



Student Information

Legal Name of Student: (Last) _____ (First) _____ (Middle) _____
Suffix (Jr., III, etc.)

Male Female Grade: _____ Nickname: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace: (County) _____ (State) _____
 (Country if other than United States) _____

Is the student Hispanic/Latino? Yes No

Please select one or more of these races. (Check all that apply.): American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

Student's Address: (Street) _____ (Apt. No.) _____ (City) _____ (State) _____ (ZIP) _____

Does your child have special needs, or does he or she receive special education services? Yes No

Does your child have a 504 plan or a disability that requires accommodations? Yes No

Has your child been enrolled in Jefferson County Public Schools (JCPS)? Yes No

Name of School: _____

Has your child been enrolled in a school in Kentucky? Yes No

Name of School: _____

Last School Attended: _____

School Address: _____ Telephone No.: _____

Is the student in foster care? Yes No

Is this student placed in this home by Child Protective Services, the Department of Community Based Services, or another child welfare agency? Yes No

Is the student a dependent of active military personnel? Yes No

Is there any legal paperwork related to the custody, guardianship, or visitation of this child? Yes No (If yes, a copy of the court order must be provided.)

Race/Ethnicity

- **Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South Central American, or other Spanish culture or origin, regardless of race
- **American Indian or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment
- **Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **Black or African American**—A person having origins in any of the black racial groups of Africa
- **Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Parents/Guardians Living Within Household With Student

| | |
|---|---|
| Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Place of Employment: _____ Email Address: _____ | Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Place of Employment: _____ Email Address: _____ |
|---|---|

Siblings Living Within Household

List all siblings living **within the household**. (List name as it appears on birth certificate.)
 It is not necessary to list siblings who have already graduated/exited from school. If more space is needed, attach an additional sheet.

| Last Name | First Name | Middle Initial | Birthdate | Gender | Grade | School Child Attends |
|-----------|------------|----------------|-----------|--------|-------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Parents/Guardians Living at Another Address

| | |
|--|--|
| Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ Apt. No.: _____ City: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Place of Employment: _____ Email Address: _____ | Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ Apt. No.: _____ City: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Place of Employment: _____ Email Address: _____ |
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Student Information

Household Information

Sibling Information

Non-Household Information

Legal Name of Student: (Last) _____ (Middle) _____
Suffix (Jr., III, etc.) _____ (First) _____

Transportation

Primary Transportation to School: Car Rider Walker School Bus Bus No.: _____ Bus Stop Location: _____ TARC

Transportation by JCPS: One Way Both Ways More Than 1 Mile Less Than 1 Mile

Language

Which language did your child learn when he or she first began to talk? _____

What is the language most frequently spoken at home? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? _____

McKinney-Vento Status

Is the student in a temporary living arrangement due to a loss of housing or economic hardship? Yes No

Does the student share the housing of family or friends due to a loss of housing, economic hardship, or similar reason (doubled-up)? Yes No

Does the student live in a family shelter? Yes No

Does the student live in a domestic violence family shelter? Yes No

Does the student live in an emergency youth runaway shelter, or has the student run away for more than 24 hours? Yes No

Does the student live in a hotel/motel, camping ground, seasonal trailer park, or other temporary arrangement due to a lack of alternative adequate accommodations? Yes No

Does the student have a primary residence that is public or private, such as a car, park, bus station, public space, abandoned building, or similar space (i.e., a space not designed or ordinarily used for sleeping)? Yes No

Other (Please explain.): _____

If you checked "Yes" to any of the above questions, you may be eligible for assistance. Please contact the Homeless Education Office at **485-3650** for more information.

Childcare

Name of Daycare/Babysitter: _____

Address: _____ Telephone No.: _____

Medical and Emergency Information

Family Physician: _____ Telephone No.: _____

Dentist: _____ Telephone No.: _____

Insurance Provider (Check one.): Private Insurance (provider name): _____ Medicaid (provider name): _____

No Insurance

Check all boxes below identifying any health problems and/or medical conditions that should be known to school personnel:

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma or Allergies (food and environmental) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other Health Conditions (e.g., catheterization, Long Q T Syndrome, ADHD) |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Swallowing and Feeding Issues (e.g., needs pureed food, G tube) | (Please explain.) _____ |
| <input type="checkbox"/> Respiratory (e.g., tracheotomy, vent) | | _____ |

State regulations and Board policy require any child with a health condition (such as asthma, allergies, diabetes, or seizures) to have a Primary Care Provider Authorization Form on file. Return the completed form to Jefferson County Public Schools Health Services Department, Lam Building, 4309 Bishop Lane, Louisville, KY 40218. Telephone: 485-3387; Fax: 485-3670

Does your child require the administration of prescription or over-the-counter medications during school hours? Yes No

Does your child require the administration of prescription or over-the-counter medications outside school hours? Yes No

If yes, board policy requires an authorization form to administer medication during school hours or outside school hours (including overnight field trips).

If needed, what hospital should your child be taken to? _____

In case of an accident or emergency of any kind, when a parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship: _____ Telephone No.: _____

Name: _____ Relationship: _____ Telephone No.: _____

I confirm that I am the parent or legal guardian of this student, the student and I reside in Jefferson County, and the information provided on this document is accurate. I also understand that providing false information may result in the student being exited from a school or program.

Parent's/Guardian's Signature: _____ Date: _____