

Student Information

Student Information

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

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.#) _____ (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? Yes No

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

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

Last School Attended: _____

School Address: _____ Telephone No.: _____

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

Household Information

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

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

Siblings Living Within Household

Sibling Information

Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently Attending a JCPS School? Yes No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently Attending a JCPS School? Yes No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently Attending a JCPS School? Yes No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Birthdate: _____ / _____ / _____ Sex: _____ Grade: _____
Relationship to Student: _____
Currently Attending a JCPS School? Yes No
Name of School: _____

Parents/Guardians Living at Another Address

Non-Household Information

Does this parent/guardian have joint custody? Yes No
Should this parent/guardian receive school mailings? Yes No
Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Address: _____ Apt.#: _____
City: _____
Phone: Home _____ Work _____
Cell Phone: _____ Place of Employment: _____
Email Address: _____
Is there a court order restricting this parent's/guardian's access to the student?
 Yes No (If yes, a copy of the court order MUST be provided.)

Does this parent/guardian have joint custody? Yes No
Should this parent/guardian receive school mailings? Yes No
Last Name: _____ Suffix: _____
First Name: _____ MI: _____
Sex: _____ Relationship to Student: _____
Address: _____ Apt.#: _____
City: _____
Phone: Home _____ Work _____
Cell Phone: _____ Place of Employment: _____
Email Address: _____
Is there a court order restricting this parent's/guardian's access to the student?
 Yes No (If yes, a copy of the court order MUST be provided.)

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

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? _____

Housing/Volito 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 (space not designed or ordinarily used for sleeping)? Yes No

Other (Please explain.): _____

Childcare

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.

Name of Daycare/Babysitter: _____

Address: _____ Telephone No.: _____

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:

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

Medical and Emergency Information

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. Use this link to access the Primary Care Provider Authorization Form: <http://www.jefferson.kyschools.us/Departments/HealthServicesPromotions/HealthServMedAdmin.html>. 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 If yes, Board policy requires an authorization form to administer medication during school hours.

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 on 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: _____



School Volunteer Records Check

Kentucky Legislative House Bill 136 requiring all volunteers in public education to pass a criminal records check was recently enacted. Jefferson County Board of Education Policy KK was adopted to fill that legislative obligation.

House Bill 136
Board Policy KK: School Visitors and Volunteers

Visitors

Parents and others in the community are urged to visit the schools in order to participate in activities and gain a greater understanding of the operation of the schools and the school system. Visitors to schools shall adhere to procedures established by the superintendent.

Volunteers

The board of education shall encourage assistance from parents and other community resource persons as volunteers to enrich and reinforce the instructional program. *Volunteers* are defined as adults who assist teachers, administrators, or other staff in public school classrooms, schools, or school district programs, and who do not receive compensation for their work.

The District shall conduct, at district expense, a state criminal records check on all volunteers who have contact with students on a regularly scheduled and/or continuing basis or who have supervisory responsibility for children at a school site or on school-sponsored trips. Such information shall be considered in determining volunteer status. **Persons convicted of or pleading guilty to sexual or drug offenses or any felony offense shall not be utilized as volunteers.**

The superintendent/designee shall develop orientation materials to be provided to volunteers, as well as procedures for the encouragement and use of volunteers in the district. The orientation materials shall include appropriate school policies, safety, and emergency procedures.

All information received will be held strictly confidential.

School Volunteer Records Check

Please print or type the information clearly.

Social Security Number: _____

Volunteer's Name: _____
First Middle initial Last

Maiden and/or Alias Name(s): _____

Date of Birth: _____

Street Address/P.O. Box: _____

City, State, ZIP Code: _____

Telephone Number: _____
Home Work Mobile

E-Mail Address: _____

Child's Name: _____

School/Program Where Volunteering: _____

THANK YOU!

Photo/Videotape Release Form

Please print.

Student's Name: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____ Zip: _____

Telephone Number: _____

I, _____, parent or guardian of
_____, do hereby give and grant unto the
Jefferson County Public Schools permission to use my child's full name, photograph, and/or videotaped image in
publications, video productions, and/or JCPS Internet Web site. I do further certify that I am of full legal capacity
to execute the foregoing authorization and release.

Signature of Parent/Guardian: _____

Witness: _____ Date: _____

Photographer's Notes:

Story Slug: _____

Description of student, clothing, etc. _____
