

**RUSSELL COUNTY**

Please use a pen & print. Complete all sections, front and back.  
**ENROLLMENT/PICK-UP/HEALTH/EMERGENCY INFORMATION**  
**2022/2023 SCHOOL YEAR**

**Student Information**

Legal Full Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle-Full)

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Student Cell # \_\_\_\_\_  
 Parent/Guardian may be asked to provide proof of residency (deed, mortgage receipt, rent receipt, rental agreement, utility bill, etc.) at the time enrollment.

Mailing Address (if different than above) \_\_\_\_\_ SSN \_\_\_\_\_  
 Optional, Must be on file for KEES Scholarship

Directions to home: \_\_\_\_\_

County Student Resides In \_\_\_\_\_ Previous School & State \_\_\_\_\_

Birthdate \_\_\_\_\_  Male  Female Circle: **Bus Rider** AM PM **Car Rider** AM PM **Walker** AM PM  
 Bus Driver \_\_\_\_\_ Residence from School: Less than 1 mile \_\_\_\_\_ More than 1 mile \_\_\_\_\_

Race (check all that apply)  White  Black or African American  American Indian/Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Is the child Hispanic/Latino?  Yes  No If more than one race is checked, choose one as preference for reporting: \_\_\_\_\_

Student E-mail address: \_\_\_\_\_

**English Language Learner Information**

Country of Origin \_\_\_\_\_ Language most frequently spoken at home \_\_\_\_\_ First language your child began to speak \_\_\_\_\_  
 Language your child most frequently speaks at home \_\_\_\_\_ Primary language spoken to your child \_\_\_\_\_

**STUDENT REGISTRATION PICK-UP**

NOTE: In the event of a divorce or other custodial proceedings, a copy of the custody agreement or judgment MUST be on file at the school AND at the central office with the Director of Pupil Personnel. Any student whose name has been legally changed must present the school and the Director of Pupil Personnel with a copy of said documents(s).

*I hereby authorize the following individuals to represent me in the removing/picking-up my child/children from school during my absence. It is my expressed consent that the following individuals can sign my child/children out of school for a reasonable cause.*

Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ Date

Please remember to list all individuals who can pick your child up at school. If they are not on this list, your child will not be allowed to leave. Make sure your name is on the list. Additionally, as the school year progresses and people need to be added or removed, please come to school to make such changes.

Permission is given for the following individuals:  
**(AT THE HIGH SCHOOL LEVEL, THERE IS AN ADDITIONAL REQUIREMENT OF A PARENT PHONE CALL TO VERIFY PERMISSION)**

Name	Relationship	Home Phone #	Work Phone #	Cell #
<b>PARENT/GUARDIAN</b>				
1.				
2.				
<b>OTHERS AUTHORIZED</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
<b>THOSE NOT AUTHORIZED</b>				
1.				
2.				
3.				
4.				
5.				

**AS PARENT/GUARDIAN OF THE CHILD LISTED ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE CARD IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AUTHORIZE ANY SCHOOL PERSONNEL TO TAKE REASONABLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.**

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

Name of person enrolling child: \_\_\_\_\_ Relationship: \_\_\_\_\_

*In case of an emergency, the parent/guardian will be contacted first. Who would need to be contacted in the case parent/guardian cannot be reached?*

Emergency Contact Person Name _____	Relationship _____	Phone # _____	Additional # _____
NTI (Snow Day) Contact Person _____		Phone # _____	

**PARENT/LEGAL GUARDIAN INFORMATION**

Child lives with: \_\_\_ Father & Mother \_\_\_ Father \_\_\_ Mother \_\_\_ Father/Stepmother \_\_\_ Mother/Stepfather  
 \_\_\_ Court-appointed Guardian (attach court order) \_\_\_ Foster Parent(s) (attach social services placement form) Other (specify) \_\_\_\_\_

1<sup>st</sup> Guardian's Legal Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

1<sup>st</sup> Guardian's Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Military Connections:** \_\_\_ Active Duty, Deployed \_\_\_ Active Duty, Not Deployed \_\_\_ Discharged \_\_\_ Injured \_\_\_ Killed in Action  
 \_\_\_ Student Military Identifier Only \_\_\_ Inactive \_\_\_ Retired \_\_\_ Transitioning Out of Active Duty

2<sup>nd</sup> Guardian's Legal Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

2<sup>nd</sup> Guardian's Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Military Connections:** \_\_\_ Active Duty, Deployed \_\_\_ Active Duty, Not Deployed \_\_\_ Discharged \_\_\_ Injured \_\_\_ Killed in Action  
 \_\_\_ Student Military Identifier Only \_\_\_ Inactive \_\_\_ Retired \_\_\_ Transitioning Out of Active Duty

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc? Yes \_\_\_ No \_\_\_ **(It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes). Bring custody papers to office.**

**TEMPORARY LIVING ARRANGEMENTS**

*The following questions address the McKinney-Vento Act 42 U.S.C. Answers to these questions will help determine services the student may be eligible to receive.*

Is the student's current address a temporary living arrangement? \_\_\_ No \_\_\_ Yes

Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_ No \_\_\_ Yes

If yes, please indicate where the student is living: \_\_\_\_\_ In a motel/hotel \_\_\_\_\_ Unaccompanied youth \_\_\_\_\_ In a homeless shelter  
 \_\_\_\_\_ Doubled up with family or friend \_\_\_\_\_ Other (a place not designed for ordinary sleeping accommodations)

**HEALTH INFORMATION**

1. Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No.(if applicable) \_\_\_\_\_

2. Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_

3. List your child's history of any serious medical condition, injury, illness, disease or surgery. \_\_\_\_\_

4. Does your child have a food, insect, drug or Latex allergy? \_\_\_ Other? \_\_\_\_\_

If YES, Specify: \_\_\_\_\_ EPI-PEN? \_\_\_\_\_

5. Does your child have Asthma? \_\_\_\_\_ Will an Inhaler be provided for school use? \_\_\_\_\_

6. Does your child have Diabetes? \_\_\_\_\_ \*Type 1? \_\_\_\_\_ \*GLUCAGON required for school attendance Type 2? \_\_\_\_\_

7. Does your child have a history of seizures? \_\_\_\_\_ Life-sustaining prescription? \_\_\_\_\_ If Yes, Specify \_\_\_\_\_

8. Does your child **REGULARLY** take prescription medication? \_\_\_\_\_ If yes, Specify \_\_\_\_\_

9. Does any prescription medication need to be administered at school? \_\_\_\_\_ If yes, Specify \_\_\_\_\_

**10. List all children in Household**

NAME	AGE	DATE OF BIRTH	TEACHER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			