

FULTON INDEPENDENT SCHOOL DISTRICT

Tamara Smith, Superintendent
304 West State Line Road
Fulton, KY 42041

STUDENT ENROLLMENT FORM 2013-2014

Please complete all sections below:

Enrollment Date: _____ Entering Grade: _____ Homeroom: _____

Student's Social Security Number: _____

Student's Last Name as shown on birth certificate: _____

Student's First Name as shown on birth certificate: _____

Student's Middle Name as shown on birth certificate: _____

Suffix: _____ II _____ III _____ Jr.

Student's Mailing Address (City, State, Zip):

Student's Physical Address (City, State, Zip) **IF** different from Mailing Address:

Home Phone Number: (____) - _____ Cell Phone Number: (____) - _____

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race (Please check **all** that apply):

_____ American Indian/Alaskan; _____ Asian/Pacific Islander; _____ Black; _____ Hispanic; _____ White;
_____ Native Hawaiian; _____ Other, please list _____

Date of Birth: _____ Present Age: _____

Gender: _____ Male _____ Female

Name of Last School Student Attended: _____

Address of School (City, State, Zip): _____

Phone Number: (____) - _____

Do you live in the Fulton Independent School District? _____ Yes _____ No

*If **No**, what school district do you live in? _____

Participation in Programs:

Please check any special programs in which the student has participated.

_____ Speech/Language _____ 504 Plan
_____ Special Reading _____ Gifted & Talented
_____ IEP _____ Free/Reduced Lunch

Parent/Guardian 1 Name: _____

Guardian Address **IF** different from student: _____

Relation to student: _____ Guardian 1 Gender: ____Male ____Female

Home Phone: (____) - _____ Cell Phone Number: (____) - _____

Work Phone: (____) - _____ *(Only if you can be reached by calling this number)*

Guardian 1 email address: _____

Parent/Guardian 2 Name: _____

Guardian Address **IF** different from student: _____

Relation to student: _____ Guardian 2 Gender: ____Male ____Female

Home Phone: (____) - _____ Cell Phone Number: (____) - _____

Work Phone: (____) - _____ *(Only if you can be reached by calling this number)*

Guardian 2 email address: _____

If the parent/guardian cannot be reached in case of an emergency, the following may be contacted and check the student out of school.

Name	Relationship to student	Home/Work Phone	Cell Phone
_____	_____	(____)_____	(____)_____
_____	_____	(____)_____	(____)_____
_____	_____	(____)_____	(____)_____
_____	_____	(____)_____	(____)_____
_____	_____	(____)_____	(____)_____

Please list all other children residing in this home under the age of 21:

Name	Age	Birth Date	Grade	School Attending <i>(If applicable)</i>
_____	____	_____	____	_____
_____	____	_____	____	_____
_____	____	_____	____	_____
_____	____	_____	____	_____
_____	____	_____	____	_____

Do you and your child/children reside in a multi-family home? ____Yes ____No

All parents/guardians must fill out the questionnaire below as it relates to your child:

1. Has your child ever been enrolled in our school system? Yes No
2. Has your child been enrolled in a special education or resource program? Yes No
3. Has your child been enrolled in a Title I program? Yes No
4. Has your child been part of a Migrant Program? Yes No
5. Has your child been enrolled in a Speech Program? Yes No
6. Has your child ever been found guilty or expelled for any of the following:
 - a. Homicide
 - b. Assault
 - c. Violation of a state law or school regulation in regards to weapons, alcohol, or drugs

*(If the answer is **YES to #6**, then the parent **MUST** notify the school by the sworn statement provided **below**. Failure to do so is a violation of KRS 158.0)*

I, _____ (parent/guardian's name), being the parent/legal guardian of the named student in this application for student enrollment in the Fulton Independent School District, do hereby declare that said student has been found guilty of one or more of the following or been expelled:

Homicide

Assault

Violation of state/school regulations as they apply to weapons, alcohol, or drugs

I am making this sworn statement as required by KRS 158.0 of the Kentucky State Law.

Signature of Parent/Legal Guardian

Today's Date

Notary

Date

My commission expires on _____, 20_____

Home Language Survey:

What is the language **most frequently** spoken at home? English Other: _____
First language your child began to speak? English Other: _____
What is the **primary** language spoken to your child? English Other: _____

Technology Survey (*Please Check*)

Do you have a computer in the home? Yes No
*If yes, is the computer less than 5 years old? Yes No

Do you have high speed internet connectivity? Yes No
*If yes, please check which type of service you have:
 Dial Up; Cable Modem; DSL; Satellite; Other: _____

Do you own any of the following? (*Check all that apply*):
 iPad; Android OS Tablet; E-Reader(*Kindle/Nook*); MP3 Player;
 Smartphone (*iPhone/Blackberry/Android OS/Windows Phone*)

The Fulton Independent School District uses One Call Now, an automated phone notification system, to alert you of weather emergencies, school closings, and other significant events that you will need to be aware of. Please fill out the following information:

Name(s) of Child/Children: _____

Home Phone Number (_____) _____

Cell Phone Number (_____) _____

Please note: If you would also like to receive text notifications, please type the word **ALERT to 22300*

Other Numbers you would like contacted:

(_____) _____ Cell Home
(_____) _____ Cell Home
(_____) _____ Cell Home
(_____) _____ Cell Home
(_____) _____ Cell Home

Email Address: _____

