

**LEWIS COUNTY SCHOOLS  
PUPIL ENROLLMENT FORM**

**STUDENT NAME** \_\_\_\_\_

Last Name

First Name

MI

Physical Address of Residence: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_  
 Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino  
 Race (Must check one) (may check all that apply): \_\_\_\_\_ American Indian/Native  
 Alaskan \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_ Asian

**Student Primarily Lives with:** \_\_ Mother \_\_ Father \_\_ Stepfather \_\_ Stepmother  
 \_\_ Other If other, what is the relation to the student? \_\_\_\_\_

**Legal Guardian #1:** \_\_\_\_\_  
 Relation to student: \_\_\_\_\_  
 Address (if different from student) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Legal Guardian #2:** \_\_\_\_\_  
 Relation to student: \_\_\_\_\_  
 Address (if different from student) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Step Parent Name:** \_\_\_\_\_  
 Address (if different from student) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Has your child previously been enrolled in the Lewis County School District?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, grade levels attended? \_\_\_\_\_  
 Previous Schools attended: \_\_\_\_\_  
 Does your child currently receive Special Education Services? \_\_ Yes \_\_ No

**SCHOOL MESSENGER**

Our School will be using a School Messenger service. This will be used for important school announcements, school closings, etc. to communicate with you as quickly and efficiently as possible. The system will use phones, text messages, and email. Please list accurate information that we can input into our system to contact you or your household.

Home Phone: \_\_\_\_\_ Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_  
 Father's email: \_\_\_\_\_  
 Mother's email: \_\_\_\_\_

Does Student Ride School Bus: \_\_ More than 1 mile \_\_ Less than 1 mile  
 Mark all that apply \_\_\_\_\_ Only morning or afternoon \_\_\_\_\_ Never Rides  
 Bus Driver Name: \_\_\_\_\_ Bus # \_\_\_\_\_  
 Pick up point \_\_\_\_\_ Drop off point \_\_\_\_\_

**Health Information**

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Existing Medical Problems: \_\_\_\_\_  
 \_\_\_\_\_

**Health Information on file:**

Physical: \_\_\_\_\_ Eye Exam: \_\_\_\_\_ Skin Test: \_\_\_\_\_  
 Immunization Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do any medication need to be taken at school? \_\_\_\_\_ If so, please describe: *(All prescription and non-prescription medication must be kept in the office. All medication must be sent to the office in its original container.)*  
 \_\_\_\_\_  
 \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation of the Emergency Contact: \_\_\_\_\_

List below Brothers/Sisters or other students living in same residence under age of 18:

Name	Birthdate	School attending	Grade

List below any member of the household that is currently serving or has served in the military:

Name/relationship	Start date	Status	Branch

## LEWIS COUNTY SCHOOLS STUDENT RELEASE FORM

To insure student safety, no child will be released into the custody of someone other than the legal guardian unless this form is completed and returned to the Principal/Office.

\*NOTE: Submit legal guardianship papers to the school if applicable.

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

### LEGAL GUARDIAN(S):

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Emergency Telephone: \_\_\_\_\_

## CONSENT FOR EMERGENCY CARE

I, the undersigned, am the parent/legal guardian of \_\_\_\_\_  
\_\_\_\_\_. In case of accident or serious illness, I request the school contact me. If contact cannot be made, the school may make whatever arrangements seem necessary.

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

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

*The Lewis County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its and activities and provides equal access to the Boy Scouts and other designated groups. The following people have been designated to handle inquiries regarding the non-discrimination policies: Brenda Box, Director of Federal Programs; 606-796-2811 65 Central Elementary, Vanceburg, KY 41179*

Please list the names of persons, other than yourself, who have permission to pick up your child. For your child's safety, they will only be released to individuals you list. **If we ask for identification, it is only for the protection of your child.**

NAME	Phone Number

### If applicable:

Please list below any person whom you wish to be restricted from picking up/contact with your child.

- ***This request must be supported by documentation (i.e. court orders, custody papers) if the person who may not pick up the child is a parent.***


**I verify the information provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your time in completing this form. Should any information change during the school year, please contact the school.