



MADISON COUNTY SCHOOL DISTRICT
STUDENT ENROLLMENT FORM



School: \_\_\_\_\_

Child's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Female \_\_\_\_\_ or Male \_\_\_\_\_ Grade \_\_\_\_\_
(optional)

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 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:

Student Enrolling \_\_\_\_\_

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 \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship to Student Enrolling \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student Enrolling \_\_\_\_\_

Step parent (married to parent of student) or Partner of Parent (includes boyfriend/girlfriend of parent of student) 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

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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 \_\_\_ Violation of Law Relating to Alcohol
\_\_\_ Assault \_\_\_ Violation of Law Relating to Drugs
\_\_\_ Sex Offense \_\_\_ Violation of School Regulation Relating to Alcohol
\_\_\_ Violation of Law Relating to Weapons \_\_\_ Violation of School Regulation Relating to Drugs
\_\_\_ Violation of School Regulation to Weapons \_\_\_ Any Violation offense that resulted in death or Serious physical injury to victim

My child was expelled from \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
Name of School City State County

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Legal Guardian Information for \_\_\_\_\_**

(student enrolling)

Guardians listed below and all information given for guardians must have legal documents verifying all information, such as birth certificates, court documents, power of attorney papers, or verification of 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 \_\_\_\_\_ street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ \*This number will be used for One Call (automated calling system) Work # \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

Guardian 2 Please use Adult Legal Name

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

Address \_\_\_\_\_ street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell # \_\_\_\_\_ \*This number will be used for One Call (automated calling system) Work # \_\_\_\_\_

Email Address \_\_\_\_\_

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

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