

Lee County Schools – Student Registration Form

See reverse side for additional information

Student's Legal Name:				
Last	First	Middle	Name Used	Social Security Number
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ School: <input type="checkbox"/> Beattyville Elementary <input type="checkbox"/> Southside Elementary <input type="checkbox"/> Lee County Middle School <input type="checkbox"/> Lee County High School <input type="checkbox"/> Lee Co Alternative School <input type="checkbox"/> Riverbend				Will this student ride a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Both ways <input type="checkbox"/> Only To School <input type="checkbox"/> <input type="checkbox"/> Only From School
Birth Date ____/____/____ Birth Place _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year City County State </div>				
Ethnicity (must choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/>				
Choose all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/>				
Who is identifying student's race? <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Child <input type="checkbox"/> Observer <input type="checkbox"/>				
Physical Address of Student <i>(This is the 911 address; do not use P.O. Box numbers)</i>				
Mailing Address of Student <i>(If different from above, can be a P.O. Box)</i>				
Last School (or preschool) attended School _____ Grade _____ City _____ State _____ Zip _____				
Special Services: Has the student ever been enrolled in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At what grade level? (If known) _____ Has the student been identified as: <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> 504 <input type="checkbox"/>				
Who does the school contact in case of illness or emergency? Name _____ Relationship _____ Phone _____ Name _____ Relationship _____ Phone _____				

Father's Legal Name _____

Home Address _____

City, State, Zip _____ Home Phone () _____

E-mail _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Mother's Legal Name _____

Home Address _____

City, State, Zip _____ Home Phone () _____

E-mail _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

Student lives with: Both Parents Mother* Father* Other

If other, list with whom the child lives and guardianship documentation must be provided at time of enrollment

Name _____ Relationship to Student _____

Home Address _____

City, State, Zip _____ Home Phone () _____

E-mail _____ Cell Phone () _____

Place of Employment _____ Work Phone () _____

**If student lives with only mother or father, please list stepparent if applicable _____*

List below the names of other children under 21 living in the home:

1. _____ School _____ Grade _____

2. _____ School _____ Grade _____

3. _____ School _____ Grade _____

4. _____ School _____ Grade _____

Parent/Guardian Signature

Date