

**DRAKES CREEK MIDDLE
ENROLLMENT FORM
(Please print & use a pen)**

ENTRY DATE _____

Teacher _____
Bus # _____ AM _____ PM
Car Rider _____ AM _____ PM
After School Program <input type="checkbox"/> Yes <input type="checkbox"/> No

Last name _____ First Name _____ Full Middle Name _____ Grade _____ Sex M F

Student S S # Date of Birth Entry Code Transportation Code

Household phone# _____ private Residence Address: _____
Street Apt/Lot # City State Zip

Mailing Address(if different):
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.

Parent/Guardian 1

Name: _____ Relation to student _____ Portal Access

Employer: _____ Work Phone: _____ Mailing Access

Cell Phone: _____ E-mail Address: _____

Parent/Guardian 2

Name: _____ Relation to student _____ Portal Access

Employer: _____ Work Phone: _____ Mailing Access

Cell Phone: _____ E-mail Address: _____

Different address for Guardian 2: _____

Sitter/Day Care: _____ Phone #: _____

Previous School Attended: _____ Address: _____ Phone #: _____

Have there been:
 _____ Any special concerns? (explain)
 _____ Any medical alerts? (explain)

List below any persons living in household (include children attending other schools):

NAME	DOB	SCHOOL (if applicable)	NAME	DOB	SCHOOL (if applicable)
1. _____	_____	_____	4. _____	_____	_____
2. _____	_____	_____	5. _____	_____	_____
3. _____	_____	_____	6. _____	_____	_____

 Parent/Guardian Signature Relationship to child

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

List any of the following which may apply to the student:

Allergies or reactions to medications, drugs, food or other :

Illness/Conditions: (Diabetes, Seizures, etc.):

Medications taken regularly: (Please indicate what and when):

Medication Approval on file?

Other health concerns or special medical problems we need to know about:

Local physician _____

Office Phone Number _____

Student Insurance Company _____

Medicaid Number _____

Is a language other than English used in the home? Yes No

Did the students have a first language other than English Yes No

Does the student most frequently speak a language other than English? Yes No

Entry date of first United States school - _____

Entry date of first English speaking school - _____

Parents - Married Divorced
 Separated Not married

ETHNIC CODE

Caucasian/White

African American

American Indian or Alaskan Native

Asian or Pacific Islander

Hispanic

Other

STUDENT LIVES WITH

Parents

Mother

Father

Guardian

Stepmother/Father

Stepfather/Mother

Grandparents

Foster Parent

Has your child been judged by a court of any offense of homicide, assault or offense relating to weapons drugs or alcohol? has not has

Has your child been expelled from any public or private school for offense of relating to homicide, assault or offense relating to weapons, drugs or alcohol? has not has

*** FOR SCHOOL USE ONLY***

DISABILITY

AUT

CD

DD

EBD

FMD

HI

MMD

MD

PD

OHI

SLD

TBI

VI

N/A

TRANSPORTATION

NT - Non Transported

T1 - Over 1 mile twice daily

T2 - Under 1 mile twice daily

T3 - Over 1 mile once daily
 A.M. P.M.

T4 - Under 1 mile once daily

T5 - Special Transportation ONCE DAILY
 A.M. P.M.

If transported from address other than residence please enter:
A.M. _____
P.M. _____

_____	_____	_____	District enrolled
_____	_____	_____	District student
_____	_____	_____	School should attend
_____	_____	_____	District reentering

Does student reside in this School District? Yes No

Address confirmed? Yes No

If no, has out-of-district permission been granted? Yes No

Is there a custody order? Yes No

Is a copy of the custody order on file in the school office? Yes No

Is student enrolled in:

Title I Reading/Math?

Speech?

IEP/504 Plan?

ESL?

Special Education?

Other (PT, OT, etc.)?

GT/PTP

Immunization

2nd MMR

Hepatitis B

Physical/6th grade

Eye Examine

Birth Certificate

Social Security Card

Lunch

Free

Reduced

N/A

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