



# Barbourville Independent School 2018-2019 Student Enrollment

## Student Information

Enrollment Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Physical Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Race/Ethnicity:  White/Not Hispanic  Hispanic  Black/Not Hispanic  American Indian  Asian  Gender: \_\_\_\_\_

## Household Information

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child lives with:  Mother & Father  Mother  Father  Grandparents  Aunt  Uncle

Anyone other than natural parents who has legal guardianship: \_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_  
*Name Relationship*



# Barbourville Independent School 2018-2019 Permission to Release Student & Emergency Contact Form

## Student Information

Please list the name, driver's license number, relationship, and phone numbers of any adult that has your permission to sign your child out of school in case of an emergency. Be sure to include other approved parents, step-parents, etc.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First M.I.*

Parent Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First M.I.*

Name	Driver's License Number	Relationship	Phone Number



## Barbourville Independent School 2018-2019 Home Language Survey

### Student Information

School:	Grade:
Child's First Name:	Child's Last Name:
Parent or Guardian's Name:	
Address:	
Phone Number:	
Child's date of birth:	Age:

Was your child born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, birth state:
If no, birth country:	If no, date child entered the United States:

**Directions to Parents and Guardians:**

The U. S. Department of Education and Kentucky Department of Education requires schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

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?	(Father)
	(Mother)

Parent or Guardian Signature:	Date:
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# Barbourville Independent School 2018-2019 Transportation Information

## Student Information

The Barbourville Board of Education must keep records for student transportation. Please complete this form for each student. If not completed by student or parents, then a school official (teacher, clerk, etc.) may interview the student and complete the form. Information must be verified and entered into the KSIS for each student.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Physical Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

Mailing Address (if different): \_\_\_\_\_  
*City State ZIP Code*

\_\_\_\_\_ *Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

## Bus Rider Information

In general as a matter of routine:

Rider Information:	Yes:	No:
I do not ride the bus		
I ride the bus twice daily over one mile		
I ride the bus twice daily under one mile		
I ride the bus once daily over one mile		
I ride the bus once daily under one mile		

Bus Number that picks you up at home:

Bus Number that drops you off at home:

Please give directions to your child's pick up and/or drop off place if different than your home address.