

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

_____ Home Language Survey

_____ 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

2020-2021 Boone County Schools Student Enrollment/Emergency Information

Office Use Only
School: _____
Start Date: _____
Teacher: _____

Legal Name of Student (Please Print) _____
(Last) (First) (Middle) Suffix _____
(Last) (First) (Middle) (Jr., III, etc)

Grade: _____ Date of Birth: _____ Male Female SS# (Optional) _____
 Has your child repeated a grade? Yes No If yes, which grade? _____

Birthplace: (Country) _____ (County) _____ (State) _____ Phone #: () _____

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____
 (Check only if applicable*) Shelter Motel House or apartment shared with friends or family members Friends/Family member
**If applicable, please complete a Residency Questionnaire (704 KAR 7:090)* (other than parent/guardian)

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
(Street or PO Box and Apt #)

Ethnicity: Is your child Hispanic/Latino: Yes No
 Student Race: (Check all that apply) White Black or African American Asian Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native
 U.S. Citizen: Yes No If no, country of residence: _____ Migrant Immigrant Refugee: (Country) _____

Last School Attended: _____ Kentucky School: Yes No
 Last Date Attended: _____ School Telephone #: () _____
 School Address: (City) _____ (County) _____ (State) _____
 Prior Boone County Schools attended and years: _____

Parents/Guardians Living in Same Household as Student

Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____	Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small> Relationship to Student: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____
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Siblings Living in Same Household as Student

Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____
Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____

Parents/Guardians Living at an Address Different from Student

Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small> Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____
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Special Services

Does this student have special needs, or receive special education services? Yes No
 Does this student have a 504 plan? Yes No Does this student receive Title I services? Yes No
 Does this student receive services for speech? Yes No
 Has this student been formally identified as Gifted/Talented? Yes No

Transportation

Primary Transportation to School (check all that applies): Car Rider Walker School Bus Bus #: _____ (assigned by school district staff)
 Transportation by BCS: A.M. P.M. Both A.M. & P.M. More Than 1 Mile Less Than 1 Mile None Daycare: _____

Medical Information

List and identify health conditions (such as severe allergies, chronic medical conditions, and/or allergies to medications): _____

*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a health care plan on file. For more information, please contact the school Nurse or Health Clerk.

Regular Medication: _____ Dosage: _____
 An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

Physician Name: _____ Telephone: _____

I give school officials permission to contact the named Health Care Provider: _____
 (Parent/Guardian Signature)

Emergency Information

If needed, what hospital should this student be taken to? _____

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship to student _____ Telephone No: (____) _____

Name: _____ Relationship to student _____ Telephone No: (____) _____

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

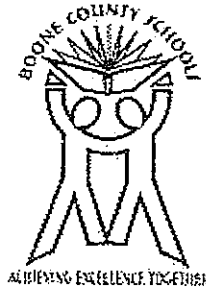
Name: _____ Relationship to student _____

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____

Office Use Only	
New Enrollment	_____
Revised Enrollment	_____
Office Personnel	_____
Date	_____



Boone County Schools Permission to Videotape/Photograph/Publish

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 or fund raising 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, publication on the school or District Web site, event programs and newsletter and in school yearbooks,

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

Boone County Schools

ACKNOWLEDGEMENT OF REVIEW OF THE CODE OF CONDUCT AND ACCEPTABLE TECHNOLOGY USE PROCEDURES

Student's Name: _____

Teacher: _____

Please review the *Code of Conduct* with your child. His/her teacher has discussed it in class. The policies and regulations it references are an integral part of the daily student life, supporting a safe, responsible, respectful and secure learning environment. For each student to be successful in school, it is important to note that there will be periodic review of important sections of the *Code of Conduct* during the school year, in particular sections related to:

- *Student Expectations (page 13)*
- *Student Rights (page 22)*
- *Acceptable Technology Use (page 27)*

It is essential that the school and home work together to assure that all students meet the high expectations for behavior established in the *Code of Conduct*. This enables students to succeed in school and the community. Your support is vital to this process.

After you have read the *Code of Conduct* with your child, please sign and return the signed form to school within one month of enrollment.

As the parent(s) or guardians(s) of: _____ (Student name), we have read and discussed the *Code of Conduct and the Acceptable Technology Use procedures* with our child. We understand that the policies and regulations referenced in these documents apply to all students at all times on all Board of Education property, including in school buildings and on school grounds; in all school vehicles; and at all schools, school-related, or Board-sponsored activities, including but not limited to, school field trips and sporting events, whether such activities are held on school property or at locations off school property, including private business or commercial establishments.

We understand the expectations, rights, responsibilities and guidelines outlined within and understand that it is our responsibility to convey to our child the importance of meeting them and using the technology resources responsibly. We also agree to abide and support these rules including our use of the Infinite Campus Parent/Guardian Portal.

Boone County Schools' network communications are not private, and may be viewed by Boone County School personnel, or by someone appointed by them, to ensure that all guidelines are followed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

The Code of Conduct can be found on the district website at: www.boone.kyschools.us

PLEASE DETACH THIS FORM AND RETURN TO YOUR CHILD'S TEACHER.



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

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____ 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"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	
	Left 20/ _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	
		Hearing - Right	Passed <input type="checkbox"/>	Failed <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: _____ _____	
Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Name Relationship </div>		Phone Number: _____ Screening Date: _____ Screener's Signature: _____	
Address: _____ City: _____ Phone Number: _____ School: _____ Date of Exam/Screening ____/____/____		Professional affiliation: (Please check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse with training <input type="checkbox"/> APRN <input type="checkbox"/> Physician	
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	Comments: 	
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.		

Boone County Schools

2020-2021 Student Transportation Form

School: _____ School Code: _____ T Code _____ School Year: _____

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

Student Name: _____ D.O.B _____

CIRCLE ONE: K=ALL DAY

KA=AM KINDERGARDEN

KP= PM KINDERGARDEN

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

Home Address: _____

City/State/Zip: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

BUS TRANSPORTATION NEEDED YES ___ OR NO ___ IF YES, CHOOSE OPTION(S) BELOW

- BUS TRANSPORTATION TO SCHOOL (AM) ONLY
- BUS TRANSPORTATION FROM SCHOOL (PM) ONLY
- BUS TRANSPORTATION TO & FROM SCHOOL (AM&PM) *

**Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up
NO ALTERNATE DAYS**

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: _____

**Student Transportation Information
To be Completed by School Official Only**

AM Pick-up Information:

Bus # _____ Stop Location: _____

PM Drop-off Information:

Bus # _____ Stop Location: _____



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

- | | | | |
|--------------------------|--|--------------------------|--|
| <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: _____

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