

Student Enrollment Information

PLEASE USE BLUE OR BLACK INK

Legal Last Name		First Name	Middle Name	Returning students: New Information Y/N	
Grade Level for 2020-2021	Date Of Birth	Social Security Number	Sex	Home Phone	Last School Attended
Physical/911 Address (where student resides)					
(Check only if applicable) <input type="checkbox"/> Shelter <input type="checkbox"/> Motel <input type="checkbox"/> Housing shared with friends or family members					
Mailing Address (if different)					
Student Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> yes <input type="checkbox"/> no					
Race: Check ALL that apply <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native					
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of residence: _____ <input type="checkbox"/> Migrant <input type="checkbox"/> Immigrant <input type="checkbox"/> Refugee (Country) _____					
Country of Origin _____			First language your child began to speak _____		
What language does your child speak at home? _____			Primary language used in the home _____		
Please Circle: Do you have a computer in your home? YES NO		Can you access the internet from your home computer? YES NO		Email Address	
Please fill in: 1. How will your child arrive at school in the mornings? Bus/Car/Walk 2. How will your child return home in the afternoons? Bus/Car/Walk			Please complete IF your child rides the bus: Morning Pick Up Location: _____ Evening Drop Off Location: _____		
Parents/Guardians Living in the same Household as Student (Student's Primary Household)					
Living with: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father Only <input type="checkbox"/> Mother Only <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Relative <input type="checkbox"/> Other					
Father or Male Guardians Name	Birthdate	Place Employed	Work Phone	Cell Phone	
Mother or Female Guardians Name	Birthdate	Place Employed	Work Phone	Cell Phone	
LIST ALL OTHERS THAT LIVE IN THE HOME					
	<u>Name</u>	<u>Birthdate</u>	<u>Relationship to Student</u>	<u>School Attending</u>	<u>Grade</u>
1					
2					
3					
4					
Emergency Information: List two persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.					
Name:	Relationship to student		Daytime Phone Number		
Name:	Relationship to student		Daytime Phone Number		
1. Are there circumstances about the custody of your child which limit the sharing of records, picking up of your child, etc? yes <input type="checkbox"/> no <input type="checkbox"/>					
2. Is there anyone that CANNOT pick up your child? Please list name & explain. (It is the parent's/guardian responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.)					
OTHER IMPORTANT INFORMATION – Please list below any medical conditions, allergies, etc. (Students with health problems, food allergies, or taking medications on a regular basis are required to fill out additional forms available in the school nurse's office.)					
Photo Release: Your child may be photographed or videotaped for inclusion in the district publications and website, or in newspapers or magazines, articles, or letters relating to school activities. Please check: <input type="checkbox"/> yes, I give my permission <input type="checkbox"/> no, I do not give my permission					
Residency Verification: As the parent/or legal guardian, I understand it is MY responsibility to notify the school of any move or change of physical address. Any misrepresentation of the physical (911) address may result in my child losing the privilege of attending Harlan Independent Schools and I will be legally responsible for payment of tuition for the period of misrepresentation.					
1. Does the student reside in the Harlan Independent School District? <input type="checkbox"/> yes <input type="checkbox"/> no					
2. If no, in which school district does the student reside?					
PARENT/GUARDIAN SIGNATURE			Date		

HARLAN INDEPENDENT SCHOOL DISTRICT

Superintendent of Schools

Charles D. Morton
Phone: 606-573-8700 Option 6
Internal Extension: 6204
Email: charles.morton@harlanind.kyschools.us

Director of District Wide Services Technology, Transportation, School Safety

Frank Shope, Jr.
Phone: 606-573-8700 Option 6
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Director of Student Wide Services Pupil Personnel, Food Services, Health Services

Emily Clem
Phone: 606-573-8700 Option 6
Internal Extension: 6202
Email: emily.clem@harlanind.kyschools.us

Director of Special Education Special Education, Preschool Director

Shannon Lawson
Phone: 606-573-8700 Option 5
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District Finance Officer Human Resources, Payroll, Budget

Tara Bryson
Phone: 606-573-8700 Option 6
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Family Youth Resource (FRYSC)

Cecilia Adams
Phone: 606-573-8700 Option 6
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Supervisor of Instruction Curriculum, Title I, Professional Development

Jennifer Parsons
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Harlan High School Principal

Britt Lawson
Phone: 606-573-8700 Option 4
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Email: britt.lawson@harlanind.kyschools.us

Harlan High School Counselor

Cristal Pace
Phone: 606-573-8700 Option 4
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Harlan Middle School Principal

LeAnne Huff
Phone: 606-573-8700 Option 3
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Harlan Middle School Counselor

Chris Day
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Harlan Elementary School Principal

Tara Posey
Phone: 606-573-8700 Option 2
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Harlan Elementary School Counselor

Chris Day
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