Parent/Guardian,

The following forms are required for enrollment in Boone County Schools.

(*) Forms provided by school

(**) Forms/documentation must be provided by guardian.

Student name: ____________________________ Grade: ____________

Date of Registration: ________ Previous School _________________________

** Kentucky Immunization Certificate

** Proof of Residence (TWO FORMS, ONE BEING A UTILITY BILL)

Driver license, lease, contract, mortgage

** Legal Custody Papers (if applicable)

** Birth Certificate

** Social Security Card

** Physical Exam

** Transcript of Grades

** Withdrawal Paper from previous school

* Student Enrollment Form

* Transportation form if riding bus

* Student Home Language Form (If any other than English)

* Records Request Letter

* KRS 158.000 Form

* Gifted/Talented Form (indicate on enrollment form)

* Special Education Form (indicate on enrollment form)

Boone County Board of Education provides equal employment and educational opportunities.

www.cooper.boone.kyschools.us
STUDENT RECORDS REQUEST

Date: _______________

To Principal of: ______________________________________________________

(Name of School)

__________________________________________

(Address)

__________________________________________

(City, State, Zip)

Re: Student Name: ________________________________________________

Grade Level: ________ Social Security # ____________________________ D.O.B. ________________

The above named student has enrolled in Cooper High School. Please forward the information requested below as soon as possible.

______ Official transcript listing grades and credits earned

______ 8th Grade transcript listing high school credits earned

______ Copy of withdrawal form with grades

______ Copy of report card for last completed grade period

______ Attendance for current and past year

______ Special Education records

______ Gifted and Talented Program

______ Copy of grade scale

______ Health/Immunization

______ Test Scores

______ Discipline records

______ Writing / Working Portfolio

______ Student Career/Transition Plan

______ All of the above

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final rule on Educational Records, Federal Registrar, June 7, 1976, Vol. 41, No. 118, Page 24673.)

Your immediate attention to this request will be appreciated. You may keep this request form in the student’s permanent record folder for your records.

Please direct all records to:

COOPER HIGH SCHOOL
JOY APPelman, REGISTRAR
2855 LONGBRANCH ROAD, UNION, KY 41091
PHONE 859-384-5040 FAX 859-384-8500

Boone County Board of Education provides equal employment and educational opportunities.

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Boone County Schools
Student Enrollment /Emergency Information
2020-21

Legal Name of Student (Please Print) ____________________________ (Last) (First) (Middle) (Ii, iii, etc) Suffix

Grade: ______ Date of Birth: ___________ □ Male □ Female SS# (Optional)

Birthplace: (Country) ____________ (County) ____________ (State) ____________

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

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

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 □ Migrant □ Immigrant □ Refugee: (Country)

U.S. Citizen: □ Yes □ No If no, country of residence: ____________________________

Last School Attended: ____________________________

Last Date Attended: ____________________________

School Address: (City) ____________________________ (State) ____________________________

Kentucky School: □ Yes □ No School Telephone #: ____________________________

Parents/Guardians Living in Same Household as Student

Legal Name: ____________________________ Suffix: ____________________________

Relationship to Student: ____________________________

Phone: Home: (____) Work: (____) Cell Phone: (____) E-Mail: ____________________________

Place of Employment: ____________________________

Occupation: ____________________________ DOB: ____________________________

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: ____________________________

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? ____________

Legal Name: ____________________________ Suffix: ____________________________

Relationship to Student: ____________________________

Address: ____________________________ State: ____________ Zip: ____________

Phone: Home: (____) Work: (____) Cell Phone: (____) E-Mail: ____________________________

Place of Employment: ____________________________ DOB: ____________________________

Does this parent/guardian have joint custody? ____________________________

Should this parent/guardian receive school information? ____________ Is this person legally restricted access to this student? ____________

Legal Name: ____________________________ Suffix: ____________________________

Relationship to Student: ____________________________

Address: ____________________________ State: ____________ Zip: ____________

Phone: Home: (____) Work: (____) Cell Phone: (____) E-Mail: ____________________________

Place of Employment: ____________________________ DOB: ____________________________
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 1 services? □ 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

What is the language most frequently spoken at home? ____________________

Which language did this student learn when he or she first began to talk?______

What language does this student most frequently speak? ____________________

What languages do the parents of this student speak?
(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: ____________

Office Use Only

New Enrollment
Revoked Enrollment
Office Personnel
Date
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 # ____________
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
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) ___________________________ (Month/Date/Year) ___________________________

1. Child's date of birth:
Was your child born in the United States? ☐ Yes ☐ No
If yes, in which state?
If no, in what other country?
If no, date child entered the United States: ___________________________
(Month/Date/Year) ___________________________

2. Has your child attended any school in the United States for any three years during their lifetime? ☐ Yes ☐ No
If yes, please provide school name(s), state, and dates attended:
Name of School ___________________________
Name of School ___________________________
Name of School ___________________________
State ___________________________ Dates Attended ___________________________
State ___________________________ Dates Attended ___________________________
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. 379370
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: __________