

**HARLAN COUNTY PUBLIC SCHOOLS
2024 - 2025 Enrollment/Emergency Information**

Student's Legal Last Name		First Name		Middle Name	
Social Security Number		Date of Birth		Sex	Contact Phone #
Last School Attended / Pre-School / K – 12 / Home School			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 _____

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	Contact Phone
Mother or Female Guardian's Last Name	First Name	SSN	Date of Birth	Contact 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	Contact Phone
Name:	Relationship to Student	Contact Phone

FERPA / DIRECTORY INFORMATION RELEASE NOTIFICATION

Typically directory information includes but, is not limited to name, address, phone listing, date and place of birth, participation in activities and sports, and dates of attendance. If you do not wish for this information to be released to colleges, military, etc., then you must notify the school in writing.

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 _____	