

2020-2021 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) _____ Phone #: () _____

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 #)

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) _____

Prior Boone County Schools attended and years: _____

Parents/Guardians Living in Same Household as Student

Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small>	Legal Name: _____ Suffix: _____ <small>(Last) First (M. I.)</small>
Relationship to Student: _____	Relationship to Student: _____
Phone: Home () _____ Work: () _____	Phone: Home () _____ Work: () _____
Cell Phone: () _____	Cell Phone: () _____
E-Mail : _____	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? _____ <small>(A copy of the court order MUST be provided to the school.)</small>	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small>
Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home () _____ Work: () _____ Cell Phone: () _____ E-Mail: _____	Legal Name: _____ Suffix: _____ 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: _____

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	_____