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
   * Lease, Contract, Mortgage, Utility Bill

_____ *Prior Settings

_____ *Inclement Weather

_____ *AUP - Acceptable Use Policy

_____ *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

The Boone County School District does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age or disability in any of its educational or employment programs or activities.
Boone County Schools  
Student Enrollment/Emergency Information

Legal Name of Student (Please Print) ____________________________  ____________________________  ____________________________  Suffix

(Last)  (First)  (Middle)  (Jr., II, 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) ____________________________

(If only applicable)  □ Shelter  □ Motel  □ House or apartment shared with friends or family members  □ Friends/Family member (other than parent/guardian)

*If applicable, please complete a Residency Questionnaire (704 KAR 7:090)

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

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: ____________________________  (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: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Relationship to Student: ____________________________  ____________________________  ____________________________

Phone: Home ( ) Work: ( ) Cell Phone: ( )

E-Mail: ____________________________

Siblings Living in Same Household as Student

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Birth Date: ___________  Sex: ______  Grade: ___________

Name of Boone County School: ____________________________  ____________________________

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Birth Date: ___________  Sex: ______  Grade: ___________

Name of Boone County School: ____________________________

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Birth Date: ___________  Sex: ______  Grade: ___________

Name of Boone County School: ____________________________

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

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?  ____________________________

(A copy of the court order MUST be provided to the school.)

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Relationship to Student: ____________________________  ____________________________  ____________________________

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?  ____________________________

(A copy of the court order MUST be provided to the school.)

Legal Name: ____________________________  ____________________________  ____________________________  Suffix: ____________________________  ____________________________  ____________________________

(Last)  (First)  (Middle)

Relationship to Student: ____________________________  ____________________________  ____________________________

City: ____________________________  State: ____________________________  Zip: ____________________________

Phone: Home ( ) Work: ( ) Cell Phone: ( )

E-Mail: ____________________________
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: ____________________________________________

Language

Is English most frequently spoken in the home? □ Yes □ No, what language? __________________________
Did your child learn English when he/she first began to talk? □ Yes □ No, what language? __________________________
Does your child most frequently speak English at home? □ Yes □ No, what language? __________________________
Is English most frequently spoken to the child at home? □ Yes □ No, what language? __________________________

(If any answers above are other than English, please complete the “Home Language Survey”)

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: ________________
Commonwealth of Kentucky
Kentucky Department of Education
Boone County Board of Education

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:

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 __________
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)/guardian(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

________________________________________

Date

________________________________________

Principal/Designee’s Signature

Date

01/17
Dear Parent/Guardian:

Inclement weather conditions may cause us to dismiss early during the winter season. Please have a plan in place for early dismissal. This means that we would need to know whether or not to put your child on the bus or who would be picking them up. In order to be prepared, please complete the bottom portion of this sheet and send it back to school with your child as soon as possible.

Thank you,

Mary Goble
Principal

Child’s Name: ________________________________  Teacher: __________________________

_____ If school is dismissed early, please put my child on his/her regular afternoon bus.

_____ If school dismisses early, please DO NOT put my child on his/her regular bus. Instead, please do the following: (Please be specific and provide names and telephone numbers of the individuals who should be contacted. If this person cannot be contacted, you will be phoned at work or individuals listed on your child’s emergency card may be phoned.) I understand that I am responsible for my child’s transportation and I agree to pick them up or have them picked up promptly.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Parent/Guardian Signature: ________________________________
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. It is important to success in school that there will be periodic review of important sections of the Code of Conduct during the year, in particular sections related to:

- Student Expectations (page 11)
- Student Rights (page 20)
- Acceptable Technology Use (page 24)

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 reviewed 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 guardian(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 they and the policies and regulations they reference 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 school, 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 In3ite 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.

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

www.boone.kyschools.us→For Parents→District Code of Conduct
Boone County Schools  
HOME LANGUAGE SURVEY

Date ___________________________ School ___________________________ Grade ___________________________

Child’s Name ___________________________ _______________ ___________________________ _______________ ___________________________

First Name ___________________________ Middle Initial ___________________________ Last Name ___________________________

Parent or Guardian’s Name ___________________________ _______________ ___________________________ _______________ ___________________________

First Name ___________________________ Middle Initial ___________________________ Last Name ___________________________

Address ___________________________ ___________________________ ___________________________ ___________________________

Street ___________________________ City ___________________________ State ___________________________ Zip ___________________________

Phone Number ___________________________ ___________________________ ___________________________ ___________________________

Home ___________________________ Work ___________________________ ___________________________ ___________________________

(Month/Date/Year) ___________________________  ___________________________ ___________________________  ___________________________

1. Child’s date of birth:
   Was your child born in the United States?
   If yes, in which state?
   If no, in what other country?
   If no, date child entered the United States: ___________________________ ___________________________ ___________________________

2. Has your child attended any school in the United States for any three years during their lifetime?
   If yes, please provide school name(s), state, and dates attended:
   Name of School ___________________________ State ___________________________ Dates Attended ___________________________
   Name of School ___________________________ State ___________________________ Dates Attended ___________________________
   Name of School ___________________________ State ___________________________ Dates Attended ___________________________

3. What is the language most frequently spoken at home?

4. If available, in what language would you prefer to receive communication from the school?

5. Please check if your child is:
   A. ☐ Native American Indian
   B. ☐ Alaska Native
   C. ☐ Native Pacific Islander
   D. ☐ Native U.S. Virgin Islander

6. Is your child’s first-learned or home language anything other than English?
   ☐ Yes ☐ No

If you responded “Yes” to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside?

8. Which language did your child learn when he/she first began to talk?

9. What language does your child most frequently speak at home?

10. What language do you most frequently speak to your child?
    (Father) ___________________________ (Mother) ___________________________

11. Please describe the language understood by your child. (Check only one)
    A. ☐ Understands only the home language and no English.
    B. ☐ Understands mostly the home language and some English.
    C. ☐ Understands the home language and English equally.
    D. ☐ Understands mostly English and some of the home language.
    E. ☐ Understands only English.

Parent or Guardian’s Signature ___________________________ Date ___________________________

OFFICE USE ONLY

Student ID #: ___________________________ Date Distributed ___________________________ Date Received ___________________________

00NCLB-B1c (Rev. 03/05 US) © 2005 TransACT Communications, Inc. 379576
Boone County Schools
2018-19 Student Transportation Form

School: ___________________________ School Code: __________ T Code __________ School Year: ____________

Student Name: ___________________________________________________________ D.O.B: __________________________

Gender: _______ Grade: _______ Student ID: ___________________________ Teacher: __________________________

Circle One: 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)

ALTERNATIVE ADDRESS

Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up

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: ______________________________
Youth Leader Request to be completed during your child’s K, 2nd and 4th Grades. Thank you.

**IMPORTANT**

**VOLUNTEER BACKGROUND CHECK**
YOUTH LEADER REQUEST
Pursuant to KRS 17.160

*There is a state fee for the processing of this form of $10.00 (per person) to be made payable to New Haven Elementary who then has to pay the State through an account.

Parents: This form is a background check. It is required that all persons wanting to participate in any school activity such as: volunteering for PTA, chaperoning a field trip, participating in track and field day and other school involvement. This form requires your information not the students!

It is very important that you fill out all the grey areas of this document completely and send it back to school as soon as possible. It can take some time for the State to process these with all of the schools in the State of Kentucky.

The State should also send you a copy of your background check.

**Organization:** New Haven Elementary 10854 U.S. Highway 42 Union, KY 41091

**Contact Person:** Mary Goble

**Phone:** (859) 384-5325

**Information on Individuals Whose Records are Being Checked (PLEASE PRINT CLEARLY)**

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*This form allows for two applicants. Copies may be made for additional adults.*
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: New Haven Elementary

10854 US Hwy 42
Union, KY 41091

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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 ________________________________