

# Franklin County Schools Student Information Form

School Year \_\_\_\_\_ Franklin County School \_\_\_\_\_ Grade \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

**STUDENT:**

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Ethnicity: **(MUST CHECK ONE)**  Hispanic/Latino  **NOT** Hispanic/Latino

Race: **(MUST CHECK ONE/CHECK ALL THAT APPLY)**  American Indian/Alaska Native  Asian  
 Black/African American  Native Hawaiian/Other Pacific Islander  White

Child lives with: Both Parents \_\_\_\_\_; Mother Only \_\_\_\_\_; Father Only \_\_\_\_\_; Joint Custody \_\_\_\_\_; Other (Specify) \_\_\_\_\_

**NOTE:** Both natural parents have equal rights to records unless court documents are provided stating otherwise.

**PARENT/GUARDIAN INFORMATION:**

**1.** Guardian 1---Relationship to Student: Parent \_\_\_\_\_; Legal Guardian \_\_\_\_\_; Stepparent \_\_\_\_\_; Other(specify) \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**2.** Guardian 2---Relationship to Student: Parent \_\_\_\_\_; Legal Guardian \_\_\_\_\_; Stepparent \_\_\_\_\_; Other(specify) \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

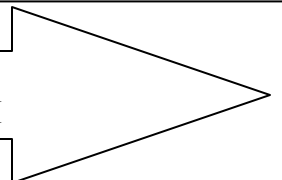
**ADDITIONAL EMERGENCY CONTACTS (Other than listed above)**

**Emergency contacts are those persons we may release child to in the event of an illness or injury.**

**3.** Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Telephone # \_\_\_\_\_

**4.** Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Telephone # \_\_\_\_\_

**COMPLETE INFORMATION ON BACK OF FORM**



**LAST SCHOOL ATTENDED INFORMATION**

Has your child been enrolled in a KY school before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, Name of School \_\_\_\_\_ KY City \_\_\_\_\_  
 If No, Last School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Does Student receive special services?**

504 \_\_\_\_\_ Title I \_\_\_\_\_ Gifted/Talented \_\_\_\_\_ IEP \_\_\_\_\_ Special Education \_\_\_\_\_ Speech \_\_\_\_\_ LEP \_\_\_\_\_

**If the student has been expelled from a Public or Private School, in or out of state, and/or has been adjudicated guilty for violation(s) relating to weapons, alcohol or drugs, check here**

**MEDICAL INFORMATION**

Does your child have any significant or ongoing conditions, ie.allergies, EpiPen, asthma, other? Y \_\_\_ N \_\_\_  
 If yes, please explain \_\_\_\_\_

**NOTE: No medication, prescription or over the counter, will be given without form 09.2242AP.21 on file.**

**LANGUAGE**

1. What is the language most frequently spoken at home? \_\_\_\_\_
2. Which language did your child learn when beginning to talk? \_\_\_\_\_
3. What language does your child most frequently speak at home? \_\_\_\_\_
4. What language do you most frequently speak to your child? \_\_\_\_\_

**TRANSPORTATION:** transported over 1 mile twice daily (T1) transported less than 1 mile twice daily (T2)  
 (check one) transported over 1 mile once daily (T3) transported less than 1 mile once daily (T4)  
not transported (car driver/rider/walker) (NT)

Do you have a computer at home?  Yes  No  
 Is it less than 5 years old?  Yes  No  
 Do you have Internet Access at home?  Yes  No  
 If yes, what type? Dial-Up Cable Modem DSL (telephone company) Satellite Dish  
 If you have Internet capability, would you prefer communication via email?  Yes  No

**SIBLING INFORMATION**

Name	School	Lives w/Student Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No

**PARENT\GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_