



Name of Child _____
Date of Birth _____
School Attending _____
Phone # to receive school announcements _____

2023-24
WHITLEY COUNTY SCHOOL SYSTEM
ENROLLMENT/EMERGENCY FORM

Student Information

Legal Last Name _____ First Name _____ Middle Name _____ Nickname _____

Gender _____ Date of Birth _____ Grade Level _____

Ethnicity _____ 01 Hispanic _____ 02 American Indian or Alaskan Native
_____ 03 Asian _____ 04 Black/African American, not Hispanic
_____ 05 Native Hawaiian/Pacific Islander _____ 06 White
_____ 07 Two or More (please select more than 2)

Student ID # _____ Social Security # (optional) _____

Bus Driver and Bus # _____

Student Mailing Address _____ City _____ County _____ School District _____ State _____ Zip _____

911 Address (If Different) _____ City _____ County _____ School District _____ State _____ Zip _____

Last School Attended _____
Name _____ District # _____ Address _____ Phone _____

Mother's Social Security or Driver's License # _____

Father's Social Security or Driver's License # _____

Has your child had a medical, emotional condition, or allergy the school needs to be aware of? Please list.

Are your child's immunizations up to date? _____ Yes _____ No

Name of Doctor _____ Phone _____

Is your child on routine medication? Yes _____ No _____

Name of medication _____
For treatment of _____

IN CASE OF EMERGENCY OR SICKNESS HOW MAY WE REACH PARENT OR GUARDIAN?

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

IF PARENT OR GUARDIAN CANNOT BE REACHED, IS THERE SOMEONE ELSE WE MAY NOTIFY?

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

PLEASE NOTE: Anyone you have written above must be listed on the next sheet if they have permission to pick up your child.

Name of Child _____
Date of Birth _____
School _____
Phone # _____

IN CASE OF ACCIDENT, SICKNESS OR EMERGENCY AND WE CANNOT NOTIFY YOU, DO WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD TO YOUR FAMILY DOCTOR OR TO THE HOSPITAL?

YES _____ NO _____

Family Doctor _____ Address _____ Phone _____
Family Dentist _____ Address _____ Phone _____
Hospital Preference _____ Address _____ Phone _____
Name of insurance and/or medical card _____
Last School Attended _____

PERMISSION FOR EMERGENCY TREATMENT

I assume responsibility for payment and give my permission for the school to obtain medical and/or emergency treatment.

Parent/Guardian Signature

Date

Note: The school and the Whitley County Board of Education does not assume responsibility of payment to the doctor and/or hospital. The responsibility is that of the parent or guardian.

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc.? Yes _____ No _____

(It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.)

Does your child have a Secondary Household? (Parent/guardian that he/she stays with for limited time.) Yes ____ No ____
(If so, please provide the secondary household address and who parent/guardian is: _____)

IT IS THE POLICY OF WHITLEY COUNTY SCHOOLS THAT NO STUDENT BE RELEASED TO ANYONE WITHOUT PROPER IDENTIFICATION. PLEASE LIST THE NAME AND SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER OF EACH PERSON WITH PERMISSION TO PICK UP YOUR CHILD. ONLY PEOPLE LISTED WILL BE ALLOWED TO PICK UP STUDENT. (THIS INCLUDES PERMISSION FOR NATURAL DISASTERS).

NAME _____
SS OR DRIVER'S LICENSE # _____

NAME _____
SS OR DRIVER'S LICENSE # _____

NAME _____
SS OR DRIVER'S LICENSE # _____

NAME _____
SS OR DRIVER'S LICENSE # _____

NAME _____
SS OR DRIVER'S LICENSE # _____

PERMISSION FOR RELEASE OF STUDENT

I give my permission for my child to be picked up by persons listed above.

Name of Child _____
Date of Birth _____
School _____
Phone # _____
Date _____

Parent/Guardian Signature

Please check yes or no on the following items:

If a disability is suspected and a referral is made on your child, it will be necessary to screen your child for hearing and communications, vision, motor skills, dental, and scoliosis. I give permission for Whitley County Schools to selectively screen my child for communication, vision, hearing, motor skills, dental, and scoliosis. This screening may include the DIAL III.

Yes _____ No _____

I give my permission for my child to be photographed, videotaped and/or audiotaped. I understand that photographs, videotapes, and audiotapes may be used by the Whitley County School System and the district radio station, WC 1440 AM, for educational purposes and by schools where yearbooks are published and sold.

Yes _____ No _____

I give my permission for my child to participate in educational trips. I understand that these trips will be instructional, well supervised, and that transportation will be provided by the Whitley County School System.

Yes _____ No _____

I give my permission for my child to participate in educational activities with religious content. I understand that these activities will be instructional and supervised by Whitley County School staff. Parents may not be notified prior to activity.

Yes _____ No _____

I give my permission for my child to participate in counseling services provided by the Whitley County Board of Education upon referral.

Yes _____ No _____

I give permission to the Whitley County School District to release directory information to the Armed Forces recruiters and programs upon request.

Yes _____ No _____

Parent/Guardian's Signature

Date

Name of Child _____
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School _____
Phone # _____

HOME LANGUAGE SURVEY

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related [Inclusion of Special Populations Guidance](#).

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home?
2. Which language did your child learn when they first began to talk?
3. What language does your child most frequently speak at home?
4. What language do you most frequently speak to your child?

Language for School Communication (not required):

5. In which language would you prefer to receive all school information:

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

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**Whitley County School District Enrollment
McKinney-Vento Services Information**

Under the McKinney-Vento Act, your student may be eligible for services offered through this school district to children affected by homelessness. The definition of homeless addresses the following living situations. Please check any of these situations that apply to your family.

- _____ **2 or more families living together in same home due to financial hardships**
- _____ **Unsafe or substandard housing**
- _____ **Living in Shelter or transitional housing (not a permanent dwelling)**
- _____ **Living in Hotels, Motels, Camp Grounds, or Campers**
- _____ **Living with family member, not parents, without custody rights:
(Aunt, uncle, grandparents, sister, brother, etc...)**

***If you checked any of the options above, please fill out the form below and return with the enrollment packet.**

School Year _____ School Name _____

Student _____ (M/F) Age _____ Grade _____

Birth Date of Student _____ SS# of Student (optional) _____

Home Phone _____ Emergency Contact _____

Address where student lives _____

If student is NOT living with parents, with whom are they living? _____

Does this person have Full Legal Custody of student? _____

Are these papers on file at the student's school? _____

Is the student in Foster Care? _____ Is student adopted? _____

Address of Parents if different from student's _____

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Whitley County Schools Student Handbook Notice

To better serve our students and parent/guardians the Whitley County School District has placed the Whitley County School District Handbook on the district website, www.whitley.kyschools.us. The Handbook can be located under the Parents/Community link in the index on the left side of the page. If you do not have access to the internet and need a paper copy, one can be provided to you by the school that your child attends.

Please sign the form below verifying that you have received notification of the location of the Whitley County Student Handbook and please return this to the school.

I verify that I have been notified of the location of the Whitley County Student Handbook on the district website.

Student Signature

Date

Parent/Guardian Signature

Date