

WCPS Student Registration Form

PERSONAL INFORMATION (Regarding Pre-School: KRS 157.3175 requires no duplication of services with Head Start)

Student's Name: _____
 (Last) (First) (Middle) SS#(not required)

Residence Address: _____
 (Street) (Apt. #/Fire Gate #) (City) (Zip Code)

Mailing Address (if different from above): _____
 (include P.O. Box # if applicable)

Home Phone: _____ Birth Date: _____ Age: _____ Sex: M F

Ethnicity Select one : Hispanic Non Hispanic Grade _____

Race: Select all that apply: Caucasian/White African American/Black Asian
 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander

Last school Attended: _____ City/State: _____

Person Completing this form - Must be parent or legal guardian (please print) _____ Date Completed _____
 Photo ID Provided: _____

FAMILY INFORMATION: PLEASE PROVIDE THE FOLLOWING INFORMATION:

Student Lives With:
 Mother/Father Mother Father Grandparents Guardian
 Stepfather/Mother Stepmother/Father Foster Parents Other _____

<p>Father's Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____</p> <p>Work Place: _____</p> <p>Work Phone: _____</p> <p>E-Mail: _____</p>	<p>Mother's Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____</p> <p>Work Place: _____</p> <p>Work Phone: _____</p> <p>E-Mail: _____</p>	<p>Other:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____</p> <p>Work Place: _____</p> <p>Work Phone: _____</p> <p>E-Mail: _____</p>
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One Call Now An automated calling system for School Cancellation, etc. List numbers you would like included in this service.

CONTINUE ON BACK

OFFICE USE ONLY: School: _____ Enrolled: _____ Teacher: _____ Grade: _____
 T-Code: _____ Bus #: AM _____ PM _____

It is the responsibility of the parent or guardian to inform the school as changes occur to information on this document.

VERY IMPORTANT Please List ALL children living in the household

Name	Birthdate	School Attending (if applicable)

REQUIRED EMERGENCY INFORMATION - List two emergency contacts (OTHER THAN PARENTS) and additional contacts who may pick up your child in the event you cannot be reached:

1st Emergency Name: _____ Phone: _____ Alt. Phone: _____

2nd Emergency Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Pick up restrictions: (Note: If biological parent is restricted, court documentation is required.)

CHILD CARE INFORMATION (if applicable)

Before school

After school

Name: _____ Address: _____ Phone: _____

HEALTH INFORMATION

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

List any health problems or allergic reactions:

List medications your child will need to take while at school (contact school office for guidelines):

EMERGENCY RELEASE

I give permission for _____ to be taken by school personnel, nurse, or by ambulance, if necessary, to Dr. _____ or the hospital for EMERGENCY treatment in the event I cannot be located. I will be responsible for all fees incurred.

Parent/Guardian Signature _____ Date _____

ADDITIONAL INFORMATION NEEDED

Resident of Woodford County 0-3 years 4 or more years

Is any parent/guardian employed in an agricultural related field? Y N

List any activities to be restricted because of religious reasons:

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