

*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
- \_\_\_\_\_ 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 NA 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*

# 2022-2023 Boone County Schools Student Enrollment/Emergency Information

<b>Office Use Only</b>
School: _____
Start Date: _____
Teacher: _____

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

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: _____ <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 \_\_\_\_\_

\*Upon enrollment, your child will be assigned a Boone County user and email account as well as a Google account. These accounts will be used for network, email, and online instructional tool access.

\*\*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**

**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

- 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: **GRAY MIDDLE SCHOOL**  
10400 U.S. 42  
UNION, KY 41091  
PH 859-384-5333 • FAX 859-384-5318

**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

# Boone County Schools

## 2022-2023 Student Transportation Form

School: \_\_\_\_\_ School Code: \_\_\_\_\_ T Code \_\_\_\_\_ School Year: \_\_\_\_\_

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

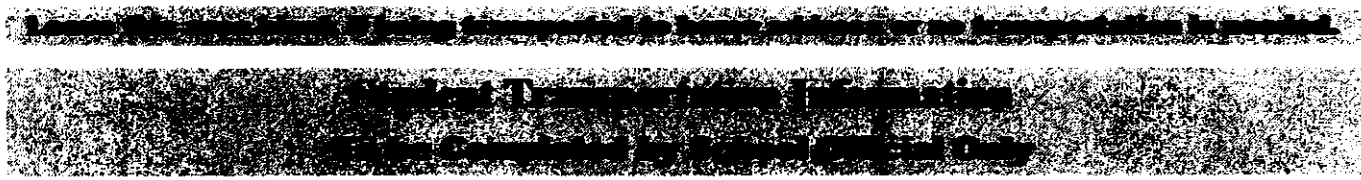
**Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up  
\*\*NO ALTERNATE DAYS\*\***

**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: \_\_\_\_\_



### AM Pick-up Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

### PM Drop-off Information:

Bus # \_\_\_\_\_ Stop Location: \_\_\_\_\_

**Car Rider Number \_\_\_\_\_ Daycare Name and Assigned # \_\_\_\_\_**



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:

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(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: \_\_\_\_\_

# Boone County Public Library Digital Access



Boone County School Libraries in collaboration with the Boone County Public Library are excited to offer your student(s) FREE Student Digital Access Cards (SDAC) that can be used to connect to all of the Library's digital materials and remote access research tools! Student Digital Access Library Cards are available exclusively to students in Boone County Schools and expire on the student's expected graduation date.

Digital materials and databases can be accessed with this card 24/7. Physical books, movies and video games cannot be checked out with Digital Access Library Cards, so parents do not have to accept responsibility for materials, worry about fines or sign an application. However, be advised that students will have access to the entire BCPL digital collection from preschool to adult.

If you would like to see the resources please visit the following: <https://www.bcpl.org/digital/> and <https://www.bcpl.org/research/>.

AS A DISTRICT WE FEEL THAT THE SDAC IS A VALUABLE RESOURCE THEREFORE EACH STUDENT WILL BE GRANTED ACCESS UNLESS A PARENT OR GUARDIAN OPTS OUT. You do not need to return this form unless you opt-out. However, if you choose to Opt-Out, you must complete the form for each child in the district.

By signing and returning this form you are opting your student out of the Student Digital Access Card from the BCPL.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_



**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:   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"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/ _____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <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: \_\_\_\_\_

This child has the following problems that may impact the educational experience:

- Vision
- Hearing
- Speech/Language
- Physical
- Social/Behavioral
- Cognitive

Specify: \_\_\_\_\_  
\_\_\_\_\_

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.
- This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) \_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATORY GUIDELINES**

Discussed and/or handout given

**SCHOOL READINESS**

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

**MENTAL HEALTH**

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

**NUTRITION AND PHYSICAL ACTIVITY**

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

**ORAL HEALTH**

- Regular dentist visits
- Brushing/Flossing
- Fluoride

**SAFETY**

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Physician/APRN/PA/EPSTDT Provider

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

	<b>OD</b>	<b>OS</b>
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(l), 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.

<p><b>Student Name:</b> _____                  Last First Middle</p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____                  Name Relationship</p> <p>Address: _____                  City: _____</p> <p>Phone Number: _____                  School: _____</p> <p>Date of Exam/Screening ____/____/____</p>		<p>Test Type (check one)</p> <p><input type="checkbox"/> Screening  <input type="checkbox"/> Exam</p>
<p><b>Screener's Name:</b> _____</p> <p>Screener's Address: _____</p> <p>Phone Number: _____ Screening Date: _____</p> <p>Screener's Signature: _____</p> <p><b>Professional affiliation: (Please check one)</b></p> <p><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</p>		<p><b>Comments:</b></p>
<p><b>Untreated Decay: (Check one)</b></p> <p><input type="checkbox"/> 0 No untreated cavities  <input type="checkbox"/> 1 Untreated cavities</p>	<p><b>Treated Decay: (Check one)</b></p> <p><input type="checkbox"/> 0 No treated cavities  <input type="checkbox"/> 1 Treated cavities</p>	<p><b>Pattern of Early Childhood Cavities: (Check one)</b></p> <p><input type="checkbox"/> 0 No Early Childhood Cavities  <input type="checkbox"/> 1 Early Childhood Cavities Present</p>
<p><b>Treatment Urgency: (Check one)</b></p> <p><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.</p>		



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: \_\_\_\_\_

## 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: \_\_\_\_\_



## 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*



In efforts to expand collaboration, encourage ingenuity, improve critical thinking and communication, Gray Middle School has assigned students individual Chromebooks. Use of these devices is a privilege that comes with responsibility and accountability. Students and Guardians are required to read, sign, and return this contract before receiving a student designated device.

**Student Chromebook Pledge**

1. I will bring my fully-charged Chromebook to school each day I am in attendance.
2. I am responsible for the care, monitoring, and protection of my Chromebook at all times.
3. I will complete any required Digital Citizenship instruction and practice it daily.
4. I understand that the Chromebook is for educational use only.
5. I will keep my Chromebook away from food and drink.
6. I will report loss, theft, and/or malfunction immediately.
7. I will not share my Student Account information with anyone.
8. I will not change the appearance of my Chromebook with drawings or stickers.
9. I will keep the Asset Tags and any barcode labels on the Chromebook.
10. I understand the Chromebook is subject to inspection at any time without notice and remains the property of the Boone County School District.
11. I will follow the policies outlined in the *Acceptable Use Policy* and *BCS Student Code of Conduct* at all times and understand I could be subject to the consequences outlined.
12. I agree to return the Chromebook and charging cord when terminating enrollment at Gray Middle School.

**Parent Chromebook Pledge**

1. I understand I am responsible for monitoring my child's online activity and device usage at home.
2. I understand that this Chromebook is designated for educational purposes; therefore, my child's actions may be cause for the removal of his/her Chromebook privileges.
3. I understand I may assume financial responsibility should my child be deemed responsible for a lost Chromebook or charger or any intentional damage. **Estimated Chromebook Cost: \$399.00, Charger Cost: \$40.00**
4. I understand that Chromebooks are district-owned devices, and all content stored on the Chromebook is subject to review at any time.

**As the parent or guardian of this student, I have read and agree to the guidelines outlined in the User Agreement and Student Chromebook Pledge, the BCS Acceptable Use Policy, and the BCS Student Code of Conduct.**

\_\_\_\_\_  
Student Name                      Grade

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Parent/Guardian (Printed)

\_\_\_\_\_  
Parent/Guardian Signature                      Date



**BOONE COUNTY SCHOOLS  
STUDENT FEES 2022-2023**

**GRADES 6 - 8**

Description	Fee Amount	Reduced Fee (30%)	Purpose of fee
<b>GENERAL INSTRUCTIONAL FEES</b>			
	\$55.00	\$16.50	Student centered instructional expenses, including technology usage and unified arts supplies. Chromebook replacement/repair. Up to 50% of fees collected should be used for chromebooks
AGENDA BOOK (when provided)	\$5.00	\$1.50	Cover expense of agenda book
WORKBOOK/DIGITAL MATERIALS (when provided)	\$10 MAXIMUM	\$3 MAXIMUM	Cover expense of workbooks/digital materials

**OTHER FEES WHERE APPLICABLE:**

SUMMER SCHOOL	\$200 MAXIMUM	\$60 MAXIMUM	Cover expense of summer instruction only in the instance that no other funds including grant funds are made available
INSTRUMENT RENTAL/REPAIR & MAINTENANCE	\$30.00	\$9.00	Instrument rental/repair & maintenance
MUSIC	\$10.00	\$3.00	Band & Chorus Needs
FIELD TRIP FEES			Cover expense of field trips
INVENTORY REPLACEMENT FEE			Lost/damaged books or school property
			<i>Varies based on cost</i>
			<i>Varies based on replacement cost of item</i>

**STUDENT ACTIVITY PARTICIPATION FEES :**

ACADEMIC TEAM	\$25.00 *	\$7.50 *	
ATHLETIC FEE: MIDDLE SCHOOL BASKETBALL **	\$30.00 *	\$9.00 *	
ATH FEE: MS CHEERLEADING/DANCE TEAM **	\$30.00 *	\$9.00 *	
ATHLETIC FEE: MIDDLE SCHOOL VOLLEYBALL **	\$30.00 *	\$9.00 *	
ATHLETIC FEE PER SPORT (High School Participation)**	\$35.00/\$50 CAP **	\$10.50/\$15 CAP **	Cover expenses of competition, uniforms, and other activity / student expenses.
CLUBS/CAMPS/EXPANDED LEARNING OPPORTUNITIES			<i>Varies based on cost of program</i>
INTRAMURAL ACTIVITIES	\$25.00 *	\$7.50 *	
SPEECH TEAM	\$25.00 *	\$7.50 *	
HIGH SCHOOL MARCHING BAND	\$600 MAXIMUM	\$180 MAXIMUM	

\*NOTE: Student Activities may also have uniform expenses in addition to the fees above.

\*\* There is an annual charge for Athletic Participation in High School Sports; this is in addition to any fees paid at the middle school level, up to cap of \$50 combined. First sport at middle school level is \$30, first sport at high school level is \$35. If a second sport is played, pay additional up to cap of \$50. If one sport is at the MS level and the second is at the HS level, additional \$20 (\$50 cap less \$30 MS fee=\$20) will be collected at the high school.

It is the responsibility of families with a status change to notify the school of a refund request.

All Fees listed are the maximum amount that can be charged by the School.

Due to individual differences and needs, items purchased may vary from classroom to classroom. To obtain a more specific list, contact the principal.

Teachers may request, on a voluntary basis, consumable items for the classroom.

No participation fee will be collected unless listed on the fee schedule approved by the Board of Education.

All fee money collected will be utilized for students this school year.

All Schools will collect all fees. All Schools will maintain student activity fees.

REFERENCE: KRS 160.290