

DAVISS COUNTY PUBLIC SCHOOLS

IF THERE IS A CHANGE DURING THE YEAR IN ANY INFORMATION ON THIS FORM (ADDRESS, PHONE, HEALTH, OCCUPATION, ETC.), THE SCHOOL MUST BE NOTIFIED IMMEDIATELY. FALSIFICATION OF ENROLLMENT INFORMATION MAKES THIS APPLICATION NULL AND VOID.

DO NOT WRITE IN THIS SPACE (For School Use)

Grade/Home Room _____ Social Security Card _____
 AM Bus _____ PM Bus _____
 Proof of Residence _____
 Records _____ Birth Certificate _____
 Immunization _____ Physical Exam _____
 Vision Exam _____ Dental Screening _____

Enrollment Information (Please print and complete front and back of form.)

| | |
|----------------------------|---|
| Student Information | Legal Name of Student: (Last) _____ (Jr,III, etc) _____ (First) _____ (Middle) _____ |
| | Male _____ Female _____ Grade _____ Nickname _____ Home Language _____ |
| | Date of Birth (Month) _____ (Day) _____ (Year) _____ |
| | Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander; Country of Birth _____ |
| | Do you rent/own home <input type="checkbox"/> Rent <input type="checkbox"/> Own |
| | Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____ |
| | Student's Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____ |
| | Please check any of the following services that apply to your student: <input type="checkbox"/> Individual Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> EL <input type="checkbox"/> Gifted Last School Attended: _____ |

Parents/Guardians Living Within Household With Student

| | | |
|------------------|--|--|
| Household | Last Name _____ Suffix _____ | Last Name _____ Suffix _____ |
| | First Name _____ MI _____ | First Name _____ MI _____ |
| | Gender _____ Relationship to Student _____ | Gender _____ Relationship to Student _____ |
| | Phone # _____ Work # _____ | Phone # _____ Work # _____ |
| | Cell Phone # _____ | Cell Phone # _____ |
| | Place of Employment _____ | Place of Employment _____ |
| | E-mail Address _____ | E-mail Address _____ |

Siblings Living Within Household

| | | |
|---|---|---|
| Sibling Information | Last Name _____ Suffix _____ | Last Name _____ Suffix _____ |
| | First Name _____ MI _____ | First Name _____ MI _____ |
| | Birth date _____ / _____ / _____ Gender _____ | Birth date _____ / _____ / _____ Gender _____ Grade _____ |
| | Grade _____ | Relationship to Student _____ |
| | Relationship to Student _____ | Currently attending a Daviess County School? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Currently attending a Daviess County School? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of School _____ |
| | Name of School _____ | |
| | Last Name _____ Suffix _____ | Last Name _____ Suffix _____ |
| | First Name _____ MI _____ | First Name _____ MI _____ |
| | Birth date _____ / _____ / _____ Gender _____ Grade _____ | Birth date _____ / _____ / _____ Gender _____ Grade _____ |
| Relationship to Student _____ | Relationship to Student _____ | |
| Currently attending a Daviess County School? <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently attending a Daviess County School? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name of School _____ | Name of School _____ | |

Parents/Guardians Living at Another Address (If Applicable)

| | | |
|----------------------|--|--|
| Non-Household | Does this parent/guardian have joint custody? _____ Yes _____ No | Does this parent/guardian have joint custody? _____ Yes _____ No |
| | Last Name _____ Suffix _____ | Last Name _____ Suffix _____ |
| | First Name _____ MI _____ | First Name _____ MI _____ |
| | Gender _____ Relationship to Student _____ | Gender _____ Relationship to Student _____ |
| | Address _____ | Address _____ |
| | City _____ | City _____ |
| | Phone # _____ Work # _____ | Phone # _____ Work # _____ |
| | Cell Phone # _____ Place of Employment _____ | Cell Phone # _____ Place of Employment _____ |
| | E-mail Address _____ | E-mail Address _____ |
| | Is there a court order restricting this parent/guardian's access to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a court order restricting this parent/guardian's access to this student? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | (If yes, a copy of the court order MUST be provided.) | (If yes, a copy of the court order MUST be provided.) |

IMPORTANT: Please provide ONE PHONE NUMBER for contact via the OneCall Now automated telephone messaging service. This number will receive emergency and/or information messages from the district and school. Your OneCall Now phone number is: _____

Parents/guardians can add other numbers by going to www.dcps.org and selecting "Parents," then click on "Communications," then the OneCall Now link. If you do not have internet access, contact your school for help.

Legal Name of Student:

(Last) _____ (First) _____ (Middle) _____

How does student get to school daily? Please circle one.

- NT – Not transported by school bus T1 – Ride bus over one mile twice daily T2 – Ride bus under one mile twice daily
- T3 – Ride bus over one mile once daily T4 – Ride bus under one mile once daily T5 – Special Services bus

If child is to ride bus to/from address different than home, please list:

Name of person receiving child from school bus _____

Address student is picked up from or delivered to _____ Telephone # _____

In case of early school dismissal, I want my child to ride regular bus: My child will be picked up:

My child will ride bus to an alternative destination: _____

| | |
|--|--|
| Medical | In case of accident or serious illness, the school will attempt to contact me. If the school is unable to contact me, the school will seek appropriate medical treatment. |
| | Family Physician _____ Telephone # _____ |
| | Dentist _____ Telephone # _____ |
| | List and identify problems and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel _____ |
| Emergency Medication(s) _____ Regular Medication(s) _____ Dosage _____ | |
| Notify School Nurse at Initial Entry. | |
| (An Authorization to Give Medication Form must be on file for any medication to be given to a student during the school day.) | |

| | |
|---|---|
| Emergency | Emergency Information: |
| | In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following: <i>Only the persons listed below will be allowed to pick up your child. No one other than the parent or legal guardian may check a student out of school until this form is on file in the office.</i> |
| | Any person entering the building must sign in at the school office and provide photo ID. If they are picking up a student, they must sign the checkout sheet in the office. No student is ever dismissed from the classroom unless the teacher is notified by the office. The student will not be allowed to leave with anyone not listed on this form, or if the legal guardian cannot be contacted by phone to give the school permission to release their child. |
| | Name _____ Relationship _____ Telephone # _____ |
| | Name _____ Relationship _____ Telephone # _____ |
| | Name _____ Relationship _____ Telephone # _____ |
| | My child DOES NOT HAVE PERMISSION to leave with the following: Please note that if this is a parent of the child, the school MUST HAVE LEGAL DOCUMENTATION to keep a parent from checking out his/her child. |
| Name _____ Relationship _____ Telephone # _____ | |
| Name _____ Relationship _____ Telephone # _____ | |
| Name _____ Relationship _____ Telephone # _____ | |

| | |
|---|---|
| Miscellaneous | KRS 158.155 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs must notify a new school of that fact by a sworn statement given to the school at the time of registration. |
| | <input type="checkbox"/> Yes, my child has been convicted of one or more of the above violations. |
| | <input type="checkbox"/> No, my child has never been convicted of any of the above violations. |
| | I will: 1) Read the discipline code handbook on line. <input type="checkbox"/> I will read the Student Agenda Handbook on line. <input type="checkbox"/> |
| | 2) Request a printed copy of discipline code. <input type="checkbox"/> Request a printed copy of Student Agenda Handbook. <input type="checkbox"/> |
| My child has permission to be in videos produced for DCPS Cable 74, DCPS Web TV, and videos used for school use only. My child's photograph may be used in the newspaper, on bulletin boards, in displays, on the DCPS website, school yearbook, student directory, or in other types of educational publications. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| My child may accompany his/her class on scheduled field trips. <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Parent/Guardian (Print) _____

Parent/Guardian Signature _____ Date _____



Daviness County Public Schools

Student First Name:

Student Last Name:

Preschool Registration

Kindergarten Registration

Prior Educational Setting:

Which of the following best describes your child's previous educational settings?

- Attended a DCPS Preschool Attended another Public School Preschool (ie Hager Preschool)
- Attended a Headstart Program (ie Helen Sears, Dar-Nek)
- Attended a Private Preschool (ie Settle Memorial, Peace Lutheran) Attended a Day Care Preschool

Please include the names and dates of attendance:

| <u>Preschool</u> | <u>Dates of Attendance</u> | |
|------------------|----------------------------|----|
| | From | to |
| | From | to |
| | From | to |

Did not attend a formal preschool

Educational Community Resources:

Which of the following community resources has your child participated in?

- Daviness County Public Library Imagination Library Owensboro Science Museum
- Daviness County Parks and Recreation Owensboro Parks and Recreation
- Other: *Please Specify*

Once Completed:

- Print this form
- Add your signature where necessary
- Turn in to the school where your child will be attending

Daviness County Board of Education
Mr. Frank G. Riney, III, Chairperson, Ms. Dianne B. Mackey, Vice-Chairperson
Merritt Bates-Thomas, Randall E. King, M.D., and P. Mike Clark

DCPS IS AN EQUAL OPPORTUNITY EMPLOYER