

**HARLAN COUNTY PUBLIC SCHOOLS**  
**2021 - 2022 Enrollment/Emergency Information**

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

<b>Please Circle:</b> 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	<b>Please complete IF your child rides the bus:</b> 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
Mother or Female Guardian's Last Name	First Name	SSN	Date of Birth	Work Phone

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
Name:	Relationship to Student	Date of Birth	Daytime Phone

**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 _____	