

BULLITT COUNTY PUBLIC SCHOOLS
REGISTRATION/EMERGENCY INFORMATION FORM
2017-2018

09.224 AP.21

School Name: _____

Student Name: (As appears on Birth Certificate) _____
LAST FIRST MIDDLE

Gender: Male Female Date of Birth ____/____/____ Grade ____ Homeroom/Teacher: _____

Social Security No: (optional) _____ (If not provided by grade 8, your child will not be eligible to receive KEES money for college.)

Home Address: _____
Street Number and Name City/State/Zip

Mailing Address: _____
(If different than above address.) Street Number and Name or PO Box City/State/Zip

Home Telephone Number: _____ Student Cell Phone Number: _____

We live with family and/or friends in their home at the above address. I understand I must make an appointment with the school to provide Affirmation of Residency forms and supporting documentation.

Ethnicity: (Check One) Hispanic/Latino Not Hispanic/Latino

Race: (Check all that apply) American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander
 Asian Black White

Parent/Guardian (#1)	Parent/Guardian (#2)
Legal Name: _____	Legal Name: _____
Relationship to Student: _____	Relationship to Student: _____
Date of birth: _____ Gender: _____	Date of birth: _____ Gender: _____
Cell Number: _____	Cell Number: _____
Work Telephone Number: _____	Work Telephone Number: _____
Email Address: _____	Email Address: _____
BCPS will keep your email address secure and never distribute it to Third Parties.	Lives in Household with student: <input type="checkbox"/> Yes <input type="checkbox"/> No - If no, please provide current address: _____
<p>Are there any restrictions or information regarding custody of this student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a certified copy of the court order.</p>	

List all siblings living within the household (Please list name as it appears on the birth certificate.)

It is not necessary to list siblings who have already graduated/exited from school. If more space is needed please attach additional sheet.

Last Name	First Name	Middle Name	Birthdate	Gender	Grade	If attends a Bullitt County School Please provide school name

In case of an accident or emergency of any kind, when parent/guardian cannot be located please call and/or release my child to one of the following individuals. Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.

Parent/Guardian(s) will be contacted first, if they cannot be reached, contacts will be attempted

in the order they are provided below: Four spaces are provided. You are not required to provide four additional contacts.

Emergency Contact (#3)
 Lives in Household with student: Yes No
 Name: _____
 Relationship to student: _____
 Home Phone Number: _____
 Cell Number: _____ Birthdate: _____

Emergency Contact (#4)
 Lives in Household with student: Yes No
 Name: _____
 Relationship to student: _____
 Home Phone Number: _____
 Cell Number: _____ Birthdate: _____

Emergency Contact (#5)
 Lives in Household with student: Yes No
 Name: _____
 Relationship to student: _____
 Home Phone Number: _____
 Cell Number: _____ Birthdate: _____

Emergency Contact (#6)
 Lives in Household with student: Yes No
 Name: _____
 Relationship to student: _____
 Home Phone Number: _____
 Cell Number: _____ Birthdate: _____

Check here if the student has been expelled from a Public or Private School, in or out of state, and/or has been disciplined for a violation of state law or school regulation, and/or adjudicated guilty for violation(s) relating to weapons, alcohol or drugs.

PLEASE COMPLETE REVERSE SIDE

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Has this student ever been enrolled in a Kentucky school? Yes No
 School Information for Previous Year (2016-2017) - Name of Public/Private/Home School _____
 Please provide the following information if **NOT** a Bullitt County Public School: Telephone # _____
 Street Address: (City/State/Zip): _____

Transportation:	<input type="checkbox"/> transported over 1 mile twice daily (T1)	<input type="checkbox"/> transported less than 1 mile twice daily (T2)
(Check one)	<input type="checkbox"/> transported over 1 mile once daily (T3)	<input type="checkbox"/> transported less than 1 mile once daily (T4)
	<input type="checkbox"/> not transported (car rider) (NT)	<input type="checkbox"/> I give permission for my child to walk home from school
Bus number to school _____ (if applicable)	Bus number to home/childcare _____ (if applicable)	<input type="checkbox"/> Attends YMCA <input type="checkbox"/> am <input type="checkbox"/> pm
Should school close early for bad weather conditions , please explain how your child is to be sent home if different than their normal daily transportation: _____		

Has your child been previously evaluated for or received services in:					
<input type="checkbox"/> Special Education	<input type="checkbox"/> Speech	<input type="checkbox"/> Gift/Talented	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> EL	

Do you have a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it less than 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	I N T E R N E T
Do you have Internet Access at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what type? <input type="checkbox"/> Dial-up <input type="checkbox"/> Cable Modem <input type="checkbox"/> DSL (telephone company) <input type="checkbox"/> Satellite Dish		
If you have Internet capability would you prefer communication via email? <input type="checkbox"/> Yes <input type="checkbox"/> No (Space is provided on reverse side for email address.)		

Please indicate below any serious allergies, illness or disabilities that the school needs to be aware of: _____ _____	H E A L T H
Allergies: <input type="checkbox"/> Food-list _____ <input type="checkbox"/> Insect-type _____ <input type="checkbox"/> Latex _____	
Per state regulation, schools shall be notified of medical conditions. This notification shall be given as soon as the medical condition becomes known and upon each subsequent enrollment. Primary Care Authorization forms shall be completed each year for any child with asthma, diabetes, seizures, or severe allergies. A <u>Permission Form for Prescribed or Over-the-Counter Medication</u> must be completed before any medications can be brought to the school. For more information or to obtain a form, please contact Health Services at 869-8000.	
Does this student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of family Physician: _____ Phone: _____	

I verify all information provided is accurate to the best of my knowledge:		
Parent/Guardian #1 Signature _____	Date _____	Last 4 digits of SS# _____
Parent/Guardian #2 Signature (if applicable) _____	Date _____	Last 4 digits of SS# _____
The last 4 digits of the SS# are necessary for parent/guardian identification when discussing student information by phone.		



For office use only: school staff to initial	
_____ Proof of residence	
_____ Special Services checked: 504 _____ IEP _____ EL _____ Gifted & Talented _____	
_____ District Health Coordinator is contacted regarding any issues or diagnosis noted on this form	
_____ Discipline / Expulsion / Adjudication	