional mailing to go to this address? ❒ Yes ❒ No **Home Telephone Number:** _____

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

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Parent/Guardian 3

Last Name: _____

First Name: _____ Middle Initial: _____

Gender: ❒ Female ❒ Male

Work Phone (w/Ext): _____

Employer: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Parent/Guardian 4

Last Name: _____

First Name: _____ Middle Initial: _____

Gender: ❒ Female ❒ Male

Work Phone (w/Ext): _____

Employer: _____

Cell Phone: _____ Pager: _____

Email Address: _____

Technology Questions

1. Do you have a personal computer in your household? **YES NO**
2. Was this computer purchased within the last 5 years? **YES NO**
3. Do you have access to a high-speed Internet connection? **YES NO**
4. Does your household have regular access to a computer for school related activities? **YES NO**

Student ID: _____
Office Use Only

Spencer County Public Schools
Enrollment/Census Form

Today's Date: _____

School and Student Specific Information

(PLEASE FILL OUT THIS FRONT & BACK PAGE FOR EACH STUDENT YOU ARE ENROLLING)

Primary Email Address: _____
Primary Residence Phone Number: (___)_____

Student Information:

Last Name: _____ Student First Name: _____ Student Middle Name: _____

Date of Birth: _____ Social Security Number (Optional): _____ Gender: _____

Grade: _____ School Enrolling In: _____

Has this student ever attended a Spencer County School? ❒ Yes ❒ No When? _____

May we release this student's photograph or video footage for any media coverage? ❒ Yes ❒ No

Please indicate if the student is presently living: ❒ In a Shelter ❒ With Another Family Member or Friend In A House Or Apartment ❒ In a Motel, Car or Campsite

Enrollment History:

Previous School: _____ Address: _____

Previous School Phone Number: _____ Do you owe any fees at your previous school? ❒ Yes ❒ No

Is this student on a current or pending expulsion from previous school? ❒ Yes ❒ No

Is this student currently considered an attendance truant at the previous school? ❒ Yes ❒ No

Special Education

Does this student have a current IEP? ❒ Yes ❒ No

Does this student have a current 504 Plan? ❒ Yes ❒ No

Race/Ethnicity

Is the student Hispanic/Latino?: YES NO

Is the student from one or more of these races? (**Circle all that apply**)

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Pacific Islander
5. White

Special Programs

Has this student ever been enrolled in a special program in their prior school(s)? ❒ Gifted & Talented ❒ English Second Language ❒ Migrant ❒ Other _____

If yes, when and where? _____

Transportation Information

This student will be a ❒ Walker ❒ Car Rider Number assigned: _____ ❒ Bus Rider Route Number: _____

Additional Transportation Information if needed: _____

Emergency Contact Information

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

Emergency Contact 1
Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Relation to Student: _____

Emergency Contact 2
Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Relation to Student: _____

Emergency Contact 3
Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Relation to Student: _____

Emergency Contact 4
Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Relation to Student: _____

Is there any legal or custodial information that we must know about? _____

_____

Student ID: _____
Office Use Only

Spencer County Public Schools
Enrollment/Census Form
Health Information

Today's Date: _____

Student Health Information:

Last Name: _____ Student First Name: _____ Student Middle Name: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Does your child have any unusual health conditions or mental health conditions? ❒ Yes ❒ No
Please indicate if your child has any of the following:

Asthma?	❒ Yes	❒ No	Does your child have a rescue inhaler? ❒ Yes ❒ No
ADHD?	❒ Yes	❒ No	
Bipolar Disorder?	❒ Yes	❒ No	
Bee Sting Allergy?	❒ Yes	❒ No	Is EpiPen prescribed? ❒ Yes ❒ No
Other Food Allergy?	❒ Yes	❒ No	List: _____ Is EpiPen prescribed? ❒ Yes ❒ No
Arthritis?	❒ Yes	❒ No	
Seizure Disorder?	❒ Yes	❒ No	Is Diastat Prescribed? ❒ Yes ❒ No
Deafness?	❒ Yes	❒ No	
Heart Condition?	❒ Yes	❒ No	Describe: _____
Diabetes?	❒ Yes	❒ No	Type I _____ Type II _____ Is insulin needed at school? ❒ Yes ❒ No
Sight Impairment?	❒ Yes	❒ No	
Fractures?	❒ Yes	❒ No	
Kidney/Bladder Issues?	❒ Yes	❒ No	
Physical Handicap?	❒ Yes	❒ No	Describe: _____
Recent Surgeries?	❒ Yes	❒ No	Describe: _____
Other?	❒ Yes	❒ No	Describe: _____

If you marked yes to any of the health conditions above – please discuss these issues with school personnel so that they may contact the District Health Coordinator to discuss the condition in detail.

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below authorizes the Spencer County Public School System and its appointed authorities to exercise their own judgment in contacting the physician indicated above and/or EMS personnel to render treatment as may be deemed necessary in an emergency. Signing this form shall release Spencer County Public School District and staff members from any liability of any nature in assisting your child during a medical emergency. In addition, your signature acknowledges that the parent/guardian agrees to be responsible for any and all expenses related to the medical action taken by the Spencer County School System and it's appointed authorities.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

----------Office Use Only Below This Line----------

Student ID#: _____

Entry Date: _____

Entry Code: _____

Assigned Homeroom: _____

Registrar's Checklist

- ❒ Proof of Residence Supplied
- ❒ Forward Enrollment Info to Other Receiving Schools
- ❒ Request for Records from Previous School
- ❒ Birth Certificate
- ❒ Immunization Records
- ❒ Physical & Eye Exam
- ❒ Free/Reduced Lunch Application
- ❒ Assigned a Student Schedule
- ❒ Transportation Information Verified

This is to verify that I have entered all of the necessary household information into the student information system and I have forwarded the necessary student information to the appropriate school(s):

Name of Registrar: _____ School: _____

Signature of Registrar: _____ Date: _____