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 #4 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

The Boone County School District does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age or disability in any of its educational or employment programs or activities.
# Boone County Schools
## Student Enrollment/Emergency Information

**Legal Name of Student**: 

**Grade**: 

**Date of Birth**: 

- **Male** 
- **Female** 

- **SSN (Optional)** 

**Has your child repeated a grade?**  
- **Yes** 
- **No** 

**Birthplace**: 

- **(Country)** 
- **(State)** 
- **(Zip)** 

**Student Address**: 

- **(Street)** 
- **(City)** 
- **(State)** 
- **(Zip)** 

**Student Mailing Address**: 

- **(Street or PO Box and Apt #)** 
- **(City)** 
- **(State)** 
- **(Zip)** 

**Ethnicity**: 

- **Yes**  
- **No**  

**Race**: 

- **White**  
- **Black or African American**  
- **Asian**  
- **Native Hawaiian or Other Pacific Islander**  
- **American Indian or Alaskan Native**  

**U.S. Citizen**: 

- **Yes**  
- **No** 

**Last School Attended**: 

**Last Date Attended**: 

**School Address**: 

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

<table>
<thead>
<tr>
<th>Parents/Guardians Living in Same Household as Student</th>
</tr>
</thead>
</table>
| **Legal Name**: 
  - **(Last)** 
  - **(First)** 
  - **(Middle)** |
| **Suffix**: |
| **Relationship to Student**: |
| **Phone**: 
  - **Home ( )** 
  - **Work ( )** |
| **Cell Phone ( )** |
| **E-Mail**: |

<table>
<thead>
<tr>
<th>Siblings Living in Same Household as Student</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Name</strong>:</td>
</tr>
<tr>
<td><strong>Suffix</strong>:</td>
</tr>
<tr>
<td><strong>Birth Date</strong></td>
</tr>
<tr>
<td><strong>Sex</strong>:</td>
</tr>
<tr>
<td><strong>Grade</strong>:</td>
</tr>
<tr>
<td><strong>Name of Boone County School</strong>:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parents/Guardians Living at an Address Different from Student</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Name</strong>:</td>
</tr>
<tr>
<td><strong>Suffix</strong>:</td>
</tr>
<tr>
<td><strong>Relationship to Student</strong>:</td>
</tr>
</tbody>
</table>
| **Address**: 
  - **City**: 
  - **State**: 
  - **Zip**: |
| **Phone**: 
  - **Home ( )** 
  - **Work ( )** |
| **Cell Phone ( )** |
| **E-Mail**: |

**School**: 

**Start Date**: 

**Teacher**: 

**Office Use Only**: 

**Race**: 

- **White**  
- **Black or African American**  
- **Asian**  
- **Native Hawaiian or Other Pacific Islander**  
- **American Indian or Alaskan Native**  

- **Migrant**  
- **Immigrant**  
- **Refugee (Country)**  

- **No** 

**Kentucky School**: 

**School Telephone**: 

<table>
<thead>
<tr>
<th>Does this parent/guardian have joint custody?</th>
<th>Does this parent/guardian have joint custody?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Should this parent/guardian receive school information?</strong></td>
<td><strong>Should this parent/guardian receive school information?</strong></td>
</tr>
<tr>
<td><strong>Is this person legally restricted access to this student?</strong></td>
<td><strong>Is this person legally restricted access to this student?</strong></td>
</tr>
<tr>
<td><strong>(A copy of the court order MUST be provided to the school)</strong></td>
<td><strong>(A copy of the court order MUST be provided to the school)</strong></td>
</tr>
<tr>
<td><strong>Legal Name</strong>:</td>
<td><strong>Legal Name</strong>:</td>
</tr>
<tr>
<td><strong>Suffix</strong>:</td>
<td><strong>Suffix</strong>:</td>
</tr>
<tr>
<td><strong>Relationship to Student</strong>:</td>
<td><strong>Relationship to Student</strong>:</td>
</tr>
</tbody>
</table>
| **Address**: 
  - **City**: 
  - **State**: 
  - **Zip**: | **Address**: 
  - **City**: 
  - **State**: 
  - **Zip**: |
| **Phone**: 
  - **Home ( )** 
  - **Work ( )** | **Phone**: 
  - **Home ( )** 
  - **Work ( )** |
| **Cell Phone ( )** | **Cell Phone ( )** |
| **E-Mail**: | **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: ____________

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
2018-19 Student Transportation Form

School: ___________________ School Code: _______ T Code _______ School Year: __________

Student Name: ___________________________ D.O.B __________________________

Gender: _______ Grade: _______ Student ID: ___________________________ Teacher: __________________________

Circle One: KA = AM Kindergarten KP = PM Kindergarten

All students will be routed to their home address unless an alternative address is provided.

Home Address: ____________________________________________________________

City/State/Zip: _____________________________________________________________

Parent/Guardian: ___________________________ Phone: __________________________

Emergency Contact: ___________________________ Phone: __________________________

☐ NO BUS TRANSPORTATION NEEDED
Car Rider Number _________ Daycare Name and Assigned # __________________________

☐ DAY CARE TRANSPORTS? YES _______ NO ________

☐ AM TRANSPORTATION ONLY

☐ PM TRANSPORTATION ONLY

☐ AM & PM TRANSPORTATION NEEDED

☐ ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED [Must be inside school boundaries]

ALTERNATIVE ADDRESS

Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up

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 Bus Information
To be completed by School Official

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
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: ________________________________
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 (within 12 months prior to initial admission to school and within one (1) year prior to entry or sixth grade. Local school boards may extend this time to not exceed two (2) months. (702 KAR 1:60)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION
Student Name: ___________________________ Gender: M F Grade: ___________________________
Date of Birth: ________________ Age: _____ yrs _____ months Preferred Language: ___________________
Parent or Guardian Name: ___________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, KDHE 210.

MEDICAL HISTORY
Allergies: ________________________________________________________________

Current Prescribed Medications to be taken daily at school: ________________________________

Significant Historical Information: ________________________________________________

SCREENING RESULTS:

Height: ________ ft _______ inches

Weight ___________________________ BMI: ___________________________ BMI%: ________

Vision

Right 20/20

Left 20/20

Passed

Failed

Refused

Hearing - Right

Hearing - Left

Passed

Failed

Refused

Options: Infection/Hair: ___________________________

Leash: ___________________________

Urinalysis: ___________________________

Gross dental (teeth and gum) □ Normal □ Abnormal Refer/Ref:

Head/Neck/Spine □ Normal □ Abnormal Refer/Ref:

Eyes/Ears/Nostrils/Throat □ Normal □ Abnormal Refer/Ref:

Chest/Lungs/Heart □ Normal □ Abnormal Refer/Ref:

Asthma □ Normal □ Abnormal Refer/Ref:

Social skills assessment □ Normal □ Abnormal Refer/Ref:

(Over)
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 restrictions/adaptations. (Specify reason and restrictions)

ANTICIPATORY GUIDELINES

Discuss 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 teasing not punishment
  - Limit TV, computer

☐ NUTRITION AND PHYSICAL ACTIVITY
  - Healthy weight
  - Well-balanced diet, including breakfast
  - Fruits, vegetables, whole grains, dairy

☐ ORAL HEALTH
  - Regular dentist visits
  - Brushing/Flossing
  - Fluoride

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

Additional comments or recommendations:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signed: ___________________________  Date: ___________________________

Physician/ APRN/ PA/ EPSDT Provider  Telephone: ___________________________

Address: ___________________________
KDE/DSS
Kentucky Eye Examination Form for School Entry
KUHS004

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: Normal or Allergic to: __________________________

Family Ocular and Medical History: □ Amblyopia □ Strabismus □ Glaucoma □ Diabetes

Other: __________________________________________

Other Pertinent Information: __________________________________________

Refraction with cycloplegic? (Please indicate one.) □ YES □ NO

<table>
<thead>
<tr>
<th>Unaided Acuity</th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Corrected Acuity</td>
<td>20/20</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Examination</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Notable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Exam (eye and adnexa)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Exam (cornea, iris, fundus, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Integrity (pupils)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binocular Function (accordvance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation and Convergence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosis:

□ Normal □ Myopia □ Hyperopia □ Astigmatism □ Strabismus □ Amblyopia

Other: __________________________________________

Recommendations:

1. Glasses prescribed: □ YES □ NO

Other: __________________________________________

Age appropriate and suggested anticipatory guidance (health assessment):

□ 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: __________________________ Date: __________________________

Optometrist/Ophthalmologist

Address: __________________________________________ Telephone: ( )
Kentucky law, KRS 156.160(f), 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.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Test Type (check one)</th>
</tr>
</thead>
</table>
| Last First Middle | □ Screening  
 | | □ Exam |
| Birth date: | Gender: □ 0 Male □ 1 Female |
| Parent or Guardian: | Screener’s Name: |
| Name | Screener’s Address: |
| Relationship | screener’s Signature: |
| Address: | Phone Number: Screening Date: |
| City: | |
| Phone Number: | Date of Exam/Screening |
| School: | |

<table>
<thead>
<tr>
<th>Untreated Decay: (Check one)</th>
<th>Treated Decay: (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 No untreated cavities</td>
<td>□ 0 No treated cavities</td>
</tr>
<tr>
<td>□ 1 Untreated cavities</td>
<td>□ 1 Treated cavities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pattern of Early Childhood Cavities: (Check one)</th>
<th>Treatment Urgency: (Check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 0 No Early Childhood Cavities</td>
<td>□ 0 No obvious problem</td>
</tr>
<tr>
<td>□ 1 Early Childhood Cavities Present</td>
<td>□ 1 Early dental care needed</td>
</tr>
<tr>
<td></td>
<td>□ 2 Referral for Urgent Care</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

OH-12
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 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. BSS File

☐ 9. Limited English Proficiency/English as Second Language File

☐ 10. Record of Extra-Curricular Activities

☐ 11. Other (Specify) __________________________________________

To: __________________________________________

__________________________________________

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 ___________________
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
Permission to Videotape/Photography/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 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, publishing pictures in yearbooks, event programs and newsletters, or on the school or District Web site.

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)/guardian(s) of __________________________________________, I/we give the 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

Revised 2/2008