

List any of the following which may apply to the student:

Allergies or reactions to medications, drugs, food or other :

Illness/Conditions: (Diabetes, Seizures, etc.):

Medications taken regularly: (Please indicate what and when):

Medication Approval on file?

Other health concerns or special medical problems we need to know about:

Local physician _____

Office Phone Number _____

Student Insurance Company _____

Medicaid Number _____

Parents - Married Divorced
 Separated Not married

Has your child been judged by a court of any offense of homicide, assault or offense relating to weapons drugs or alcohol? has not has

Has your child been expelled from any public or private school for offense of relating to homicide, assault or offense relating to weapons, drugs or alcohol? has not has

*** FOR SCHOOL USE ONLY ***

<p>DISABILITY</p> <p><input type="checkbox"/> AUT</p> <p><input type="checkbox"/> CD</p> <p><input type="checkbox"/> DD</p> <p><input type="checkbox"/> EBD</p> <p><input type="checkbox"/> FMD</p> <p><input type="checkbox"/> HI</p> <p><input type="checkbox"/> MMD</p> <p><input type="checkbox"/> MD</p> <p><input type="checkbox"/> PD</p> <p><input type="checkbox"/> OHI</p> <p><input type="checkbox"/> SLD</p> <p><input type="checkbox"/> TBI</p> <p><input type="checkbox"/> VI</p> <p><input type="checkbox"/> N/A</p>	<p>TRANSPORTATION</p> <p><input type="checkbox"/> NT - Non Transported</p> <p><input type="checkbox"/> T1 - Over 1 mile twice daily</p> <p><input type="checkbox"/> T2 - Under 1 mile twice daily</p> <p><input type="checkbox"/> T3 - Over 1 mile once daily <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p><input type="checkbox"/> T4 - Under 1 mile once daily</p> <p><input type="checkbox"/> T5 - Special Transportation ONCE DAILY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p>If transported from address other than residence please enter: A.M. _____ P.M. _____</p>	
	<p>ETHNIC CODE</p> <p>Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is the individual from one or more of these races? (Check all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>	
<p>STUDENT LIVES WITH</p> <p><input type="checkbox"/> Parents <input type="checkbox"/> Stepmother/Father</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Stepfather/Mother</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Grandparents</p> <p><input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent</p>		<p>Is a language other than English used in the home? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did the students have a first language other than English Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does the student most frequently speak a language other than English? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Entry date of first United States school - _____</p> <p>Entry date of first English speaking school - _____</p>
<p>Is student enrolled in:</p> <p><input type="checkbox"/> Title I Reading/Math?</p> <p><input type="checkbox"/> Speech?</p> <p><input type="checkbox"/> IEP/504 Plan?</p> <p><input type="checkbox"/> ESL?</p> <p><input type="checkbox"/> Special Education?</p> <p><input type="checkbox"/> Other (PT, OT, etc.)?</p> <p><input type="checkbox"/> GT/PTP</p>		<p>Does student reside in this School District? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Address confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, has out-of-district permission been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there a custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a copy of the custody order on file in the school office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Lunch</p> <p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Reduced</p> <p><input type="checkbox"/> N/A</p>		

The Warren County Schools do not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the employment or the provision of services. Any and/or all questions or issues related to discrimination policies, procedures or practices are to be directed to the Office of Superintendent, Warren County Public Schools, P.O. Box 51810, Bowling Green, KY 42102-6810, 1-270-781-5150.