

STUDENT NAME _____ GRADE _____

ADDRESS: _____

IN MURRAY CITY SCHOOLS DISTRICT ____ YES ____ NO

****PLEASE BE SURE EVERYTHING IS FILLED OUT FRONT AND BACK AND SIGNED****

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

- SOCIAL SECURITY CARD (Copy of actual card only)
- 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 transferred to a Kentucky form)
- PHYSICAL FOR ALL GRADES ON **KY FORM** (RECENT FOR 6TH GRADE)

CALLOWAY COUNTY HEALTH DEPARTMENT

PHONE: 753-3381

LOCATION: 602 Memory Lane

OR YOUR FAMILY DOCTOR

PLEASE FILL OUT EVERY FORM COMPLETELY FOUND IN YOUR ENROLLMENT PACKET

ALSO MUST FILL OUT:

- SIGNED RECORDS REQUEST** (MUST HAVE **FAX NUMBER** FOR OUT OF STATE SCHOOLS)
- ENROLLMENT CARD
- EMERGENCY INFORMATION CARD
- RESIDENCY QUESTIONNAIRE
- SIGNED NOTICE OF EXPULSION/CONVICTION FORM** **STUDENT'S NAME** AT TOP AND ALL GUARDIANS MUST **SIGN** AT BOTTOM IF DOES NOT APPLY CHECK THE TWO BOXES AT THE TOP
- AGENDA PLANNER (LOCAL FIELD TRIP & VIDEO TAPE/PHOTOGRAPH)
- HOUSEHOLD APPLICATION FOR FREE & REDUCED MEALS & WAIVER
- HOME LANGUAGE SURVEY
- CODE OF CONDUCT (SIGN 2 BACK PAGES)
- ETHNICITY DATA

HAS YOUR CHILD EVER BEEN RETAINED IN ANY SCHOOL? ____ YES ____ NO

HAS YOUR CHILD EVER BEEN ENROLLED IN OUR DISTRICT? ____ YES ____ NO

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: _____

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 (E.G. 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 6TH 7TH OR 8TH GRADE DOES YOUR CHILD WANT TO BE IN BAND? ____ YES ____ NO

***PLEASE BE SURE EVERYTHING LISTED ABOVE IS COMPLETED AND SIGNED**THANKS!**

***PARENT/GUARDIAN SIGNATURE _____ DATE _____**