Clay County Public Schools
2021-2022 Student Enrollment Form (Please print & use a pen)
Date ______

Gender M F Home Phone (Ethnicity Ethnicity: (Check Come (Must check one may check more than one may	one) ifferent) d to provide pladent will Inform Last	Birthdat Birthdat Birthdat	dispanic/La dispanic/La merican Ind diack distancy (deed, mo	tino ian/Alaskan Aportgage receipt, redaily	Pirst N ot# e Bus on	Iomeroom: (come on Hispanic/LatinAsianNative HawaCitycityrental agreement, util ace dailya.m.	White iiian/Other Pacific Islan State State _ ity bill, etc.) at the time o	derZip Zip fenrollment. ot ride the bus
Race: (Must check one	one) ifferent) d to provide pladent will Inform Last	Birthdat Birthdat Birthdat	Ex: 02/02/2 Grandispanic/La Mispanic/La Mi	//	Pirst N ot# e Bus on	Iomeroom: (come on Hispanic/LatinAsianNative HawaCitycityrental agreement, util ace dailya.m.	ppleted by school) White Mian/Other Pacific Island State State ity bill, etc.) at the time of Description of the property of the propert	derZip Zip fenrollment. ot ride the bus
Home Phone (Ethnicity Ethnicity: (Check Company Check one may check more than one more t	one) ifferent) d to provide pladent will Inform Last	Birthdat F	Ex: 02/02/2 Gillispanic/La American Ind Black Bus twice of the see guardian	tino ian/Alaskan Aportgage receipt, redaily Ride	N	Iomeroom: (come on Hispanic/LatinAsianNative HawaCitycityrental agreement, util ace dailya.m.	ppleted by school) White Mian/Other Pacific Island State State ity bill, etc.) at the time of Description of the property of the propert	derZip Zip fenrollment. ot ride the bus
Ethnicity Ethnicity: (Check Company Check one may check more than one more th	ifferent) d to provide pladent will Inform	Boroof of resider Ride B	dispanic/La merican Ind slack acy (deed, mo	tino ian/Alaskan Aportgage receipt, redaily	N	on Hispanic/LatinAsianNative HawaCityCity rental agreement, util ace daily □a.m. me with the studen		zipZipzipsfenrollment.
Ethnicity: (Check Compared to the Compared to	ifferent) d to provide pladent will Inform	AB proof of resider Ride B ation (The	merican Ind Black ncy (deed, mo Bus twice of	ian/Alaskan Ap Ap Ap Artgage receipt, re daily	ot#nt receipt, ree Bus on	AsianNative HawaCity Cityrental agreement, util ace dailya.m.	White ilian/Other Pacific Islan State State ity bill, etc.) at the time o .	ZipZip fenrollment. ot ride the bus
may check more than one 911 Address Mailing Address (If defent/Guardian may be asked) Fransportation: Stupe Parent/Guardian Female Guardian Name Work Phone ()	ifferent)d to provide part will Inform Last	proof of resider Ride B	ncy (deed, mo Bus twice o	Ap Aportgage receipt, re daily Ride	ot#nt receipt, ree Bus on	Native HawaCityCity rental agreement, util ace dailya.m.	StateStatestate	ZipZip fenrollment. ot ride the bus
Mailing Address (If description of the Parent/Guardian may be asked as the Parent/Guardian of the Parent/Guardian of the Parent/Guardian of the Parent of th	ifferent)d to provide part will Inform Last	Ride B	ncy (deed, mo	Aportgage receipt, redaily Ride	ot# nt receipt, r	City rental agreement, util nce dailya.m. me with the studen	State State ity bill, etc.) at the time o p.mWill n	Zip fenrollment. ot ride the bus
Transportation: Stu Parent/Guardian Female Guardian Name Work Phone ()	Inform	□Ride B	Bus twice (daily 🗌 Ride	e Bus on	nce daily \square a.m.	. □p.m. □Will n	ot ride the bus
Parent/Guardian Female Guardian Name Work Phone ()	Inform	ation (The	ese guardiai	ns live in the pi		me with the studen	nt)	
Female Guardian Name	Last				rimary ho		*	
Work Phone ()_	Last						ationship to student	
Work Phone ()_	Last					Rel		
			irst	Middle Call Db				
eman)		
		***		@		Date of Birth	h	
Male Guardian Name _						Relati	onship to student _	
Work Phone ()_	Last		irst -	<i>Middle</i> Cell Pho)		
Email						-	n	
Other Parent/Gu	ardian l	nformat	ion (For I	Divoros / Caman	ation / Sh	and Code do Ali	i li l NOT	r
nome with student)	ar ulair i	mormat	IOII (FOF L	nvorce / Separ	alion / Sn	area Custoay—ini	is guaraian aoes NOT	iive in the primar
Name	-					Relation	nship to student	
Last Mailing Address				<i>Middle</i> t# City			State Zip	
		Cell			Work Phone ()			
Email								
Other Children U	Inder A	oe 18 Liv	ing in tl	he Home (includa (all childran raga	rdless of age)	
First Name		(Eull)		Name		hdate Gender	Relation to Student	School Attending
I list Name	Middle	(Tull)						
I'llst Name	Middle	(Tull)				1	1	
First Name	Middle	(run)						
Plist Name	Middle	(Tun)						
Plist Name	Middle	(Tun)						

rele		ollowing individuals. Emergency co	dian cannot be located please call and/or ontacts must be at least 18 years of age and				
1.	Name:	: Relationship to child:					
	Home phone:	Work phone:	Cell phone:				
2.	ame: Relationship to child:						
	Home phone:	Work phone:	Cell phone:				
3.	Name:	Relationship to c	hild:				
	Home phone:	Work phone:	Cell phone:				
4.	4. Name: Relationship to child:						
	Home phone:	Work phone:	Cell phone:				
	lent Previous School Inf	ormation					
	School Attended	City,	State, Zip				
Grade	e School Year						
Is yo	ur child presently under an	expulsion order from any other scho	ool district?				
Is yo	ur child presently under con	nsideration for expulsion?	N				
•	•	in the Juvenile Justice system?					
13 y 0	ar child presently involved	in the saveime sustice system.					
_							
			d fill out a Home Language Questionnaire)				
Does	the student speak a langua	ge other than English? 🔲 📉 📉	What language?				
		l: English Spanish					
	ary banguage or mousement						
Spec	cial Services Information	n					
		ducation services?					
1.00			A 1 1				
		504 plan? 🛛 Y 🔝 Is it in: 🔲					
Was	your child in any Gifted/Ta	lented Programs? TY N Plea	ase list:				
Is M	om or Dad military?	ΠN					
20 1.1	<i>-</i>						
Med	lical Information						
Is yo	ur child taking any medicat	ions regularly? Y N If yes, pl	ease list:				
			e. This form must be completed for any medication a				
studer	nt will need to take during school	hours.					
Knov	wn Medical Problems:						
Spec	ial Medical Instructions:						
If you	r child has a severe allergy that c	ould result in anaphylactic shock, we must	receive a physician statement stating so and a				
suffic	ient supply of their prescribed me	edication to be kept at the school for your c	hild's use in the event of an emergency.				
Physi	cian name:	Phone ()				
Parer	nt/Guardian Signature		Date				

Emergency Contact Information (other than parent/guardian)

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

Last Name	First Name	Middle Name
Grade:		
Directions to home:		
-		
In the event of an accide	ent or illness which occurs at sc	hool, every effort will be made to contact
one or both of the stude	nt's parents/legal guardians. H	lowever, if neither parent/guardian or no
one listed on the Studen	t Release Form can be reached	, it may be necessary to take the student
to the nearest medical fa	cility.	
I hereby authorize th facility for treatment	e school authorities to take	e my child to the nearest medical
Parent/Guardian Signat	ıre	Date
Parent/Guardian Signatu	ıre	Date

It is the policy of the Clay County Public School District not to discriminate on the basis of race, color, natural origin, gender, disability, religion, creed, age, or marital status in its programs or employment policies.

CLAY COUNTY PUBLIC SCHOOLS

Manchester, Kentucky

STUDENT RELEASE FORM

Student's Name		Grade	
My child is allowed to be released to the following	lowing persons:		
Person's Name	Valid ID	Phone	Relationship to Child
I/we understand that my/our child will not be below. In the event of an emergency, should assume responsibility of the child, he/she will	the parent/guard	ian or an individual li	not listed above or has signed sted above not be available to
Parent/Guardian Signature		Date	
Parent/Guardian Signature	-	Date	

It is the policy of the Clay County Public Schools not to discriminate on the basis of race, color, national origin, sex, gender, disability, religion, creed, age, or marital status in its programs and activities.