

WCPS Student Registration Form

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

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

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

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 _____

Biological/Adoptive Parent's Information:	Biological/Adoptive Parents's Information:	Legal Guardian:
Name: _____	Name: _____	Name: _____
Birthdate: _____	Birthdate: _____	Birthdate: _____
Address: _____	Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Work Place: _____	Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____
<p>ONE CALL NOW is an automated calling system for School Cancellation, etc. List numbers you would like included in this service. _____</p>		

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 people living in the household

Name	Birthdate	School Attending (if applicable)	Relationship to Student (if applicable)

REQUIRED CONTACT INFORMATION - List at least two contacts (OTHER THAN PARENTS) who may pick up your child in the event you cannot be reached:

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. Phone: _____

Name: _____ Phone: _____ Alt. 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:

Was the most recent school attended either an alternative school or alternative program? Y N

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