

## Butler County Public Schools

### 2010-2011 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

*Last* *First* *Middle (Full)*

Birth date \_\_\_/\_\_\_/\_\_\_ Birth Certificate #: \_\_\_\_\_ (A copy must be provided if newly enrolled in Butler County Schools)

*Ex: 02/02/2002*

Grade \_\_\_\_\_ Student SS# \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

**Ethnicity**  Hispanic/Latino **If more than one race, check all that apply:**  White  Black

Asian  American Indian or Alaskan Native  Native Hawaiian or Pacific Islander

**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.***

Bus Driver \_\_\_\_\_

Bus # \_\_\_\_\_

**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 \_\_\_\_\_

What was the first language spoken by the student? \_\_\_\_\_

**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 \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Student \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_ cell # \_\_\_\_\_

2. Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Student \_\_\_\_\_

Name of work or school \_\_\_\_\_ Email and/or cell # \_\_\_\_\_

4. Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Student \_\_\_\_\_

Name of work or school \_\_\_\_\_ Email and/or cell # \_\_\_\_\_

5. Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Student \_\_\_\_\_

Name of work or school \_\_\_\_\_ Email and/or cell # \_\_\_\_\_

6. Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of work or school \_\_\_\_\_ Email and/or cell # \_\_\_\_\_

8. Full Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ 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)