



Every graduate ready for College, Career and Life

WELCOME TO BOONE COUNTY SCHOOLS *A Distinguished District*

Student Name: _____

Registration Date: _____

The following is a list of information that will be needed to enroll your child in our school district. These items are needed in addition to the registration forms provided:

_____ *Student Enrollment/Emergency Information Form

_____ Certified Birth Certificate (within 30 days)

_____ *Immunization Certificate (new students only)

_____ Preventative Health Care Examination Form (within 30 days)

_____ Kentucky Eye Exam (first time entering a public school, for ages 3-6)

_____ Kentucky Dental Screening Form (first time entering a public school, ages 5-6)

_____ *Legal Custody Papers (if applicable)

_____ *Proof of Residency at enrolling address in parent/guardians name

a. Drivers license

b. Lease, contract, mortgage, etc.

c. Utility bill

_____ *Adjudication/Expulsion Affidavit Form (most will check #4 and sign)

_____ Transportation Card (prior to riding bus)

_____ Social Security Card or waiver

_____ Permission to Videotape/Photograph/Publish Release Form

***Required at time of enrollment**

**Boone County Schools
District Office
8330 US Hwy 42
Florence, KY 41042
(p) 859-283-1003
(f) 859-282-2376
www.boone.kyschools.us**

Escuelas del condado de Boone

Matrícula/información del estudiante en caso de emergencia

Para uso exclusivo de la oficina
 Escuela: _____
 Fecha de inicio: _____
 Docente: _____

Nombre legal del estudiante (En letra de imprenta) _____ Sufijo _____
(Apellido) (Primer nombre) (Segundo nombre) (Jr., III, etc)

Grado: _____ Fecha de nacimiento: _____

¿Ha repetido de grado su hijo?

Lugar de nacimiento: (País) _____ (País) _____ (Estado) _____ No. de teléfono: () _____

Dirección del estudiante: (Calle) _____ (Apto. No.) _____ (Ciudad) _____ (Estado) _____ (Código postal) _____

(Marque solo si procede*)

**Si procede, complete un cuestionario sobre su residencia (704 KAR 7:090)*

(que no sea padre/tutor)

Dirección postal del estudiante: (si es diferente) _____ (City) _____ (State) _____ (Zip) _____
(Calle o apartado postal (PO Box) y No. de apto.)

Origen étnico: Su hijo es hispano/latino:

Raza del estudiante: (Marque todo lo que proceda)

Ciudadano estadounidense:

Última escuela a la que asistió: _____ Escuela de Kentucky:

Última fecha de asistencia: _____ No. de teléfono de la escuela: () _____

Dirección de la escuela: (Ciudad) _____ (País) _____ (Estado) _____

Anterior las Escuelas de Boone County asistían y años _____

- Categorías de raza/grupo étnico**
- Blanco (no hispano): persona con orígenes provenientes de cualquier de los pueblo originarios de Europa, África del Norte o del Medio Oriente.
 - Negro/afroamericano (no hispano): persona con orígenes provenientes de cualquier grupo racial negro de África.
 - Hispano/latino: persona con cultura mexicana, puertorriqueña, cubana centroamericana o sudamericana o cualquier otra cultura de origen español sin importar la raza
 - Asiático: persona con orígenes provenientes de los pueblos originarios del Lejano Oriente, el Sureste Asiático o el subcontinente indio
 - Isleño del Pacífico: persona con orígenes provenientes de cualquiera de los pueblos originarios de Hawái, Guam, Samoa u otras islas del Pacífico.
 - Indígena estadounidense o indígena de Alaska:

Padres/tutores que viven en el mismo hogar que el estudiante

Nombre legal: _____ Sufijo: _____
(Apellido) (Primer nombre)
 (Inicial del segundo nombre)
 Relación o parentesco con el estudiante: _____
 Teléfono: Casa () _____ Trabajo: () _____
 Teléfono celular: () _____ Correo electrónico: _____

Nombre legal: _____ Sufijo: _____
(Apellido) (Primer nombre)
 (Inicial del segundo nombre)
 Relación o parentesco con el estudiante: _____
 Teléfono: Casa () _____ Trabajo: () _____
 Teléfono celular: () _____ Correo electrónico: _____

Hermanos que viven en el mismo hogar que el estudiante

Nombre legal: _____ Sufijo: _____
 Fecha de nacimiento _____ Sexo: _____
 Grado: _____

Nombre legal: _____ Sufijo: _____
 Fecha de nacimiento _____ Sexo: _____ Grado: _____

Nombre legal: _____ Sufijo: _____
 Fecha de nacimiento _____ Sexo: _____
 Grado: _____

Nombre legal: _____ Sufijo: _____
 Fecha de nacimiento _____ Sexo: _____ Grado: _____

Padres/tutores que viven en una dirección diferente de la del estudiante

¿Tiene este padre/tutor custodia compartida? _____
 ¿Debe este padre/tutor recibir información escolar? _____
 ¿Tiene esta persona acceso legalmente restringido al estudiante? _____
(TIENE que suministrarse una copia de la orden judicial a la escuela.)
 Nombre legal: _____ Sufijo: _____
 Relación o parentesco con el estudiante: _____

¿Tiene este padre/tutor custodia compartida? _____
 ¿Debe este padre/tutor recibir información escolar? _____
 ¿Tiene esta persona acceso legalmente restringido al estudiante? _____
(TIENE que suministrarse una copia de la orden judicial a la escuela.)
 Nombre legal: _____ Sufijo: _____
 Relación o parentesco con el estudiante: _____

Servicios especiales

- ¿Tiene este estudiante necesidades especiales o recibe servicios de educación especial?
- ¿Tiene este estudiante un plan 504?
- ¿Recibe este estudiante servicios del habla?
- ¿Ha sido este estudiante formalmente identificado como superdotado/talento?

Transporte

- Transporte principal a la escuela (marque todo lo que proceda):
- Transporte proporcionado por las escuelas del distrito de Boone:

Idioma

- ¿Es el inglés el idioma que **más** se habla en la casa? ___ Sí ___ No, ¿en qué idioma? _____
- ¿Aprendió su hijo inglés cuando **comenzó** a hablar? ___ Sí ___ No, ¿en qué idioma? _____
- Habla su hijo **principalmente** inglés en casa? ___ Sí ___ No, ¿en qué idioma? _____
- ¿Se le habla al niño **principalmente** en inglés en la casa? ___ Sí ___ No, ¿en qué idioma? _____

(Si en alguna de las preguntas anteriores se responde que hay un idioma distinto del inglés, complete la encuesta sobre el idioma que se habla en casa)

Información médica

Enumere e identifique los trastornos de salud (tales como alergias graves, afecciones médicas crónicas y/o alergias a medicamentos):

*Conforme al reglamento estatal, todo estudiante con un trastorno de salud (como asma, alergias, diabetes, ataques, etc.) deben estar registrados en un plan de salud. Para mayor información, comuníquese con la enfermera de la escuela o con el trabajador de salud.

Medicamentos habituales: _____ Dosis: _____

Debe estar en el expediente un formulario de "autorización para suministrar medicamentos" para que se pueda dar un medicamento a un estudiante durante la jornada escolar.

Nombre del médico _____ Teléfono: _____

Le doy a los funcionarios de la escuela permiso para que se comuniquen con el proveedor de servicios de salud designado:

(Firma del padre/tutor)

Información en caso de emergencia

De ser necesario, ¿a qué hospital debe llevarse al estudiante?

Si EN UNA EMERGENCIA no fuera posible comunicarse con el padre/tutor, llamen y/o dejen a mi hijo con una de las siguientes personas:

Nombre: _____ Relación o parentesco con el estudiante _____ Número de teléfono: _____

Nombre: _____ Relación o parentesco con el estudiante _____ Número de teléfono: _____

En caso de que haya alguien a quien **NO SE LE PERMITA** acceso al estudiante, escriba su nombre y relación o parentesco: (

FIN) que proporcionarse la documentación legal

Nombre: _____ Relación o parentesco con el estudiante

La escuela no se responsabiliza de los estudiantes que tienen la autorización de sus padres para abandonar la escuela durante el horario escolar o de los estudiantes de

la escuela primaria o intermedia que tienen la autorización de sus padres para regresar por sí mismos a casa después de la escuela.

Si se hacen cambios durante el año, comuníquese INMEDIATAMENTE con la oficina de la escuela.

Firma del padre/tutor _____ Fecha: _____

Revisado 02/2016

<p>Para uso exclusivo de la oficina</p> <p>Matrícula nueva _____</p> <p>Matrícula revisada _____</p>

ESCUELA DEL CONDADO DE BOONE
Formulario del transporte de estudiantes

Nombre de la escuela: _____ Código: _____ Año escolar: _____

Nombre del estudiante: _____ Fecha de nacimiento _____

Sexo: _____ Grado: _____

Dirección particular:

Dirección postal: _____

Ciudad/estado/código postal: _____

Padre/tutor: _____ Relación o parentesco: _____

Teléfono particular: _____ Teléfono celular: _____

Contacto en caso de emergencia:

Nombre del contacto: _____

Relación o parentesco: _____

Teléfono particular: _____ Teléfono celular: _____

Lugar alternativo para recoger y/o dejar al estudiante:

* Si el lugar para recoger/dejar al estudiante es distinto a la dirección particular, complete la siguiente información:

Todos los lugares alternativos deben estar dentro del límite de la escuela. Se designarán como el lugar autorizado para recoger y dejar al estudiante, con la aprobación del distrito y no se sujetarán a cambios.

Lugar para recoger al estudiante: _____

Lugar para dejar al estudiante: _____

Firma del padre/tutor: _____

Información del autobús del estudiante

A ser completado por un funcionario de la escuela

Información para recoger al estudiante en la mañana (AM):

Autobús # _____ Lugar de la parada: _____

Información para dejar al estudiante en la tarde (PM):

Autobús # _____ Lugar de la parada: _____

Deberá llenarse este formulario por completo y entregarse en la oficina de la escuela junto con la demás documentación de matrícula.



Commonwealth of Kentucky
Kentucky Department of Education
Boone County Board of Education
Adjudication/Expulsion Affidavit

K.R.S. 158.000 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration.

In compliance with that requirement, I swear or affirm that I am the parent or legal guardian of _____ who:

Student Name

1. _____ Was adjudicated guilty and/or
2. _____ Was previously expelled from _____ private or public school, either in state or out-of-state and/or
3. _____ Was disciplined for a violation of state law or school regulation relating to weapons, alcohol or drugs.
4. _____ Has never been adjudicated guilty or previously expelled or disciplined for violation of K. R. S. 158.000 as mentioned above.

The facts are as follows:

(Please attach a separate sheet as needed.)

I swear or affirm that, to the best of my knowledge and belief, the statements and information contained herein are true, factual and complete.

Affiant, Parent/Guardian

Date

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____

Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____

Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight _____ BMI: _____ BMI% _____ B/P: _____

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
 Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
 Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
 Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
 Abdomen Normal Abnormal _____ Refer/Tx: _____
 Scoliosis assessment Normal Abnormal _____ Refer/Tx: _____

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: _____

Date of Vision Examination: _____

IDENTIFYING INFORMATION

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

CASE HISTORY

Date of Exam: _____

Ocular History: Normal or Positive for: _____

Medical History: Normal or Positive for: _____

Drug Allergies: NKDA or Allergic to: _____

Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Diabetes

Other: _____

Other Pertinent Information: _____

Refraction with cycloplegic? (Please indicate one.) YES NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)			
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence			
Color Vision			

Diagnosis:

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations:

1 Glasses prescribed: YES NO

2 _____

3 _____

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: _____
Optometrist/Ophthalmologist

Date: _____

Address: _____

Telephone: () _____

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Student Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div>		Test Type (check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam
Birth date: ____ / ____ / ____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female		Screener's Name: _____ Screener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____
Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Name Relationship </div>		
Address: _____ City: _____		
Phone Number: _____ School: _____ Date of Exam/Screening ____ / ____ / ____		
Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	Professional affiliation: (Please check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> LHD Registered Nurse with KIDS Smiles training <input type="checkbox"/> APRN <input type="checkbox"/> Physician
Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	Treatment Urgency: (Check one) <input type="checkbox"/> 0 No obvious problem <input type="checkbox"/> 1 Early dental care needed <input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked.	

Appendix D – Prior Setting Form

Kindergarten Prior Setting Data
Fall _____

Dear Parent/Guardian;

School readiness for all children is critical to the success of students. Kentucky is focused on ensuring that all young children who enter kindergarten are ready to grow, ready to learn and ready to succeed. One way that our district can support our families, stakeholders and community partners with promoting school readiness is by learning more about the early care settings our children have experienced before they enter school.

Our district is required, as part of 704 KAR 5:070, to collect information about where your child received early care services for the **12 months** prior to coming to kindergarten. There are five basic categories of care that children may receive before entering kindergarten:

State-funded preschool: Children who attend the state-funded preschool program, which, as defined in 704 KAR 3:410, provides preschool services to at-risk 4-year-olds and 3- and 4-year-olds with identified special needs.

Head Start: Children who attend Head Start, which provides early childhood services to 3- and 4-year-old children who are at risk.

Child care: Children who attend any child care or private preschool setting that is licensed by the Division of Regulated Child Care. This includes Type 1, Type 2 and Family Certified Homes.

Home: A child who is at home with a parent/guardian before entering school.

Other: A child receiving care from one of the following:

- a family member, such as a grandparent, aunt, uncle, sibling
- a private sitter, who is not certified, such as a neighbor, nanny or other
- other early childhood setting that does not meet the above definitions

On the attached form, please provide the following information in the fields that are applicable to your child's **previous 12 months**. There may only be one prior setting your child participated in, or there may be multiple settings. If you need more space than is provided for any category, please provide the information on the back of the document.

1. Child's name: last, middle initial, first name
2. Child's date of birth (month, day, year)
3. Child's street address, including city, state, zip code
4. Prior Setting Information: Where has the child received early care services within the last 12 months? You may choose more than one option, if necessary. For example, your child may have had a change in care within the last 12 months. You would also need to choose more than one setting if your child attended a half-day program, then spent the other half-day at a child care facility, babysitter or at home.

If you have questions about prior setting information, please ask your child's teacher or office manager for clarification. We look forward to working with your family to ensure your child's success throughout kindergarten and beyond.

Sincerely,
District/School Staff

Kindergarten Enrollment Prior Setting Data

Name: _____ Date of Birth: _____

Address: _____

Please provide information about every early care setting your child attended during the year prior to kindergarten. **Fill out a new box for each location.**

Setting 1: State-funded preschool Head Start Child Care Home Other (circle one) Facility/School Name: _____ Address: _____ Start Date: _____ End Date: _____
Setting 2: State-funded preschool Head Start Child Care Home Other (circle one) Facility/School Name: _____ Address: _____ Start Date: _____ End Date: _____
Setting 3: State-funded preschool Head Start Child Care Home Other (circle one) Facility/School Name: _____ Address: _____ Start Date: _____ End Date: _____
Setting 4: State-funded preschool Head Start Child Care Home Other (circle one) Facility/School Name: _____ Address: _____ Start Date: _____ End Date: _____
Setting 5: State-funded preschool Head Start Child Care Home Other (circle one) Facility/School Name: _____ Address: _____ Start Date: _____ End Date: _____



BOONE COUNTY SCHOOLS

PARENTAL CONSENT FOR RECORD RELEASE

To Principal of: _____
(Name of School)

(Address)

(City, State, Zip)

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

You are authorized to:

- Release the checked information
- Release all information

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

To: _____

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



Statement of Non-Disclosure
Of
Social Security Number

Date: _____

Parent/Guardian Name: _____

Address: _____

School Attending: _____

Student Name: _____ DOB: _____

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child's Social Security Card to the Boone County School District. By signing this waiver your child **will not be eligible** for the **Kentucky Educational Excellence Scholarship funds** for their college education.

I also understand that any programs requiring my child's SS# for participation, within the Boone County School District and/or the Kentucky Department of Education, will not be available to my child.

Parent Signature _____

DATE: _____



Boone County Schools
Permission to Videotape/Photography/Publish
2016-2017

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, publishing pictures in yearbooks, event programs and newsletters, or on the school or District Web site.

Please review this form carefully, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during the special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, **you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.**

As the parent(s)/guardians(s) of _____, I/we give the
Student's Name

Boone County School District permission to release my/our child's name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (***Please print.***) _____

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Principal/Designee's Signature

Date