

2018-2019 Boone County Schools

Student Enrollment/Emergency Information

Office Use Only
 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) _____

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 (other than parent/guardian)
**If applicable, please complete a Residency Questionnaire (704 KAR 7:090)*

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

There are no changes to student's address or phone number. Parents/Guardians, please initial here _____

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

U.S. Citizen: Yes No If no, country of residence: _____ Migrant Immigrant Refugee: (Country) _____

Last School Attended: _____ Kentucky School: Yes No

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

School Address: (City) _____ (County) _____ (State) _____

Race/Ethnic Group Categories

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black/African American (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic/Latino-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian-A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Pacific Islander-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North & South America and who maintains culture identification through tribal affiliation or community attachment.

Parents/Guardians Living in Same Household as Student

Legal Name: _____ (Last) _____ (First) _____ (M. I.) DOB: _____

Relationship to Student: _____

Phone: Home (_____) _____ Work: (_____) _____

Cell Phone: (_____) _____

E-Mail: _____

Legal Name: _____ (Last) _____ (First) _____ (M. I.) DOB: _____

Relationship to Student: _____

Phone: Home (_____) _____ Work: (_____) _____

Cell Phone: (_____) _____

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? _____
 (A copy of the court order MUST be provided to the school.)

Legal Name: _____ DOB: _____

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? _____
 (A copy of the court order MUST be provided to the school.)

Legal Name: _____ DOB: _____

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: _____

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: _____

Office Use Only	
New Enrollment	_____
Revised Enrollment	_____
Office Personnel	_____
Date	_____