

**HARLAN COUNTY PUBLIC SCHOOLS
2020 - 2021 Enrollment/Emergency Information**

Student's Legal Last Name	First Name	Middle Name
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Social Security Number	Date of Birth	Sex	Home Phone
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Last School Attended / Pre-School or K - 12	Address of Last School Attended	Grade
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Physical Address where student resides:	Mailing Address:
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White, Not of Hispanic Origin
 African American
 Asian or Pacific Islander
 Hispanic
 American Indian/Alaskan
 Other, _____

Country of Origin _____ Language most frequently spoken at home _____ First language your child began to speak _____

Language your child most frequently speaks at home _____ Primary language spoken to your child _____

Please Circle: 1. How will your child arrive at school in the mornings? Bus Car Walker 2. How will your child return home in the afternoons? Bus Car Walker	Please complete IF your child rides the bus: Morning Pick Up Location: _____ Evening Drop Off Location: _____
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PRIMARY HOUSEHOLD INFORMATION: NAME(S) OF PERSON(S) WITH WHOM STUDENT IS LIVING.

Living with: (check one)
 Both Parents
 Mother Only
 Father Only
 Foster Parent
 Guardian
 Mother/Stepfather
 Father/Stepmother
 Relative
 Other, (Specify) _____

Father or Male Guardian's Last Name	First Name	SSN	Date of Birth	Work Phone
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Mother or Female Guardian's Last Name	First Name	SSN	Date of Birth	Work Phone
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1. 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___
 2. Is there anyone that **CANNOT** pick up your child? Please list name & explain. _____
 (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.)

EMERGENCY INFORMATION: list two persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.

Name:	Relationship to Student	Date of Birth	Daytime Phone
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Name:	Relationship to Student	Date of Birth	Daytime Phone
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PHOTO/MILITARY INFO RELEASE

Photo Release: Your child may be photographed or videotaped for inclusion in the district publications and website, or in newspapers or magazines, articles, or letters relating to school activities.
 Please check: yes, I give my permission no, I do not give my permission **Opt Out for release of information to Military:** No Yes, I do not wish to release information

HEALTH INFORMATION

1. Insurance Company: _____ Policy No.: _____ Group No. (if applicable) _____
 2. Physician: _____ Phone: _____ Hospital: _____
 3. List your child's history of any serious medical condition, injury, illness, disease or surgery: _____
 4. Does your child have a food, insect, drug, or Latex allergy? _____ Other? _____
 5. Does your child have asthma? _____ Will an inhaler be provided for school use? _____
 6. Does your child have Diabetes? _____ *Type I? _____ *GLUCAGON required for school attendance. Type 2? _____
 7. Does your child have a history of seizures? _____ Life-sustaining prescription? _____ If yes, Specify _____
 8. Does your child **REGULARLY** take prescription medication? _____ If yes, Specify _____
 9. Does any prescription medication need to be administered at school? _____ If yes, Specify _____
 (If YES to above: See School Office for Medication Authorization FORMS. Ask to see Board Policy 9021 – Medication Policy for further clarification.)

AS PARENT/GUARDIAN OF THE CHILD LISTED ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE FORM IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

 PARENT/GUARDIAN SIGNATURE _____ DATE _____

School Use Only:	Student # _____	HomeRm. _____	Demo Code _____	Entry Date _____
Entry Code:	Bus T Code _____	Bus No. _____	Day Pattern _____	