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
Schools are education institutions and OMS students are expected to dress appropriately. No form of clothing or personal appearance will be allowed to interfere with the educational process or environment. School authorities may limit or prohibit any type of style of student dress, personal appearance or use of apparel, which, in the judgement of school officials, is deemed to create a disruption of the educational process or environment, including clothing that fits in an inappropriate manner.

The following attire is appropriate dress:
- Pants, jeans, or sweat pants of appropriate size and length and fitted at the waist or belted. Holes or frays in jeans below the knee ONLY.
- Skirts must be worn at waist, be knee length and no slits.
- Yoga pants, leggings, and leggings are permitted only when worn under knee-length skirts/dresses
- Collared shirts, Blouses, sweaters, sweat shirts, and hoodies (hood down) all must contain sleeves and be below the waist or belt line.
- Shoes that cover the feet completely.

The following attire is inappropriate dress:
- Pants that drag on the ground
- Oversized pants or shirts are not permitted
- Holes are frays in jeans/pants that are above the knee. This includes frayed holes or fraying above the knee.
- Breakaway pants, pajama pants, shorts or skorts will not be permitted.
- Buckles, straps, zippers, clips, chains or other objects shall not be permitted to hand from any article of clothing
- Undergarments shall not show at any time
- Clothing that displays, suggests, or promotes illegal activities, profanity, violence, controlled substances, alcohol, tobacco, discrimination, gang affiliations or sexually suggestive scenes or slogans are not permitted
- Clothing that fits in a manner that reveals or over accentuates physical features inappropriately.
- Hats, bandannas, sweatbands, or hoods shall not be worn in the building
- Coats, jackets or other outdoor wear shall not be worn in the building
- Flip-flops, sport sandals, or shower shoes shall not be worn
- Jewelry or ornamentation that is excessive, hazardous, offensive or disruptive to the educational process shall not be permitted.

Exceptions to the OMS dress code policy and implementation guidelines may be for special days with prior approval from the administration.

The school principal or assistant/vice principal shall be the sole source of interpretation of the school dress code.

Consequences: Students not complying with the school dress code will be removed from the class (unexcused) until proper clothing is obtained. If violations are persistent and/or intentional, the student will face appropriate disciplinary measures as per the Student Code of Conduct including detention, Friday School, and suspension.
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 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
**2021-2022 Boone County Schools**
**Student Enrollment/Emergency Information**

**Legal Name of Student (Please Print)**  
(Last)  
(First)  
(Middle)  
(Suffix)  

**Grade:**  
**Date of Birth:**  
**Male**  
**Female**  
**SS# (Optional)**  

**Has your child repeated a grade?**  
☐ Yes  
☐ No  
**If yes, which grade?**  

**Birthplace:**  
(Country)  
(City)  
(State)  
(Phone #: )  

**Student Address:**  
(Street)  
(Apt #)  
(City)  
(State)  
(Zip)  

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

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

**Ethnicity:**  
☐ Is your child Hispanic/Latino:  
☐ Yes  
☐ No  

**Student Race:**  
☐ White  
☐ Black or African American  
☐ Asian  
☐ Native Hawaiian or other Pacific Islander  
☐ American Indian or Alaskan Native  

**First Date of Enrollment in US schools:**  
☐ Migrant  
☐ Immigrant  
☐ Refugee: (Country)  

**Last School Attended:**  
(Kentucky School:  
☐ Yes  
☐ No  

**Last Date Attended:**  
(School Telephone #: )  

**School Address:**  
(City)  
(Country)  
(State)  
(Street)  
(Zip)  

**Prior Boone County Schools attended and years:**  

---

### Parents/Guardians Living in Same Household as Student

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>Suffix:</th>
<th>Relationship to Student:</th>
<th>Phone: Home ( ), Work ( ), Cell Phone ( ), E-Mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>(M. I.)</td>
<td></td>
</tr>
</tbody>
</table>

---

### Siblings Living in Same Household as Student

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th>Suffix:</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Grade</th>
<th>Name of Boone County School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>(M. I.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Parents/Guardians Living at an Address Different from Student

| Legal Name: | Suffix: | Relationship to Student: | Address:  
|-------------|--------|---------------------------|--------------------------------------------------|
| (Last) | (First) | (M. I.) | 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:  
|-------------|--------|---------------------------|--------------------------------------------------|
| (Last) | (First) | (M. I.) | 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 apply): □ 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 ______

Revised 02/2020
Boone County Schools
2021-2022 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: _________________________________________

Student Transportation Information
To be Completed by School Official Only

AM Pick-up Information:

Bus # ____________, Stop Location: ____________________________

PM Drop-off Information:

Bus # ____________, Stop Location: ____________________________
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
Ockerman Middle School

CUSTODY DISCLOSURE FORM

Ockerman Middle School staff is responsible for educating your student 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 statute, 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 arrangements:

☐ 1. Parents/guardians are together residing at the same residence
☐ 2. Single parent (father and mother are both listed on the birth certificate)
☐ 3. Single parent (father is not listed on the birth certificate)
☐ 4. Parents/guardians divorced/separated – joint custody
☐ 5. Parents/guardians divorced/separated – sole custody
☐ 6. Parents have never been married and have no legal papers
☐ 7. 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 those pages of the legal court documents that describe custody arrangements (must have page including judge’s signature)
☐ I understand that it is my responsibility to update my child's school of changes in custody

Student Name (please print) __________________________________________________________

__________________________________________  __________________________
Signature of Parent/Guardian                 Date
Boone County Schools
HOME LANGUAGE SURVEY

Student Name: ___________________________ Birth Date: ________________ Sex: □ Male □ Female
Parent/Guardian Name: _______________________________________________________________
Address: ________________________________________________________________
Home Telephone: ___________________________ Work Telephone: _______________________
School: ___________________________ Grade: ______________________________ Date: ______

1. What language is spoken by you and your family most of the time at home? ___________________________  

2. What language did your child learn when he/she 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? (Father) ___________________________ 
   (Mother) ___________________________  

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

6. 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

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Date Distributed</th>
<th>Date Received</th>
</tr>
</thead>
</table>

© 2020 TransACT Communications, LLC.

379370
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 patients' 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: ______________________
