

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

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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

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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

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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