



MADISON COUNTY SCHOOL DISTRICT
STUDENT ENROLLMENT FORM



School: _____

Child's Legal Name: Last _____ First _____ Middle _____

Social Security # _____ Birth Date _____ Female _____ or Male _____ Grade _____
(Required for KEES)

Ethnicity (must choose one) _____ Hispanic/Latino _____ Not Hispanic/Latino

Race Code (choose all that apply - must choose at least one)
_____ White
_____ Black or African American
_____ American Indian or Native Alaskan
_____ Native Hawaiian or other Pacific Islander
_____ Asian

What language does your child speak most often? _____

Has your child ever been enrolled in a KY school before? _____ Yes _____ No
Has your child ever been enrolled in a Madison County school before? _____ Yes _____ No

Last school attended _____ Fax number of last school attended _____

Address of last school attended _____
Street City State Zip

Does your child receive any special services:
_____ 504 Plan _____ Visual
_____ Auditory _____ Gifted
_____ IEP _____ Migrant
_____ Speech _____ ESL

Lunch Status at previous school (new lunch application or household income form must be completed if transferring from
a school outside of the Madison County Schools district) _____ Free _____ Reduced _____ Paid

Does your child have any significant or on-going medical conditions (ex. severe allergies/epi-pen, asthma, epilepsy)?
Please explain: _____

For Office Use Only

Enrollment Date: _____
Home Room: _____
Assigned Schedule: _____
Transportation Code: _____
Bus Number: _____
Registrar (initial & date): _____
Out of County: _____
Change in Sch. Assignment: _____
Records Transfer (IC): _____
Request for Records (fax): _____
Faxed to Central Office: _____

Required Documents:
_____ Proof of Residence
_____ Birth Certificate
_____ Valid Immunization Cert.
_____ Physical Exam _____ Entry _____ 6th gr.
_____ Vision Exam
_____ Dental Exam (en. 2010 +)
_____ Social Security Card (optional)

Household Information

Home Phone (landline or cell used only for residence) _____ *This number will be used for One Call (automated calling system)

Home Address (physical) _____ street _____ Apt. # _____ City _____ Zip _____

PO Box _____ City _____ Zip _____

Household members living at this address:

1) Student Enrolling _____

2) Other children who attend a school in Madison County living at this address:

Name _____ School _____ Relationship to Student Enrolling _____

Name _____ School _____ Relationship to Student Enrolling _____

Name _____ School _____ Relationship to Student Enrolling _____

Name _____ School _____ Relationship to Student Enrolling _____

3) **Legal** Guardians **living at this address** (additional info will be given on next page):

Name _____ Relationship to Student Enrolling _____

Name _____ Relationship to Student Enrolling _____

4) Step parent (married to parent) or Partner of Parent (includes boyfriend/girlfriend of parent) **living at this address:**

Name _____ Circle One: Step Parent Partner of Parent

Cell Phone Number _____ Birth Date _____

If student(s) and guardian(s) are living with friends or other family members (grandparents, aunts, uncles, etc.), are you paying or contributing to the bills (rent and/or utilities)? Yes No

Notice of Expulsion/Conviction In Compliance with Board Policy (09.12AP23):

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 and give school information:

_____ 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 _____, _____, _____ County

Parent/Guardian Signature _____ Date _____

Legal Guardian Information for _____
(name of student enrolling)

Legal documents must be presented verifying all information (i.e. birth certificates, court documents, POA, foster placement).

- Child lives with _____ Both Parents (at the same address)
_____ Mother Only (father has no legal rights)
_____ Father Only (mother has no legal rights)
_____ Joint Custody (lives with Guardian 1 majority of the time, but Guardian 2 has legal rights)
_____ Equal Joint Custody (50/50 time with both parents)
_____ Other (explain) _____

Guardian 1 - Please use Adult Legal Name

Last Name _____ First Name _____ Maiden Name _____

Date of Birth (mm/dd/yyyy) _____ Female _____ or Male _____

Address _____ City _____ State _____ Zip _____
street Apt. #

Cell # _____ Work # _____ Email Address _____
(cell # will be used for automated calling system)

_____ Biological/Adoptive Parent _____ Foster Parent _____ Court Appointed Legal Guardian _____ Power of Attorney
(birth certificate required) (placement papers required) (court documents required) (notarized POA required)

If Court Appointed Legal Guardian or Power of Attorney are checked, give relationship to student: _____

Military Connections: _____ Active Duty, Deployed _____ Active Duty, Not Deployed _____ Discharged
_____ Injured _____ Killed In Action _____ Student Military Identifier Only
_____ Inactive _____ Retired _____ Transitioning Out of Active Duty

Branch: _____ Air Force _____ Air Force Reserve _____ Army National Guard _____ Army _____ Army Reserve
_____ Coast Guard _____ Air National Guard _____ Coast Guard Reserve _____ Navy _____ Navy Reserve
_____ Marine Corps Reserve _____ Marine Corps

Guardian 2 - Please use Adult Legal Name

Last Name _____ First Name _____ Maiden Name _____

Date of Birth (mm/dd/yyyy) _____ Female _____ or Male _____

Address _____ City _____ State _____ Zip _____
street Apt. #

Cell # _____ Work # _____ Email Address _____
(cell # will be used for automated calling system IF address is also given)

_____ Biological/Adoptive Parent _____ Foster Parent _____ Court Appointed Legal Guardian _____ Power of Attorney
(birth certificate required) (placement papers required) (court documents required) (notarized POA required)

If Court Appointed Legal Guardian or Power of Attorney are checked, give relationship to student: _____

Military Connections: _____ Active Duty, Deployed _____ Active Duty, Not Deployed _____ Discharged
_____ Injured _____ Killed In Action _____ Student Military Identifier Only
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Branch: _____ Air Force _____ Air Force Reserve _____ Army National Guard _____ Army _____ Army Reserve
_____ Coast Guard _____ Air National Guard _____ Coast Guard Reserve _____ Navy _____ Navy Reserve
_____ Marine Corps Reserve _____ Marine Corps