LCS Revised 8/4/16

Lee County Public Schools – Student Enrollment Information

School Yea	r 20	/20
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Name of School									
As per the policy of the Lee County Board of Education, this form must be completed by the parent or legal guardian upon a student being presented for admission to the Lee County Public Schools. The parent or legal guardian must personally present the student to the school upon initial entry into the district.									
County Public Schools. The parent of	LEGAL LAST NAM		sent the stude	ent to the s	scrioor upon n	LEGAL FIRST			
Gender (circle one) M F		-							
PREFERRED FIRST NAME	LEGAL MIDDLE N	AME			BIRTH D	ATE		PROOF OF	AGE ate of Birth on record
HOME PHONE ☐ Unlisted	Ethnicity (Check of	one)			RACE: (check all that apply) ()	\ /	Black/African American
	Hispanic/Latino	() Yes () No		() Amer	rican Indian/Alaskar	n Native	() Asian	() Hawaiian/Pacific
Student NUMBER	Enrollment Code () E1 ()	E2		REGISTE	RATION DATE	GRAI	DE	TEACHER
	() R1 () R2	() R3 (() R5 () R6	,	1			
STREET ADDRESS	P. O. Box	Apt#	ŧ			CITY		STATE	ZIP
MAILING ADDRESS check	if same as street addre	ess Apt#	<u>!</u>			CITY		STATE	ZIP
()	Year	Grade			Previous Sch	nool Address			<u>I</u>
Year Round () Yes () No									
		F	PARENT IN	FORMAT	TON				
CHILD RESIDES WITH - Relationship/G	uardian(s)/Custodian	() Both Parents	() Fa	ather	() Mother	() Guardian	Other:		
FATHER'S NAME		Talents	l l	MOTHE	R'S NAME	<u> </u>			
Place of Birth			Mother	's Maiden	Name		Place	e of Birth	
ADDRESS (If different from student)			•		ADDRESS (If	different from stude	nt)		
CITY	ST	ZIP		CITY			ST	ZIP)
EMPLOYER	<u> </u>			EMPLO'	/ER		•		
WORK PHONE	EXTENSION WORK PHONE EXTENSION								
Cell Phone: Email: Cell Phone: Email:									
LEGAL GUARDIAN/CUSTODIAN									
(If you are the guardian/custodian			rs on file in	the office	of the princ	cipal?) () Yes	() No		
NAME OF PERSON OR AGENCY WHO F	HAS LEGAL CUSTODY O	FSTUDENT							
ADDRESS:	CT.	710.		NA/ I - DI				Fishers	-1
City: Home Phone	ST: ZIP: Work Phone: Cell E-mail address:			Extension					
	Cell E-mail address: ENCY CONTACT (Parent will be notified first-emergency contact used only if parents are not available)			1					
Contacts Name 1)		2)	mergene	Conta	3)	ily il parciles a	ii C iiOt	4)	1
Relationship		,						,	
Home Phone									
Work Phone									
Cell Phone									
Permission to sign out student () Yes () No	() Yes () No	() Yes ()No		() Yes	() No
SIBLINGS ENROLLED IN LEE CO	<u> </u>		, , , , ,	/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 () : ==	() 112
PowerSchool# 1)		2)			3)			4)	
Name									
Relationship									
Age									
Grade & Gender	()M ()F		() M	() F		() M () F		() M () F
Signature of Parent or Legal Guardian Date									

information to be released () Yes () No labeless of an election of the lead of the common and shall include interest in activities and software and contributed interest in activities and software and contributed informations and includes and software and contributed informations and includes and software and contributed informations () 1 on not give permission for my child to go on in-County Field rips within the boundaries of Lee County. STATUS OF TRANSFER My child. STATUS OF TRANSFER						
RELEASE OF INFORMATION give permission for student directory give permission for my child to access the internet and Controllers give permission for my child to access the internet and hove issued directory information shall include amere, address, participation in activities and growth. Weight and height of members of the Ec Caurly Schools policy, activities the controllers of the Ec Caurly Schools policy to the Ec C	(2) proofs of residence; one such proof (A) One (1) such proof must be name of the parent/legal gua (B) The other proof of residence • Current utility bill	from category (A) and a signed lease agreem ardian(s). a may include one of the for the residence (elec	one such proof from categorent, affidavit of an oral least efollowing in the name of the tric, water, gas),	ory B. e agreement, deed, or cl ne parent/legal guardian(osing statement (w	-
PREJACES INDORMATION				dress proof is being provi	ded for, or	
give permission for student directory information to be released () Yes () No Interest five interest and flavor read the Ferms and Conditions of the Lee County Schools of County Schools of County Schools of the Lee County Scho	•	•		FIELD TRIP PER	MISSION	MEDIA RELEASE
My child is not any other state or has not been convicted of a felony in this or any other state. Note: If a student is under suspension or expulsion from attendance at a private or public school in his or any other state. Note: If a student is under suspension or expulsion or has been convicted of a felony, please give an updanation. You must lockude the length of this suspension or expulsion. Is student been chargedconviction occurred dete of the charge/conviction dete of the charge/conviction occurred policy # Immunization Record? Yes NO Complete? Yes No insurance Company Policy # Immunization Record? Yes NO Complete? Yes No insurance Company Policy # Immunization Record? Yes NO Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No insurance Company Policy # Immunization Record? Yes No Complete? Yes No Complete? Yes No Immunization Record? Yes No Complete? Yes N	Student directory information shall incluname, address, participation in activitie sports. Weight and height of members athletic teams, and awards or recognitive received.	to access to read the To the Lee Co Acceptable ons () I do no	the internet and have erms and Conditions of bunty Schools' policy, to Use for Access to Information Resources. of give permission for	name, image, and work to be in school or district publications in web pages, presentations, propress releases, and print media to go on In-County Field trips within the		name, image, and work to be included in school or district publications including web pages, presentations, productions, press releases, and print media, including school yearbook.
his or any other state or has not been convicted of a felony, please give an application. You must include the length of this suspension or expulsion. Jas student been charged/convicted of a felony, () Yes () No If Yes, please state the charge/conviction	STATUS OF TRANSFER					
Address: We provided the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided to the charge conviction decord? Yes NO Complete? Yes No new provided the charge conviction decord? Yes No new provided to the charge conviction decord. Yes () No to the charge conviction decords and the charge co	My child,, is not, at this time, under suspension or expulsion from attendance at a private or public school in this or any other state or has not been convicted of a felony in this or any other state. Note: If a student is under suspension or expulsion or has been convicted of a felony, please give an explanation. You must include the length of this suspension or expulsion.					
Immunization Record? Yes NO Complete? Yes No nonsurance Company Policy # Telephone No.	Has student been charged/convicted or	f a felony. () Yes	() No If Yes, please st	tate the charge/conviction	1	where the
Policy # Telephone No. Address: My child is physically able to participate in all physical education activities () Yes () No t is important that the school be aware of any special health problems that your child may have. Please list below conditions such as sasthma, allergies, epilepsy, seizures, diabetes, heart or orthopedic problems, hearing or visual impairments, ADD, ADHD or autism, history of concussion/head injury/head trauma. If necessary attach additional documents. ALLERGIES (type) Life Threatening () Yes () No TYPE OF ALLERGY TREATMENT DTHER CONDITIONS AND/OR MEDICATIONS ROUTINELY TAKEN Should it be necessary for my child to receive medications at school, I understand that my doctor and I are to complete a special form to be obtained from the school or school nurse. **MERGENCY AUTHORIZATION** In cases of serious illness or accident, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school or call the Physician listed and to follow their directions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary or transport my child to the hospital emergency room. () Yes () No signature of Parent or Legal Guardian Date Fransportation InfoRMATION Transportation to School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportation from School () Bus # () Walk () Car/with Whom? **Transportatio	charge/conviction occurred		date of t	ne charge/conviction		
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the following programs () Speech/Language () Title 1 Reading () 504 () Other	SPECIAL PROGRAMS					
HAS YOUR CHILD BEEN RETAINED? IN WHICH GRADE?	HAS YOUR CHILD BEEN RETAIN	ED?	() Speech/Langua; IN WHICH GRADE?	ge () TITIE I Kead	iing () 504 () Other

Signature of Parent or Legal Guardian	Date
- O	