WELCOME TO
OCKERMAN MIDDLE SCHOOL

The following is a list of documents required to enroll your child at Ockerman Middle School. These documents are required in addition to the Enrollment packet provided to you.

- Certified Birth Certificate
- Social Security Card (not required for enrollment, but requested)
- Current Immunization Certificate on a Kentucky Certificate
- Preventative Health Care Examination Form (provided within 30 days of enrollment date)
- Legal Custody Papers if applicable
- Proof of Residency in parent/guardian name (Lease, Mortgage Contract, Utility Bill)
- Copy of current grades/test scores from child's previous school.
  (Records will be requested but all information provided is helpful.)

WE LOOK FORWARD TO HAVING YOU HERE!
Welcome to

Ockerman Middle School

"Home of the Hawks"

School Colors: Maroon and White/Grey

We are so glad you're here!

School Begins at 7:30 a.m.
(Doors Open at 7:00 a.m.)

School Dismisses at 2:30 p.m.
(If picking up your child, please be here no later than 2:45 p.m.)

Important Phone Numbers

OMS Main Office 859-282-3240
OMS Fax Number 859-282-3242
Bus Information 859-334-4497
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 all information

__ Release the checked information below

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 a Second Language File

10. Record of Extra-Curricular Activities

11. Other (Specify) ____________________________

Release to: Ockerman Middle School
Attn: Lynda Bianchi, Registrar
8300 US Hwy 42
Florence, KY 41042
Fax # 859-282-3242
Email: lynda.bianchi@boone.kyschools.us

__________________________________
Signature of Parent or Legal Guardian

__________________________________
Address

__________________________ _________________________
Date Phone Number
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) ____________
(Street or PO Box and Apt #)

Student Mailing Address: (if different) ____________ (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: ____________ ☐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: ____________________________
(Last) (First) (M. L) ____________________________
Relationship to Student: ____________________________
Phone: Home (____) Work: (____) ____________________________
Cell Phone: (____) ____________________________
E-Mail: ____________________________

Legal Name: ____________________________ Suffix: ____________________________
(Last) (First) (M. L) ____________________________
Relationship to Student: ____________________________
Phone: Home (____) Work: (____) ____________________________
Cell Phone: (____) ____________________________
E-Mail: ____________________________

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

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

Legal Name: ____________________________ Suffix: ____________________________
Relationship to Student: ____________________________
Address: ____________________________
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: ___________________________

Revised 02/2016
Boone County Schools
2020-2021 Student Transportation Form

School: ___________________________ School Code: _______ T Code _______ Effective Date: __________________

Gender: _____ Grade: _____ Student ID: __________________________________________ Teacher: ________________

Student Name: ___________________________________________ D.O.B __________________________

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

[ ] BUS TRANSPORTATION FROM SCHOOL

[ ] BUS TRANSPORTATION TO & FROM SCHOOL

ALTERNATIVE PICKUP & DROP OFF LOCATIONS

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: ______________________________________________

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

Student Transportation Information
To be Completed by School Official Only

AM Pick-up Information:
Bus # _______________ Stop Location: ________________________________

PM Drop-off Information:
Bus # _______________ Stop Location: ________________________________

Car Rider Number __________ Daycare Name and Assigned # ______________
Ockerman Middle School
Custody Disclosure Form

Ockerman Middle School Staff is responsible for educating your child and keeping them safe while in our care, NOT for determining which parent or guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child, it is your responsibility to provide custodial documentation to the front office. NOTE: A current legal court document must be provided to ensure compliance with custody orders. Any other documentation must be reviewed and approved by the District Director of Pupil Personnel.

Please inform your child's school of changes in custodial arrangements.

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)

An educational agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State Stature, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes these rights. (Authority: 20 U.S.C. 1232g)

Please check the current custody/guardianship arrangement:

----- Parents/guardians are together residing at the same residence
----- Single Parent (father and mother are both listed on the birth certificate)
----- Single Parent (Father is not listed on the birth certificate)
----- Parents/Guardians are divorced/separated – joint custody
----- Parents/Guardians are divorced/separated – sole custody
----- Parents have never been married and have no legal documentation
----- Restricted Pickup (legal documentation must be provided)

Please check all that apply:

----- I have disclosed my current custody/guardianship arrangement.
----- I have attached a copy of legal documentation that describes custody arrangements (must have judge signature)
----- I understand that it is my responsibility to update my child's school of change in custody.

Student Name (please print) ________________________________

Signature of Parent/Guardian _______________________________ Date __________
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:

   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
School Health Services Department
8330 US 42
Florence, KY 41042

School Permission Slip
For completion of immunization records

Kentucky has a statewide Immunization registry (KYIR) that medical practices use to help keep track of their patient’s immunizations. They use this system to record vaccines given to patients and to access information about their patients’ immunization histories, including vaccines given at other medical offices. KYIR makes it easy to keep track of a patient’s Immunization status, even if the patient visits more than one medical practice. It also helps ensure doctors and nurses give the right vaccines at the right time, and allows them to remind their patients when vaccines are due or overdue.

The information in KYIR is CONFIDENTIAL—only authorized users may access the system. Authorized users include health departments, medical practices, schools, childcare facilities, WIC Programs, and health care plans.

Some records in KYIR may be incomplete or missing because an immunization was given in another state, or because the medical practice did not enter it into the system. Your child’s school wishes to help improve our community’s records by providing missing immunization information to KYIR, but requires your permission to do so, in accordance with the Family Educational Rights and Privacy Act (FERPA).

By signing below, you can make your child’s immunization history more complete, helping to ensure appropriate and timely future immunization.

Please sign this form if you agree to grant permission for your child’s school to provide your child’s immunization history to KYIR. This may include creating a new record, or updating an existing record. Please use a separate form for each additional child.

My Name: ________________________________

My Child’s Name: __________________________

My Child’s Date of Birth: ____________________

Signature: __________________________________

My Telephone Number: ____________________ Date Signed: __________________

Please submit this form to your school administrator/nurse—thank you!

Office Use Only
Name of school: ____________________________ Form Rec’d by (school staff): ________________________

Immunization history attached to form? Y or N

Date Rec’d by KYIR: ________________________ Date Entered Into KYIR: __________________________
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).

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: ____________

Revised 11/2019