



HOUSEHOLD ENROLLMENT FORM

Household Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____

Household Phone Number: (_____) _____

Check only if applicable: Shelter Motel House or apartment shared with friends or family members

Mailing Address: (if different) _____

Apt #: _____ City: _____ State: _____ Zip: _____

STUDENT - LIVING AT THIS ADDRESS WITH GUARDIANS LISTED BELOW:

Last: _____ First: _____ Middle: _____

Birth Date: _____ Birthplace (County): _____ (State): _____ Gender: F M

Grade Level: _____ Social Security #: _____ - _____ - _____ (optional)

Previous School: _____

PARENT(S)/GUARDIAN(S) - LIVING AT THIS ADDRESS WITH STUDENT:

Last: _____ First: _____ Middle: _____

Gender: F M Email: _____

Cell Phone: _____ Other Phone: _____ Work Phone: _____

Relationship(s): Parent Step-Parent Foster Parent Legal Guardian: (specify relationship) _____

Parent Portal Access: Yes No

Last: _____ First: _____ Middle: _____

Gender: F M Email Address: _____

Cell Phone: _____ Other Phone: _____ Work Phone: _____

Relationship(s): Parent Step-Parent Foster Parent Legal Guardian - Specify relationship _____

Parent Portal Access: Yes No

SIBLINGS OR OTHER FAMILY/FRIENDS LIVING IN SAME HOUSEHOLD ATTENDING BOYLE COUNTY SCHOOLS

Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade: _____ School: _____

Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade: _____ School: _____

Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade: _____ School: _____

Last: _____ First: _____ Middle: _____

Birthdate: _____ Gender: F M Grade: _____ School: _____

PARENT(S)/GUARDIAN(S) NOT LIVING WITH STUDENTS (example: joint custody)

Last: _____ First: _____ Middle: _____
 Household Phone Number: (_____) _____ Email: _____
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Other Phone: _____ Work Phone: _____
 Relationship(s): Parent Step-Parent Foster Parent Legal Guardian: (specify relationship) _____
 Parent Portal Access: Yes No

Last: _____ First: _____ Middle: _____
 Household Phone Number: (_____) _____ Email: _____
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Cell Phone: _____ Other Phone: _____ Work Phone: _____
 Relationship(s): Parent Step-Parent Foster Parent Legal Guardian: (specify relationship) _____
 Parent Portal Access: Yes No

EMERGENCY CONTACTS - OTHER THAN GUARDIANS

Primary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone		Other Phone		Work Phone
Secondary Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone		Other Phone		Work Phone
Third Contact Last Name	First Name	Middle Name	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Relationship to Student
Cell Phone		Other Phone		Work Phone

EARLY RELEASE DUE TO WEATHER OR OTHER SCHOOL EVENT:

In the event of early release due to inclement weather or other school event, please indicate what your child is to do.

Check One: Use Regular Transportation or Other: (please specify) _____

LEGAL ISSUES: Is there anyone NOT ALLOWED to have contact with this student? If so, please list their name and relationship to student (legal documentation must be provided to the school).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

TRANSPORTATION: Primary **AFTERNOON** transportation (check one): Bus Rider Car Rider Other

Car Rider ONLY: Car Tag Number (elementary only): _____

My Child Rides the Bus: Once Daily or Twice Daily Over 1 Mile AM BUS # _____ PM BUS # _____

IF THERE ARE ANY CHANGES MADE DURING THE YEAR, PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY.

How would you rate your home internet? Reliable OK Poor None

Has your child ever been identified in the Gifted and Talented Program? Yes No

Do you give permission for your child to participate in health screenings (vision, hearing, scoliosis, lice, BMI, etc.)? Yes No

Do you give permission for Boyle County Schools to photograph and record your child during school-related activities for use in audio, video, digital and printed school communication materials? Yes No

LIMITED ENGLISH PROFICIENCY/ENGLISH LANGUAGE LEARNER (LEP/ELL)

Has your child ever participated in the LEP/ELL program? Yes No

What is the language most frequently spoken at home? _____

What language did your child learn while he/she first began to talk? _____

What language does your child most frequently speak at home? _____

Father: What language do you most frequently speak to your child? _____

Mother: What language do you most frequently speak to your child? _____

NOTICE OF ASBESTOS RE-INSPECTIONS

Inspections of each school building for asbestos-containing building materials were completed in December of 2017. The inspection findings and asbestos management plans are on file in each school's administrative office. Anyone is welcome to view these during normal school hours. Please contact Chris Holderman, Assistant Superintendent, at 859.236.6634 with any questions.

The Boyle County school system provides pest control as a health service for students, as well as employees.

I DO NOT wish or I DO wish to be notified if my child will be exposed to pesticide within the 24 hour period after application.

CONFIRMATION OF RECEIPT OF CODE AND STUDENT HANDBOOK

I have received a copy of the Code of Pupil Conduct and Discipline for Boyle County Schools. I have read the code and agree to abide by its content.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Date Form Received by School: _____

I certify the information on this form is correct and understand that I must contact the school with any changes.

I have read the Code of Pupil Conduct and Discipline, Acceptable Use Policy for Electronic Media, the Protection of Pupil Rights, the Attendance Policy and the Emergency Information Policy.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IF THERE ARE ANY CHANGES MADE DURING THE YEAR, PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY.



EMERGENCY INFORMATION FORM

Student's Name: _____
Last Name *First Name* *Middle Initial*

Student's Address: _____
Street Address/Apt. # *City* *State* *Zip Code*

Student's Age: _____ Date of Birth: _____ Student's Phone Number _____

Grade: _____ Teacher (Homeroom)/Classroom: _____ Bus #: _____

TO BE COMPLETED BY PARENT/GUARDIAN

To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information:

Mother's Name: _____
Last Name *First Name* *Middle Initial*

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Father's Name: _____
Last Name *First Name* *Middle Initial*

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Other Name: _____
Last Name *First Name* *Middle Initial*

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

Student's Insurance Carrier: _____ Policy Number: _____

Family Doctor's Name: _____ Phone Number: _____

Address: _____

In case of emergency, accident, or serious illness of the above named student, I request and authorize Boyle County Schools to take action necessary to maintain the student's health. If school personnel are unable to contact me, I hereby authorize them to release my students health information to emergency/hospital personnel and anyone authorized to pick up my child from school or school sponsored activity.

Parent/Guardian Signature: _____ Date: _____

Is your child on any daily medication? No Yes If yes, please list below:

MEDICATION	DOSAGE

Is your child allergic to medication(s)? No Yes If yes, please specify: _____

Is your child allergic to insect bites? No Yes If yes, please specify: _____

Does your child have food allergies? No Yes If yes, please specify: _____

Does your child have a history of: (check appropriate boxes)

Heart Disease Diabetes Seizure Asthma Other: (please specify)

If so, please describe any special emergency treatment that may be required: _____

Please list any health conditions that might require emergency medical treatment: _____

Parent/Guardian Signature: _____ Date: _____

Log of Attempts to Contact Parent/Guardian

Date	Time	Phone Number Called	Answered?		Person Answering Phone/Response
			Yes	No	

To Be Completed If Student Is Transported

Date of Transportation: _____ Time of Transportation: _____ AM PM

Destination: _____ Arrival Time: _____ AM PM

Means of Transportation: (check appropriate box)

EMS Vehicle Board-Owned Vehicle Private Vehicle

If Board-owned vehicle or private vehicle, list name of driver: _____

Driver is the/a: (check appropriate box)

Parent/Guardian School Administrator Teacher Other Board Employee Relative (specify) _____



STUDENT DIRECTORY INFORMATION NOTIFICATION

We are required by law to release certain directory information to Armed Forces recruiters and institutions of higher education upon their request. However, you may direct us not to release such information for your child. If we receive no response within thirty (30) days, we will release all student directory information to legitimate sources as indicated (i.e., school-sponsored/-endorsed extracurricular programs, third parties limited to potential employers, institutions of higher learning, Armed Forces recruiters). Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below. Information about the living situation of a homeless student is not considered directory information.

Date: _____

Dear Parent/Eligible Student:

This letter informs you of your right to direct the District to withhold release of student directory information for

Student's Name

Please be advised that parents cannot prevent the school from using directory information on District-issued ID cards or badges.

Once there has been an opt-out of directory information disclosure, the District will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

Please place an "x" in the box for an item of student directory information NOT to be released.

DENYING RELEASE OF STUDENT'S NAME, PARTICIPATION IN ACTIVITIES, AND PHOTOGRAPHY WILL MEAN THAT INFORMATION WILL NOT BE INCLUDED IN ANY SCHOOL OR DISTRICT PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR DISTRICT PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUNDRAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.

- Student's name
- Student's address
- Student's school email address
- Student's telephone number
- Student's date of birth
- Student's major field of study
- Information about the student's participation in officially recognized activities and sports-i.e., number of semesters in secondary school (Grades 9 – 12) and number of years as a varsity player
- Student's photograph/picture
- Student's weight and height (if a member of an athletic team)
- Student's dates of membership
- Credits, degrees, honors and special awards the student has received
- Last educational institution attended in which the student was enrolled prior to enrollment in the District
- Grade level

Armed Forces Recruiters & Institutions of Higher Education
(Parent or student who has reached age 18 may sign below to direct the District to withhold information in this section.)

- Student's name
- Student's address
- Student's telephone number (if listed)

Signature of Parent/Student 18 or Older: _____ Date: _____



APPLICATION FOR WAIVER OF FEES

Student's Name: _____
Last Name *First Name* *Middle Initial*

Student's Address: _____
Street Address/Apt. # *City* *State* *Zip Code*

Student's Age: _____ Date of Birth: _____ Sex: _____ Student's Phone Number _____

School: _____ Grade: _____ Homeroom/Classroom: _____

Name of Parent/Guardian: _____
Last Name *First Name* *Middle Initial*

Address of Parent/Guardian: _____

Home Phone: _____ If none, number of nearest neighbor: _____

In the chart below, list the name, birthdate, school and grade for all other children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother: Employed Unemployed
Employer's Name: _____ Address: _____

Father: Employed Unemployed
Employer's Name: _____ Address: _____

Gross Family Income From Last Income Tax Return: _____

- Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? YES NO
- If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?
 - School administrators
 - Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. YES NO

3. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?

- i. School administrators
- ii. Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. YES NO

- Failure to sign this consent statement will not affect your child's eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments: _____

Parent/Guardian Signature: _____ Date: _____

Application: APPROVED DENIED

Central Office Designee's Signature: _____ Date: _____



BOYLE COUNTY MIGRANT EDUCATION PROGRAM PARENT EMPLOYMENT SURVEY

For newly-enrolled students to Boyle County Schools / Para estudiantes nuevas en las escuelas de Condado Boyle

Versión en español en el otro lado de la hoja.

The information provided below is used to identify students who may qualify to receive additional educational services. A program employee may contact you for further information if needed. All information is kept confidential. The Boyle County Migrant Education Program is a Title I, Part C program of the Kentucky Department of Education. Please fill out one survey per family.

Student Name: _____

Birth Date: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Kentucky school district, another state, and/or another country?

Yes No

2. In the past three years, has anyone in your household had a job working with any of these products on a farm, in a field, in a greenhouse, in a nursery, or in a factory? Please circle all that apply.



Livestock (cattle, pigs, sheep, dairy, etc.)



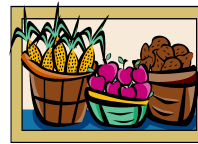
Eggs



Chickens



Crops (wheat, corn, soybeans, etc.)



Vegetables



Processing (meat, fruit, vegetables, trees, etc.)



Tobacco



Fruits



Hay



Nursery, Sod, Greenhouse



Trees, Timber, Plants, Flowers



Soil Preparation

3. Parent's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Best Time to Call: _____

Please list all children in the household less than 22 years of age:

Name	Grade	School



ENCUESTA DE PADRES

For newly-enrolled students to Boyle County Schools / Para estudiantes nuevas en las escuelas de Condado Boyle

English version on other side.

Toda la información que usted provea en este cuestionario es absolutamente confidencial; sólo será usada para identificar a aquellos(as) estudiantes que cualifiquen para recibir servicios adicionales de educación. Es posible que un empleado del programa se comuniquen con usted para pedirle más información. El Programa Educativo para Migrantes de la Condado Boyle es un programa de Título I, Parte C, del Departamento de Educación de Kentucky. Por favor de llenar una pro familia.

Nombre del niño o niña: _____

Fecha de nacimiento: _____ Nivel: _____ Escuela: _____

1. ¿Durante los tres años pasados, ha vivido su familia en otro distrito escolar en Kentucky, en otro estado, y/o en otro país?

Sí No

2. ¿Durante los tres años pasados, ha trabajado alguien de su familia en alguno(s) de los trabajos ilustrados a continuación: en una granja, en el campo, en un invernadero, en un vivero, o en una fábrica? Por favor, haga un círculo a todos los que sean pertinentes:



Ganados, ovejas, cerdos, vaquería



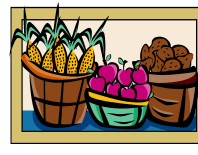
Húevos



Pollos



Cultivos (trigo, maíz, soya, etc.)



Vegetales



Elaboración (carnes, frutas, vegetales, árboles, etc.)



Tabaco



Frutas



Pasto seco (paja)



Semillero, césped, invernadero



árboles, madera, plantas, flores



Preparación de suelo

3. Nombres de los padres: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código postal: _____

Teléfono: _____

Por favor, anote aquí a todos los y las menores de 22 años que viven en la casa:

Nombre	Nivel	Escuela