



BOONE COUNTY SCHOOLS

PARENTAL CONSENT FOR RECORD RELEASE

To Principal of: _____
 _____ (Name of Previous 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) _____ |

R. A. Jones Middle School
8000 Spruce Dr.
Florence, Ky. 41042

To: _____

Fax (859) 282-2364

Annette.Ley@boone.kyschools.us

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

2021-2022 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

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) _____ (County) _____ (State) _____

Prior Boone County Schools attended and years: _____

Parents/Guardians Living in Same Household as Student

Legal Name: _____ Suffix: _____ (Last) First (M. I.)	Legal Name: _____ Suffix: _____ (Last) First (M. I.)
Relationship to Student: _____	Relationship to Student: _____
Phone: Home () _____ Work: () _____	Phone: Home () _____ Work: () _____
Cell Phone: () _____	Cell Phone: () _____
E-Mail : _____	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? _____ <small>(A copy of the court order MUST be provided to the school.)</small>	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: _____	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: _____

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

2021-2022 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) *

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 # _____

Boone County Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

1. What language did your child learn when he/she first began to talk? _____
2. What language does your child most frequently speak at home? _____
3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

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

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



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



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
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: _____