

For Office Use Only
 Household Name _____
 Enrollment Date _____
 Birth Certificate # _____
 (If not in IC)

Owensboro Public Schools P - 8 Enrollment Form

School: _____

Student's Name _____
Last First Middle (Full)

Grade _____ Gender M F Birth date ____/____/____ Student SS# _____

Address _____ Apt _____ City _____ State _____ Zip _____ - _____

The above address is: located within the OPS school district located out of district (contract required)

P.O. Box _____ City _____ State _____ Zip _____ - _____
 (Please provide PO Box only if you do NOT want to receive mail at your home address)

Household Telephone (____) _____ Unlisted? Y N

Impact Aid - Is the custodial parent/guardian a civilian employed on federal property? Y N
 Is the custodial parent/guardian on active full-time duty as a member of the uniformed services? Y N

List all children who are 18 or younger living at address provided above

First Name	Middle (Full)	Last Name	DOB	Gender	Your Relationship to Child	School Attending

If Legal Guardian is NOT parent(s), present a copy of the custody papers to the school if not one already on file. Contact the principal immediately if there is a problem with custody issues.

Parent/Legal Guardian Information (please list only those with LEGAL rights to student records)

(The guardian(s) with whom the student lives)

Guardian 1

Guardian Name _____ Relationship to student _____
Last First Middle (Full)

Guardian Place of Employment _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____ @ _____

Guardian 2 (Please only complete if LEGAL guardian living at SAME address)

Guardian Name _____ Relationship to student _____
Last First Middle (Full)

Relationship to Guardian 1: Spouse Other

Guardian Place of Employment _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____ @ _____

Parent/Guardian who DOES NOT reside with the student but has LEGAL rights to student records

Guardian Name _____ Relationship to student _____
Last First Middle (Full)

Address _____ City _____ State _____ Zip Code _____

Does student sometimes reside at this address? Yes No

Cell Phone (____) _____ Work Phone (____) _____ Email _____ @ _____

Emergency Contact Information (who to contact if unable to reach parent/guardian)

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Name _____ Relationship to student _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Student Information

Student will: Ride Bus twice daily Ride Bus once daily Will not ride the bus
 Morning or Afternoon

Does student have access to computer at home which is less than 3 years old? Yes No

Does student have high-speed Internet access in the home? Yes No

Ethnicity (If child is bi-racial or multi-racial, please check all appropriate boxes)

- American Indian or Alaskan Native Hispanic/Latino
- Asian Native Hawaiian or Pacific Islander
- Black or African American White

Previous School Information

Has the student attended another Owensboro Independent School? Y N
School _____ Grade _____ School Year _____

Last School Attended
School _____ City, State, Zip _____
Grade _____ School Year _____

Has your child been suspended or expelled from any other school district? Y N
If so, when? _____ Where? _____

Is your child presently involved in the Juvenile Justice system? Y N

ELA Information (All new students should fill out a Home Language Questionnaire)

Does the student speak a language other than English? Y N What language? _____

Primary Language of Household: English Spanish Other _____

Special Services Information

Is your child receiving special education services? Y N If yes, what services _____

Does your child have a current 504 plan? Y N If yes: Academics Health

Was your child in any Gifted/Talented Programs? Y N Please list: _____

Medical Information

Name and address of Family Physician _____ Phone _____

Special Medical Instructions: _____

If your child has a current Special Health Concern (mental or physical) of which the school needs to be aware, please list above.
(You **MUST** notify the school administrator if your child's health changes resulting in excessive absences.)

EMERGENCY TREATMENT: In the event parent/guardian or listed contacts cannot be reached, school personnel are authorized to take whatever action deemed necessary during an emergency for the health of the child. The parent/guardian will be financially responsible for bills incurred and release the school staff and system from any liabilities.

I give _____ I do not give _____ permission to discuss with the physician and essential school staff my child's condition
(mark one) in order to provide necessary care while my child is at school, on a field trip or school bus.

I understand that if this student's address changes, I must contact the school and provide the new address within 10 days.

Parent/Guardian Signature _____ Date _____