

**Paintsville Independent Schools**

20\_\_-20\_\_ Year

**Census/Enrollment Verification Form**

**My signature authorizes Paintsville Independent School District to enroll my child.**

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

•Male •Female (please circle one) Grade \_\_\_\_\_ Nickname \_\_\_\_\_ SS# \_\_\_\_\_

DOB (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ Birthplace (County, State) \_\_\_\_\_

Is this student an Immigrant? (yes/no) If yes, Date entered US School \_\_\_\_\_ Original KY School Entry Date \_\_\_\_\_

Citizenship (please circle one) •US Citizen• US Resident •Non-Resident Alien •Other \_\_\_\_\_

Race (circle one) White • Black/African American• Asian• American Indian/Alaskan Native•Native Hawaiian/ Other Pacific Islander

Is the individual Hispanic/Latino ? (yes/no)

Student's Physical Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mailing Address (If Different) (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

What language do you prefer for school communication? \_\_\_\_\_

What is the language most frequently spoken in the home? \_\_\_\_\_

What language did your children learn when they first began to talk? \_\_\_\_\_

What language does your child most frequently speak at home? \_\_\_\_\_

What language do you most frequently speak to your child? \_\_\_\_\_

This student lives in alternate housing. One of the following applies: shared housing (student lives with extended family or friends), motel/hotel, trailer park, campground, shelter, substandard housing or nighttime residence not typically used as sleeping accommodation. (Please circle one) YES NO

Does your child have special needs or does he/she receive special education services? •Yes •No (please circle one)

Does your child have a 504 plan? •Yes •No (please circle one)

Last School Attended: \_\_\_\_\_ School Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Parents/Guardians Living Within Household With Student**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_  
Sex \_\_\_\_ Relationship to Student \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_  
Sex \_\_\_\_ Relationship to Student \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Siblings Living Within Household With Student**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_  
Relationship to Student \_\_\_\_\_ Name of School Attending \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_  
Relationship to Student \_\_\_\_\_ Name of School Attending \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_  
Relationship to Student \_\_\_\_\_ Name of School Attending \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_  
Relationship to Student \_\_\_\_\_ Name of School Attending \_\_\_\_\_

**Parents/Guardians Living At Another Address**

Does this parent/guardian have joint custody? •Yes •No  
Can this parent/guardian receive school mailings?•Yes •No  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ MI \_\_\_\_\_  
Sex \_\_\_\_ Relationship to Student \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Does this parent/guardian have joint custody? •Yes •No  
Can this parent/guardian receive school mailings?•Yes •N

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**Pick-Up Authorization/ Transportation/ Field Trip**

Primary transportation to school •Car rider •Walker •School Bus Bus Number \_\_\_\_\_

Transportation by PISD: • One Way •Both Ways •More Than 1 Mile •Less Than 1 Mile *(please circle one)*

**Student Pick-up Authorization:** The following person(s) have permission to pick my child up from school: NOTE any person NOT listed below will not be permitted to pick up your child.

|            |             |                             |
|------------|-------------|-----------------------------|
| Name _____ | Phone _____ | Relationship to Child _____ |
| Name _____ | Phone _____ | Relationship to Child _____ |
| Name _____ | Phone _____ | Relationship to Child _____ |
| Name _____ | Phone _____ | Relationship to Child _____ |
| Name _____ | Phone _____ | Relationship to Child _____ |

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Bus Rules:** Kentucky School Law#OAG-78-392: a school system has the right to suspend a child from the school bus for misconduct. The following is regarded as misconduct: *possession of dangerous weapon, possession of illegal drugs, possession of contraband, profanity, vandalism, fighting, use of tobacco/vape on or around bus or on school property, eating or drinking, failure to remain seated, excessive noise or disruption, throwing objects from bus or extending body parts or objects from the bus window, refusing to share seat, deliberately riding the wrong bus, departing bus at unauthorized stop, unauthorized use of emergency exits, other.*

If your child is to ride a different bus or ride a bus to someone's house that has never rode before, there must be a note sent to school by the parent and it must be signed by the principal. If not, the child will remain at school and the parent/guardian will be called to pick up the student. No phone calls will be accepted to modify a student's transportation plan.

I \_\_\_\_\_ understand the rules on riding the bus. My child \_\_\_\_\_ will obey these rules while on the bus.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field Trips/Medical Attention:** I hereby give permission for \_\_\_\_\_ to participate in school related student trip(s). In addition, in the event of accident or sudden illness on the school related student trip(s) I authorize school personnel to contact the physicians(s) listed on this form and authorize those physician(s) to render such treatment as deemed necessary in an emergency for the health of said child. In the event the physician(s), parent(s) or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action deemed necessary in their judgment for the health of said child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Corporal Punishment**

Yes I give Paintsville Middle and High School Permission to use corporal punishment as an option for punishment.

No I DO NOT give Paintsville Middle and High School Permission to use corporal punishment as an option for punishment.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Video Technology Permission**

I give permission for Paintsville Independent Schools to videotape my child and use their image for educational purposes. I understand that the use of my child's image may be removed at my written request in the future. •Yes •No

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_