

Magoffin County Schools

Census/Enrollment Verification Form

STUDENT INFORMATION

Student's Legal Last Name: _____ Suffix _____, First _____, M.I. _____
____ Male ____ Female Grade: _____ Nickname: _____ Social Security # _____
Race: ____ White, ____ African American, ____ Hispanic, ____ Asian/Pacific Islander, ____ Native American, ____ Other
Student's Address (street): _____, City _____, State: _____, Zip _____
Student's Mailing Address (if different): _____, City _____, State: _____, Zip _____
Citizenship: ____ US Citizen, ____ US Resident, ____ Non-Resident/Alien, ____ Other: _____
Does your child have special needs or does he or she receive special education services? ____ Yes ____ No
Does your child have a 504 Plan? ____ Yes ____ No
Last School Attended: _____
School Address _____, Phone # _____

PARENTS/GUARDIANS LIVING WITHIN HOUSEHOLD WITH STUDENT

HOUSEHOLD INFORMATION

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Sex: _____, Relationship to student: _____
Phone: Home _____ Work _____
Mobile: _____
Place of Employment: _____
Email Address: _____

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Sex: _____, Relationship to student: _____
Phone: Home _____ Work _____
Mobile: _____
Place of Employment: _____
Email Address: _____

SIBLINGS LIVING WITHIN THE HOUSEHOLD

SIBLING INFORMATION

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Birthdate: _____ Sex: _____, Grade: _____
Relationship to student: _____
Currently Attending Magoffin Co. Schools? ____ Yes ____ No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Birthdate: _____ Sex: _____, Grade: _____
Relationship to student: _____
Currently Attending Magoffin Co. Schools? ____ Yes ____ No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Birthdate: _____ Sex: _____, Grade: _____
Relationship to student: _____
Currently Attending Magoffin Co. Schools? ____ Yes ____ No
Name of School: _____

Last Name: _____ Suffix: _____
First Name: _____ M.I. _____
Birthdate: _____ Sex: _____, Grade: _____
Relationship to student: _____
Currently Attending Magoffin Co. Schools? ____ Yes ____ No
Name of School: _____

Legal Name of Student: _____, First: _____ M.I. _____

TRANSPORTATION
Primary transportation to school: ___ Car Rider, ___ Walker, ___ School Bus: (bus # _____)
Transportation by Magoffin County Schools (check all that apply):
___ One Way, ___ Both Ways, ___ More than 1 Mile, ___ Less Than 1 Mile

LANGUAGE
Child's Birth Country: _____
What is the language frequently spoken at home: _____ What 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? _____

CHILD CARE
Name of Daycare/Babysitter: _____
Address: _____ Phone # _____

MEDICAL AND EMERGENCY INFORMATION
Family Physician: _____ Phone# _____
Dentist: _____ Phone # _____
List and identify problems and/or medical conditions (such as allergies) that should be known to school personnel:
PER STATE REGULATION, ANY CHILD WITH A HEALTH CONDITION (SUCH AS ASTHMA, ALLERGIES, DIABETES, ETC) MUST HAVE A PRIMARY CARE AUTHORIZATION FORM ON FILE
Regular Medication: _____, Dosage _____
A NOTORIZED AUTHORIZATION TO GIVE MEDICATION FORM MUST BE ON FILE FOR ANY MEDICATION TO BE GIVEN TO A STUDENT DURING THE SCHOOL DAY.
If needed, what hospital should your child be taken to? _____
In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following:
Name: _____ Relationship: _____ Phone # _____
Name: _____ Relationship: _____ Phone# _____
In case of weather warning: ___ I prefer for my child to remain at school; ___ My child may be released to one of the above people

OFFICE USE ONLY

Household Name: _____ Student ID: _____ Teacher/Room # _____
Entry Date/Code: _____ Address Verification: _____ Transfer Student: ___ Yes ___ No
Withdrawal code: _____ Transportation Code: _____ Bus # _____ Advance Program? ___ Yes ___ No, ESL Services? ___ Yes ___ No,
ECE Program: _____ 504 Plan: _____
Immunization Certificate _____, Vision Exam _____ Records Request ___ Yes ___ No (Date): _____