



Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

School Attending \_\_\_\_\_

Phone # to receive school announcements \_\_\_\_\_

**2018-19**

**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.

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

\_\_\_\_\_  
Date

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_  
Phone # \_\_\_\_\_

**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, WCWC 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 be spanked by the principal per board policy and Kentucky State law (KRS 161.180). I understand that a person of the same gender will witness the spanking. **Pre-school students are exempt.**

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 \_\_\_\_\_

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Parent/Guardian's Signature

Date

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_  
Phone # \_\_\_\_\_

**HOME LANGUAGE SURVEY**

1. Was your child born in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in which state?

\_\_\_\_\_  
If no, in what other country? \_\_\_\_\_  
If no, date child entered the United States. \_\_\_\_\_  
(Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime?

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide school name(s), state, and dates attended:  
Name of School \_\_\_\_\_ State \_\_\_\_\_  
Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_  
Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_  
Dates Attended \_\_\_\_\_

3. What is the language most frequently spoken at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school?

\_\_\_\_\_

5. Please check if your child is:

\_\_\_\_\_ 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)

6. Is your child's first-learned or home language anything other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded "yes" to the question #6 above, please answer the following questions:

7. In what country did your child most recently reside? \_\_\_\_\_

8. Which language did your child learn when he/she first began to talk? \_\_\_\_\_

9. What language do you most frequently speak to your child?

(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

10. Please describe the language understood by your child. (Check only one.)

\_\_\_\_\_ Understands only the home language and no English.  
\_\_\_\_\_ Understands mostly the home language and some English.  
\_\_\_\_\_ Understands the home language and English equally.  
\_\_\_\_\_ Understands mostly English and some of the home language.  
\_\_\_\_\_ Understands mostly English.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_  
Phone # \_\_\_\_\_

**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 \_\_\_\_\_

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
School \_\_\_\_\_  
Phone # \_\_\_\_\_

## **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](http://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**