

# Magoffin County Schools

## Census/Enrollment Verification Form

STUDENT INFORMATION

Student's Legal Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_, First \_\_\_\_\_, M.I. \_\_\_\_\_  
\_\_\_\_ Male \_\_\_\_ Female Grade: \_\_\_\_\_ Nickname: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
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): \_\_\_\_\_