



Longbranch Elementary

Parental Consent for Records Release

To Principal of: _____
 (Name of Previous School)

 (Address)

 (City, State, Zip)

I am the parent/legal guardian of _____
 (Name of Student) (Grade) (DOB)

You are authorized to:

- Release the checked information
- Release all information

- | | |
|---|---|
| <input type="checkbox"/> 1. Cumulative Records | <input type="checkbox"/> 6. Gifted File |
| <input type="checkbox"/> 2. General identifying data (Name, Address, DOB, Grade Level Completed, Grades, Class Standing, Attendance Record) | <input type="checkbox"/> 7. Title I File |
| <input type="checkbox"/> 3. Standardized Achievement and Aptitude Test Scores | <input type="checkbox"/> 8. ESS File |
| <input type="checkbox"/> 4. Medical/Health Records | <input type="checkbox"/> 9. Limited English Proficiency/English as Second Language File |
| <input type="checkbox"/> 5. Special Education Due Process File | <input type="checkbox"/> 10. Record of Extra-Curricular Activities |
| | <input type="checkbox"/> 11. Other (Specify) _____ |

To: Longbranch Elementary
 2805 Longbranch Rd
 Union, KY 41091
 Phone: 859-384-4500

Scan to:
 MaryEllen.Vollet@boone.kyschools.us
 or Fax: 859-384-2945

The reason for this request is:

- Transfer to school due to change in residence
- Other - Specify _____

 Signature of Parent or Legal Guardian

 Address City

 Date Phone Number

Boone County Schools

2016-17 Student Transportation Form

School: _____ School Code: _____ School Year: _____

Student Name: _____ D.O.B: _____

Gender: _____ Grade: _____ Student ID: _____ Teacher: _____

Circle One: K = All Day KA = AM Kindergarten KP = PM Kindergarten

(All students will be routed to their home address unless an alternative address is provided.)

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

- NO BUS TRANSPORTATION NEEDED**
Car Rider Number _____ Daycare Name and Assigned # _____
- DAY CARE TRANSPORTS?** YES _____ NO _____
- AM TRANSPORTATION ONLY**
- PM TRANSPORTATION ONLY**
- AM & PM TRANSPORTATION NEEDED**
- ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)**

If using an alternate address please provide the following:

Pick-up Location: _____

Drop-off Location: _____

(Leave this area blank if being transported to home address or no transportation is needed)

Student Bus Information (To be completed by school official)

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus # _____ Stop Location: _____