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 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: ________________  Required Documents:  
Home Room: ____________________  _____Proof of Residence  
Assigned Schedule: ________________  _____Birth Certificate  
Transportation Code: ____________________  _____Valid Immunization Cert.  
Bus Number: ____________________  _____Physical Exam  ____Entry  ____6th gr.  
Registrar (initial & date): ____________________  Vision Exam  
Out of County: ____________________  _____Dental Exam (en. 2010 +)  
Change in Sch. Assignment: ________________  _____Social Security Card (optional)  
Records Transfer (IC): ________________  
Request for Records (fax): ________________  
Faxed to Central Office: ________________

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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 City____________________ Zip________

PO Box___________________ Street 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

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

I affirm that _________________________________ _____Has never been expelled from school
Student Name

 _____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 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 __________________________
Name of School City State County

Parent/Guardian Signature_________________________ Date________________________

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

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

I affirm that _________________________________ _____Has never been expelled from school
Student Name

 _____Has been expelled from school

If your child has been expelled, please check the reason for the expulsion and give school information:

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_____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 ____________________________

(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______________________________

_____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______________________________

_____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