

MHS SCHOOL NEW STUDENT CHECK SHEET

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

IN MURRAY CITY SCHOOL DISTRICT (please check District Map) \_\_\_ YES \_\_\_ NO

MUST BRING WITH YOU IN HAND TO OUR SCHOOL TO ENROLL:

- PROOF OF RESIDENCY this must be in the form of a lease or purchase agreement with your name and physical address listed on the form.
- You must provide LEGAL PROOF OF GUARDIANSHIP and/or COURT CUSTODY PAPERS.
- SOCIAL SECURITY CARD (Copy of actual card only) or PASSPORT
- BIRTH CERTIFICATE (Copy of original only)
- CERTIFICATE OF IMMUNIZATION ON **KY FORM** (If you have out-of-state form, this can go to the health department or physician and be transferred to a Kentucky form)
- PHYSICAL ON **KY FORM** (6<sup>TH</sup> GRADE or later) THIS CANNOT BE A SPORTS PHYSICAL

**CALLOWAY COUNTY HEALTH DEPARTMENT**  
 PHONE: 270-753-3381  
 LOCATION: 602 Memory Lane, Murray  
**OR YOUR FAMILY DOCTOR**

**PLEASE FILL OUT EVERY FORM COMPLETELY AND SIGN, THANKS!**

PRINT FROM WEB SITE AND FILL OUT THE FOLLOWING FORMS:

- RELEASE OF STUDENT RECORDS FORM (Must have **FAX number** for OUT-OF-STATE schools)
- ENROLLMENT REQUEST/INFORMATION UPDATE FORM (Pick form according to the district you live in)
- NOTICE OF PREVIOUS EXPULSION/CONVICTION FORM (write **STUDENT'S NAME** at top and all GUARDIANS must **SIGN** at bottom - if does NOT APPLY can write N/A but **SIGN** anyway)
- APPLICATION FOR WAIVER/REDUCTION OF FEES
- HOME LANGUAGE SURVEY
- CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE (print, FILL OUT, and SIGN pages 37 & 40 only)
- PERMISSION TO RELEASE INFORMATION TO MILITARY RECRUITERS
- BUS TRANSPORTATION REQUEST FORM
- KY MIGRANT FORM
- EMERGENCY INFORMATION CARD (not available on web site)
- HOUSEHOLD APPLICATION FOR FREE & REDUCED MEALS (not available on web site)
- AGENDA PLANNER (not available on web site) SIGN Dance Form (if giving permission to attend school dances)

HAS YOUR CHILD EVER BEEN RETAINED IN ANY SCHOOL? \_\_\_ YES \_\_\_ NO If yes, which grades \_\_\_\_\_

HAS YOUR CHILD EVER BEEN ENROLLED IN OUR DISTRICT? \_\_\_ YES \_\_\_ NO If yes, which grades \_\_\_\_\_

ENROLLED IN MORE THAN ONE SCHOOL THIS YEAR: \_\_\_ YES \_\_\_ NO  
If yes, list names of school(s) and addresses (Use back of page if necessary) \_\_\_\_\_

MEDICAL/HEALTH NEEDS: \_\_\_ YES \_\_\_ NO \_\_\_ COMMENT \_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP? \_\_\_ YES \_\_\_ NO  
If yes, list disability/disabilities \_\_\_\_\_  
If yes, list any instruction received in the resource room or accommodations provided: \_\_\_\_\_  
If yes, does your child receive Speech/Language as a related service? \_\_\_ Yes \_\_\_ No

DOES YOUR CHILD HAVE A 504 PLAN? \_\_\_ YES \_\_\_ NO  
IF YES, LIST ACCOMMODATIONS: \_\_\_\_\_

DOES YOUR CHILD RECEIVE OTHER SERVICES OR ASSISTANCE (such as, Title 1, ESS, etc.)? \_\_\_ YES \_\_\_ NO  
If yes, please describe: \_\_\_\_\_

HAS YOUR CHILD BEEN IDENTIFIED AS GIFTED AND TALENTED BY STANDARDIZED TESTING? \_\_\_ YES \_\_\_ NO

DOES YOUR CHILD HAVE ANY COURT ORDERS/RESTRAINING ORDERS? \_\_\_ YES \_\_\_ NO If yes, please provide copy.

**\*PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_