

# The Kenton County School District Enrollment/Information Update Form 2020-2021 Pg. 1

An ADOBE fill-in form is available on our website [www.kenton.kyschools.us](http://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 1<sup>st</sup> 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/Race Question 1: (Must choose one): Hispanic/Latino \_\_\_\_\_ Question 2: (Please choose all that apply): White \_\_\_\_\_  
OR \_\_\_\_\_ Black/African American \_\_\_\_\_  
Not Hispanic/Latino \_\_\_\_\_ 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: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

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: _____	<input type="checkbox"/> Foster	Relationship to Student: _____	<input type="checkbox"/> 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: _____	<input type="checkbox"/> Foster	Relationship to Student: _____	<input type="checkbox"/> Foster
Does this parent/guardian have joint custody? _____		Does this parent/guardian have joint custody? _____	
Address: _____		Address: _____	
City: _____	State: _____	City: _____	State: _____
Zip: _____		Zip: _____	
Phone: Home (____) _____	Work: (____) _____	Phone: Home (____) _____	Work: (____) _____
Cell Phone: (____) _____	E-Mail _____	Cell Phone: (____) _____	E-Mail _____
Place of Employment: _____		Place of Employment: _____	
<i>Is there a court order restricting this person access to this student?</i>		<i>Is there a court order restricting this person access to this student?</i>	
No: <input type="checkbox"/> Yes: <input type="checkbox"/> (A copy of the court order <b>MUST</b> be provided).		No: <input type="checkbox"/> Yes: <input type="checkbox"/> (A copy of the court order <b>MUST</b> 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

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_ Do you have health insurance? 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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**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**

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

**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 otra grupos de jóvenes designados.”