

## 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)

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: _____
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><b>ONE CALL NOW</b> is an automated calling system for School Cancellation, etc. List numbers you would like included in this service.</p> <p>_____</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 children living in the household**

Name	Birthdate	School Attending ( 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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