

The Kenton County School District Enrollment/Information Update Form 2017 - 2018 Pg. 1

An ADOBE fill-in form is available on our website www.kenton.kyschools.us. You must be able to print the form after completing and return to school.

School: _____ Grade: _____

Student Information

Legal Name of Student: (First, M, Last) _____ Gender: ___ Date of Birth: _____

Check for 1st time enrollment in a Kentucky School Student Nickname: _____

Birth Place: _____ (Birth Certificate or other reliable proof of birth required by State Law 158.032)

Ethnicity (must choose one): Hispanic/Latino OR Not Hispanic/Latino (Please choose all of the following that apply):

White: Black/African American: Asian: American Indian/Native Alaskan: Native Hawaiian/Other Pacific Islander:

Household Phone #: _____ Household Address: _____ (City) _____ (Zip) _____

Household Mailing Address (IF DIFFERENT): _____ (City) _____ (Zip) _____

Has your child ever been enrolled in a Kentucky School? No: ___ Yes: ___ Last school attended and address: _____

To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card **MUST** be on file.

LEGAL Parents/Guardians Living in same Household as Student (Student's Primary Household)

Legal Name: _____ Suffix: _____ Legal Name: _____ Suffix: _____

Relationship to Student: _____ Foster Relationship to Student: _____ Foster

Phone: Other (____) _____ Work: (____) _____ Phone: Other (____) _____ Work: (____) _____

Cell Phone: (____) _____ E-Mail _____ Cell Phone: (____) _____ E-Mail _____

Place of Employment: _____ Place of Employment: _____

School-Aged Siblings Living in Same Household as Student

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

LEGAL Parent/Guardian Living at a Different Address from Student (for mailing/parent portal)

1) Legal Name: _____ Suffix: _____ 2) Legal Name: _____ Suffix: _____

Relationship to Student: _____ Foster Relationship to Student: _____ Foster

Does this parent/guardian have joint custody? _____ Does this parent/guardian have joint custody? _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

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

Cell Phone: (____) _____ E-Mail _____ Cell Phone: (____) _____ E-Mail _____

Place of Employment: _____ Place of Employment: _____

Is there a court order restricting this person access to this student? Is there a court order restricting this person access to this student?

No: Yes: (A copy of the court order **MUST** be provided). No: Yes: (A copy of the court order **MUST** be provided).

Transportation

Transported one (1) mile or more to school AM & PM Transportation AM Transportation Only PM Transportation Only

Not Transported by School Bus

Emergency Contacts (An emergency contact is someone the school will contact should something happen to your child. You can list up to three (3) emergency contacts. Legal parent/guardians will always be called first.)

Name: _____ Relation: _____ Phone 1 : _____ Phone 2: _____

Name: _____ Relation: _____ Phone 1 : _____ Phone 2: _____

Name: _____ Relation: _____ Phone 1 : _____ Phone 2: _____

Medical/Physician Information and/Insurance

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Do you have health insurance? No: Yes: Medicaid: No: Yes: KCHIP: No: Yes:

It is the legal parent/guardian's responsibility to send in writing any pertinent information each year to the school nurse about serious health conditions. This information will be shared with appropriate school staff. An Administration of Medication Permission Form must be on file for any medication given to a student during the school day.

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Pre-school/Kindergarten Only - Did your child attend daycare prior to this enrollment? No: Yes: What type of daycare did your child attend? In Home Facility Was the daycare accredited? No: Yes: Have you used 4C's for services? No: Yes:

Middle/High School Only- Has this student participated in varsity sports? No: Yes: If YES, this student must complete the KHSAA Transfer Form obtained through the Athletic Office.

Special Services

Has this student ever been enrolled in special education? No: Yes: What grade level(s): _____ School: _____

Does this student have any physical disabilities? No: Yes: Please describe: _____

Does this student have a 504 Plan? No: Yes: Describe: _____

Has this student been formally identified as Gifted/Talented? No: Yes: If yes, in what area? _____

Home Language Survey (If other than English, please complete the following 4 questions).

1. What language is most frequently spoken at home? _____
2. What language did your child learn when he/she first began to speak? _____
3. What language does your child most frequently speak at home? _____
4. In what language do you most frequently speak to your child? _____

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs? NO: YES .

KRS 158 requires that a parent/guardian report this conduct to school officials on the Kenton County School Disclosure/Compliance Form and verbally. (Please ask school administration for this form).

Is your child currently under suspension from previous school? NO YES

Your child's school, along with the Kenton County School District, will from time to time send automated phone messages using our Bright Arrow call system. If you'd like to not receive these automated calls, please check the opt out box on this form. Please note that by opting out you will not receive school related calls, safety calls and weather related calls.

I choose not to receive automated calls.

Video tapes, photographs, and web page photos are often produced by school personnel and by outside media during the course of the school year.

Please check here if you DO NOT wish your child to be video taped, photographed or their photo placed on a web page. (This does not include school pictures or year books). *If unchecked, permission has been given to display the products of this student's school related academics, athletic, musical and/or art work, including video or photographic likenesses, on the district/school web sites.*

Do you have a computer at home: Yes _____ No _____ If yes, do you have internet access? Yes _____ No _____ If yes, to Internet Access, who is your Internet Service provided by? Cable Company ___ Satellite Dish ___ Phone Company (fast/high speed) ___ Phone Company (slow/dial up) ___ Other ___

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge. I am aware and I authorize the school district to share pertinent medical information with any household member, emergency contact, school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency. I also authorize the use of electronic sharing to communicate pertinent medical information to necessary personnel.

Parent/Guardian Signature: _____ Date: _____

IF YOU DID NOT RECEIVE THE STUDENT CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE WHICH INCLUDES REGULATIONS FOR RIDING SCHOOL BUSES, PLEASE CONTACT THE SCHOOL FOR A COPY.

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados."