

**SCOTT COUNTY SCHOOL DISTRICT  
NEW STUDENT ENROLLMENT FORM**

Homeroom: \_\_\_\_\_

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal name of student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Full address where student lives: \_\_\_\_\_

Street/Apt., etc. \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
( ) Rent ( ) Own ( ) Other Email address: \_\_\_\_\_

Proof of Residency: Bill with your name on it: \_\_\_\_\_, Lease Agreement: \_\_\_\_\_, Other proof: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ SS#(\*) \_\_\_\_\_ Birthplace: \_\_\_\_\_

\*SS# - optional but copy of SS card must be on file for KEES money scholarships \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Race Ethnicity Hispanic/Latino: Yes ( ) No ( ) (check all that apply)

( ) White ( ) Black/African Amer. ( ) Native Hawaiian/Other ( ) Pacific Islander ( ) Asian ( ) Amer. Indian

What is the language most frequently spoken at home? \_\_\_\_\_

Which language did your child learn when he/she first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

Transportation: (Check all that apply) Morning Bus \_\_\_\_\_ Afternoon Bus \_\_\_\_\_ Car (Morning) \_\_\_\_\_ Car (Afternoon) \_\_\_\_\_ Walk \_\_\_\_\_

Is the student enrolled: After School Program: Yes ( ) No ( ) Early Morning Program Yes ( ) No ( )

**GUARDIAN INFORMATION**

**1-Guardian(s)** that lives with student: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Guardian (1) Phone no: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Guardian (1): Driver's License or ID No: \_\_\_\_\_

**2-Guardian(s)** that lives with student: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Guardian (2) Phone no: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Guardian (2) Driver's License or ID No: \_\_\_\_\_

List any parent/guardian at a **different** address that **does not** live with the student:

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Email address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

List any guardianship arrangements or custody situations the school should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note that copies of court and/or doctor paperwork are required on file for health issues as well as guardianship*

Does your child require special services? 504 Plan ( ), IEP ( ), Speech ( )

Please list the student's physician and phone number: \_\_\_\_\_

List all medical issues/allergies, medications, conditions, etc., the school should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, please list best numbers to reach you and others authorized to pick your child up from school, including the After School Program. The names should be people other than Guardians/Parents.

Name	Relationship	Driver's License #	Phone

List all other siblings, who are school age, that live in the same household as the student.

Name	Relationship	School they attend	Grade

Yes ( ) No ( ) Has the student listed for enrollment on this form, ever been adjudicated guilty and/or currently under suspension or expulsion from any school district? If yes, you are required to provide specific information, in writing, as to school, events, and details prior to enrollment. This may impact enrollment status.

I, as legal parent/guardian, hereby state that the information contained on both sides of this form are accurate to the best of my knowledge. I authorize the school district personnel to share pertinent medical information with school staff, paraprofessionals, coach, volunteers and emergency personnel and to seek medical assistance for my child as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Scott County School district does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities.*

**Office Use Only**

- .....
- ( ) Birth Certificate    ( ) Physical    ( ) Immunization    ( ) Eye Exam    ( ) Dental Screening  
 ( ) Proof of Residency    ( ) Permission to Photo/AUP    ( ) Social Security    ( ) Code of Conduct/Bus Contract

**Kentucky Department of Education**  
**RESIDENCY AFFIDAVIT**  
**School Year: 20<sup>15</sup> - 20<sup>16</sup>**

School: \_\_\_\_\_

**I. IDENTIFYING INFORMATION – please print**

This form is to be completed by the student's parent or legal guardian and signed/witnessed by a school district employee OR Notary Public. You must submit a separate Residency Affidavit for each child enrolled in the district. You may photocopy this form.

**A. Student Information:**

Student Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_ Grade \_\_\_\_\_  
Optional

**B. Student lives with: Print name(s) and CHECK RELATIONSHIP TO STUDENT:**

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name  
 Relationship to Student:  father  stepfather  caregiver  guardian  foster parent  
 other: \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_  
First Name Middle Initial Last Name  
 Relationship to Student:  mother  stepmother  caregiver  guardian  foster parent  
 other: \_\_\_\_\_

**C. Address: PLEASE NOTE THAT POST OFFICE BOX IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS.**

Address: \_\_\_\_\_  
Street Address City State Zip

Phone Number: \_\_\_\_\_  
Home Father/Guardian Work Mother/Guardian Work

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I moved outside the district, appropriate forms will also be required. I understand that an interdistrict transfer may not be accepted by the district.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver Date

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
OFFICIAL SCHOOL DISTRICT SIGNATURE OR NOTARY PUBLIC SIGNATURE  
(Place Notary Seal or Stamp below)

## Kentucky Department of Education

### II. RESIDENCY

#### A. Verification of Joint Residency:

The person with whom the student lives and who claims custody of the student must attach proof of residency, dated within the last \_\_\_\_ days and must show parent, guardian or caregiver's legal name and street address.

**PRINT FIRST AND LAST NAMES OF PERSON(S) providing proof of residency. I, declare under penalty of perjury, that the above named student lives at the address with me. I also agree to notify the school within two (2) weeks when residency has changed.**

First Name

Last Name

Signature(s) of Person(s)


#### B. Proof of Residency:

If you own property in the county you reside, please attach:

1. County Property Tax Bill or a Mortgage Statement in your name showing residence property; and
2. A utility bill in your name for the current month showing the residence property address; and one of the items listed below:
  - a. Proof of residency from the County Registrar of Voters; or
  - b. Current vehicle registration showing residency property address; or
  - c. One other bill mailed to you at your residence address; or
  - d. A cancelled check in your name for the current month showing residence property address.
  - e. \_\_\_\_\_

If you rent property in which you reside, please attach:

1. Copy of the lease/rental agreement; and
2. A utility bill in your name showing residence property address or, if such service is included as part of the rental agreement, you must provide satisfactory evidence that is so included; and one of the items listed below:
  - a. Proof of residency from Country Registrar of Voters; or
  - b. Current vehicle registration showing residency property address; or
  - c. One other bill mailed to you at your residence address; or
  - d. A cancelled check in your name for the current month showing residence property address.
  - e. \_\_\_\_\_

If you are sharing a home with another individual or family, please attach:

1. The Residence Affidavit signed by the primary resident of the home and subscribed and sworn before a district school employee OR Notary Public.
2. A utility bill in your name showing residence property address or, if such service is included as part of the rental agreement, you must provide satisfactory evidence that it is so included; and one of the items listed below:
  - a. Proof of residency from Country Registrar of Voters; or
  - b. Current vehicle registration showing residency property address; or
  - c. One other bill mailed to you at your residence address; or
  - d. A cancelled check in your name for the current month showing residence property address.
  - e. \_\_\_\_\_

**NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.**