

Butler County Public Schools

2009-2010 Student Enrollment Form

(Please use a pen & print. Complete all sections. Mark N/A if section is not needed. Incomplete forms will not be processed)

Student Information (Please Print)

Student's Full Legal Name _____ Gender M F

Birthdate ____/____/____ Birth Certificate #: _____ (A copy must be provided if newly enrolled in Butler County Schools)
Ex: 02/02/2002

Grade _____ Student SS# _____ Home Phone (____) _____

Ethnicity White (Not of Hispanic Origin) Black (Not of Hispanic Origin) Hispanic
 American Indian or Alaskan Native Asian or Pacific Islander Other _____

Student Previous School Information

Last School Attended _____

School Phone (____) _____ Counselor Name: _____

City, State, Zip _____ Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

Special Services Information

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N

Was your child in any Gifted/Talented Programs? Y N Please list: _____

Student participated in the lunch program as Paid Reduced Free

Transportation: Student will Ride Bus twice daily Ride Bus once daily a.m. p.m.

Medical Information

Is your child taking any medications regularly? Y N If yes, please list: _____

Student Permission forms for Prescribed Medication are available at the school office. This form must be completed for any medication a student will need to take during school hours. Medication will not be dispensed without proper completed paperwork.

Known Medical Problems: Asthma/Breathing problems Diabetes Heart problems Epilepsy/Seizures
 Allergies to food, medication, or insects Other Please explain any item checked: _____

If your child has any other health condition not listed above, please explain: _____

Is your child currently under a physician's care for the above conditions? Y N

Special Medical Instructions: _____

If your child has a severe allergy that could result in anaphylactic shock, we must receive a physician statement stating so and a sufficient supply of their prescribed medication to be kept at the school for your child's use in the event of an emergency.

Physician name: _____ Address _____ City _____
State _____ Zip _____ Phone (____) _____

Student Insurance Company: _____ Group #: _____ Policy#: _____

Medicaid#: _____ Hospital Preference (check one): Greenview Medical Center

Please provide an updated form whenever any of the medical information changes so that the school health team is informed.

By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions, and parasites by trained school personnel. ***In case of an emergency and no one can be reached at the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed and/or call 911 for emergency transportation. I will not hold the school district financially responsible for the emergency care and/or transportation of my child. Signing this form shall release Butler County Schools and staff members from any liability of any nature in assisting my child during a medical emergency.***

English Language Learner Information (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? Y N What language? _____

Primary Language of Household: English Spanish Other _____

Address:

Residence Address _____ Apt# _____ City _____ County _____ State _____ Zip _____

Mailing Address (If different) _____ City _____ State _____ Zip _____

Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time of enrollment.

Primary Household Members (Include parents/guardians, other adults living in the home. Use a separate sheet if needed.)

1. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Employer _____ Email _____ cell # _____

2. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Employer _____ Email _____ cell # _____

Under 18 Household Members (include siblings, other children living in the home. Use a separate sheet if needed.)

3. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Name of work or school _____ Email and/or cell # _____

4. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Name of work or school _____ Email and/or cell # _____

5. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Name of work or school _____ Email and/or cell # _____

6. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Name of work or school _____ Email and/or cell # _____

Non-Household Members (includes shared-parenting or non-custodial parent)

7. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name of work or school _____ Email and/or cell # _____

8. Full Name _____ Birthdate ____/____/____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Name of work or school _____ Email and/or cell # _____

Emergency Contact Information (other than parent/guardian. This section must be completed. They do not have to be local)

1. Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

2. Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

3. Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Parent/Guardian Signature _____ Date _____

(Do not sign this form if any of the statements are incorrect)