Dear Prospective Preschool Parent/Guardian:

Thank you for inquiring how a child qualifies for the Boone County Preschool Program and how the application process works.

**WHO is eligible?**
Must reside in Boone County School District and meet one or more of the following criteria:

- Be financially eligible (160% poverty level) and 4 years old by Aug. 1st of the school year. **NO income consideration for 3 year olds.**
- 3 and 4 year olds may qualify as a child with an educational disability (having a delay in one or more areas of development)

For suspected educational disability, a screening will be scheduled.

**WHAT does Screening mean?**

Identifying any potential areas of concern in a child's development. Developmental skills that are screened; cognitive, fine and gross motor, speech/language, social and self-help skills. If there are concerns, interventions will be recommended.

If your 3 year old attends a screening and no areas of concern are noted, you may re-apply when the child turns 4 year old (by Aug. 1 of the school year), if you think your household may meet the income meets standards. Based on the outcome of the screening, your child may or may not require interventions. After the screening results are scored, the interventionists will discuss this further with you. If your child needs interventions, at their conclusion, the interventionists will discuss further steps if any are necessary.

**HOW the Preschool Application Process Works for a 3-year old Screening:**
Complete the forms & provide copies of documents as identified in red in the What We Need section below.

**WHAT WE NEED YOU TO BRING BEFORE THE SCREENING OR TO THE SCREENING:**
Complete & Provide the following items in red below: (*The items in black may be turned in after the child is in school in which case you can turn those items into their school office where their file will be.*)

<table>
<thead>
<tr>
<th></th>
<th>1- Student Enrollment/Emergency card (2 pages, signed &amp; dated)</th>
<th></th>
<th>5- Copy of Birth Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2- Preschool Transportation card (2 pages, signed &amp; dated)</td>
<td></td>
<td>6- Copy of Social Security Card OR Completed Statement of Non-Disclosure of Social Security Number</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------</td>
<td>---</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td>3- Household Income-Verification form (2 pages, signed &amp; dated) &amp; copies of supporting documents (last 2-3 pay stubs or tax return) (Only fill out if child is 4 yrs old by August 1; do not complete if 3 yrs old)</td>
<td></td>
<td>7- Copy of Proof of Residence (copy of a bill with your name &amp; address on it or copy of your lease)</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------</td>
<td>---</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td>4- Copy of KY Certification of Immunization completed by Physician (must be current)</td>
<td></td>
<td>8- Copy of Custody/Guardianship Papers/Foster Parent Documents (if applicable)</td>
</tr>
</tbody>
</table>
**APPLICATION IF CHILD IS 3 YRS OLD & WON'T BE 4 BY 8/1**

| 9- Permission to Videotape / Photography/ Publish form (signed) | *Preventative Health Care Examination Form (both sides) completed by a Physician (NOT due at time of preschool application) |
| 10- Adjudication form (signed) | *KY Eye Examination Form (NOT due at time of preschool application) |
| 11- Other Reports/Evaluations: Speech/language evals, Physical Therapy reports, Occupational Therapy reports, IEP, etc. (if applicable) | *KY Dental Screening/Examination Form (NOT due at time of preschool application) |
| 12- KY Statewide Immunization Registry Permission Slip | *Copy of Medicaid Card/ Medicaid Release Information Form (if you have one) (NOT due at time of preschool application) |

**HOW TO SUBMIT PRESCHOOL SCREENING DOCUMENTATION:** You may return your child’s completed forms and copies of other document to us at the screening OR ahead of time in one of 3 ways:

1. **U.S. Mail:** Preschool Achievement Center (PAC), 7627 Ewing Blvd., Florence, KY 41042. OR
2. **Drop off:** Monday - Friday 7:30AM - 3:30PM at the above address OR
3. **Email:** angela.becknell@boone.kyschools.us

We ask for your patience during high peak seasons, the end and beginning of the school year, and pandemics.

**Please note:** If you wish to re-apply in the next school year, you will need to fill out a new enrollment card, preschool transportation card and up to date KY immunization record to insure we have current, up to date information. Children cannot start school or interventions without a current Kentucky immunization record.

Should you have any additional questions, please feel free to contact me at 859-283-3251.

Thank you for being an advocate on behalf of your child. We look forward to serving you and your family.

Respectfully,

**Dr. Michael J Shires**

Dr. Michael J. Shires  
Director of Early Childhood Learning  
Boone County School District  
Preschool Achievement Center (PAC)  
7627 Ewing Boulevard  
Florence, KY 41042  
859-283-3251 (main phone)  
859-282-0019 (fax)
Frequently Asked Questions about PRESCHOOL

1. How do students qualify for Preschool in Kentucky?
   - Income Eligible- Age 4 (by August 1 of the school year) and have a family income at or below 160% of the federal poverty level.
   - Age 3 or 4 and have an educational disability due to delays in development, regardless of family income.

2. Do English Language Learners automatically qualify for Preschool in the state of Kentucky?
   - English Language Learners do not automatically qualify for Preschool. All students have to meet the stated qualifications listed above.

3. Do Preschool students have to start Preschool at the beginning of the school year?
   - Students can qualify and start enrollment into Preschool at any time of the school year.

4. How many years can students be in Preschool?
   - Depending on a student’s birthday and how they qualify, some students can spend up to 3 school years in Preschool.

5. If I feel my student is not ready for Kindergarten, can they spend another year in Preschool?
   - If a student is 5 years old by August 1, they may not spend another year in Preschool. It is recommended that they attend Kindergarten.

6. How many days a week is Preschool?
   - Preschool is Monday-Thursday for half a day. Students that qualify are enrolled in either the AM session or the PM session. AM and PM sessions are determined by your address.

7. Does the bus pick up my child and drop off my child?
   - Transportation is provided in a Preschool bus that has a seat belt. There is an adult driver and an adult monitor on the bus to help the Preschool children. Bus transportation is free.
**Boone County Schools**  
**Student Enrollment / Emergency Information**

**Legal Name of Student** (PLEASE PRINT): ___________________________________________

**Suffix:** ___________________________________________

**Grade:** _____  
**Date of Birth:** ____________  
** Gender:** □ Male □ Female

**Social Security # (optional):** _____________________________________________

**Has your child repeated a grade?** □ Yes □ No. **If yes, which grade?** ____________________________

**Birthplace:** (Country) ____________________  
**State:** ____________________  
**Phone #:** ( )

**Student Address:** (Street) ____________________  
**Apartment #:** ( )  
**City:** ____________________  
**State:** ____________________  
**Zip:** ____________________

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

□ 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/African American □ Asian □ Native Hawaiian or other Pacific Islander □ American Indian or Alaskan Native

**U.S. Citizen:** □ Yes □ No  
**If no, country of residence:** ____________________  
**U.S. Refugee:** □ Yes □ No  
**If no, country of residence:** ____________________

**Last School Attended:** ____________________  
**School Telephone #:** ( )

**Last Date Attended:** ____________________

**School Address:** (City) ____________________  
**State:** ____________________  
**Zip:** ____________________

**Prior Boone County Schools attended and years:**

---

### Parents/Guardians Living in Same Household as Student

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>Suffix</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Home Phone | ( ) | Work | ( ) |
| E-Mail:    |     |      |     |

---

### Siblings Living in Same Household as Student

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Suffix</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Boone County School</th>
</tr>
</thead>
</table>

---

### Parents/Guardians Living at an Address Different from Student

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Suffix</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Address:  
City: ____________________  
State: ____________________  
Zip: ____________________  
Home Phone: ( )  
Cell Phone:     |

---
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 apply): ☐ Car rider ☐ Walker ☐ School Bus
Bus #: __________ (assigned by school district staff)
Transportation by BC Schools: ☐ A.M. ☐ P.M. ☐ Both A.M. & P.M. ☐ More than 1 mile ☐ Less than 1 mile
Daycare: ____________

Language
Is English most frequently spoken in the home? ☐ Yes ☐ No, what language spoken?
Did your child learn English when he/she first began to talk? ☐ Yes ☐ No, what language spoken?
Does your child most frequently speak English at Home? ☐ Yes ☐ No, what language spoken?
Is English most frequently spoken to the child at home? ☐ Yes ☐ No, what language spoken?
*(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 #: __________________________

Name: __________________________ Relationship to student: __________________________ Telephone #: __________________________

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: __________________________

Revised 02/2016
Start Date _______ Session _______

BOONE COUNTY SCHOOLS
PRE-SCHOOL TRANSPORTATION
CONFIDENTIAL EMERGENCY INFORMATION

Date _______ School _______

Name of Student _______ Date of Birth _______

Parent(s) _______ Home Phone _______

Home Address _______ City _______ Zip _______

Emergency Phone Number _______

Mother’s Work Phone _______ Father’s Work Phone _______

Mother’s Cell Phone _______ Father’s Cell Phone _______

Special Bus Equipment needed: Wheelchair Lift _______

Other _______

EMERGENCY MEDICAL INFORMATION:

Student’s Doctor _______

Hospital Preference _______

Address _______

Insurance _______

PLEASE CHECK BOXES, as needed:

☐ Verbal ☐ Non Verbal ☐ Seizure Disorder ☐ Hearing Impaired

☐ Ambulatory ☐ Non Ambulatory ☐ Visually Impaired

☐ Other

Allergies _______

Medication _______ Dosage _______ Side Effects _______

**ON THE BACK OF THIS CARD PLEASE WRITE STEPS TO BE TAKEN BY DRIVER/ASSISTANT IN THE EVENT OF ILLNESS, SEIZURES, ETC, WHILE RIDING THE BUS.

**ON THE BACK OF THIS CARD PLEASE WRITE ANY SPECIAL INSTRUCTIONS FOR CONTROLLING STUDENT’S BEHAVIOR.

**ALL CHILDREN WILL RIDE THE BUS IN A SAFETY VEST OR SAFETY SEAT.

ALTERNATIVE PICK-UP AND/OR DROP-OFF LOCATION:

IF pick-up and/or drop off location IS OTHER THAN THE HOME ADDRESS, complete the following information:

ALL alternative locations must be within the school boundary. They will be designated as the authorized location for pick-up & drop-off, with District approval, and NOT subject to change.

Pick-up Location _______

Drop-off Location _______

Parent/Guardian Signature _______

STUDENT BUS INFORMATION

---------------------------------- To be completed by school office ---------------------------------

AM (pick-up) information:
Bus # _______ Stop Location _______

PM (pick-up) information:
Bus # _______ Stop Location _______

Program Director _______ Parent _______

This information is maintained in accordance with the Family Education Rights and Privacy Act.
- PLEASE WRITE STEPS TO BE TAKEN BY DRIVER/ASSISTANT IN THE EVENT OF ILLNESS, SEIZURES, ETC., WHILE RIDING THE BUS, AS NECESSARY.

- PLEASE WRITE ANY SPECIAL INSTRUCTIONS FOR CONTROLLING STUDENT'S BEHAVIOR, AS NECESSARY.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

SAFETY IS OUR PRIMARY CONCERN WHEN TRANSPORTING YOUR CHILDREN.

THEREFORE BELOW, PLEASE LIST THE NAMES & PHONE NUMBERS OF PERSONS OTHER THAN YOURSELF WHO WILL BE MEETING THE BUS. WE WILL REQUIRE A PHOTO ID FOR YOUR CHILD TO BE RELEASED.

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>RELATIONSHIP TO CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARENT/GUARDIAN SIGNATURE ______________________________ Date __________________________
STATEMENT OF
NON-DISCLOSURE OF
SOCIAL SECURITY NUMBER

DATE: ____________________________

PARENT NAME & ADDRESS:

__________________________________________________________

__________________________________________________________

__________________________________________________________

STUDENT’S NAME: ____________________________ DOB: __________

SCHOOL ATTENDING: ____________________________

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child’s Social Security Card to the Boone County School District. By signing this waiver your child will not be eligible for the (KEES) Kentucky Educational Excellence Scholarship funds for their college education.

I also understand that any programs requiring my child’s social security number for participation within the Boone County School District and/or the Kentucky Department of Education will not be available to your child.

Parent Signature: ____________________________ Date: __________
BOONE COUNTY SCHOOLS
Permission to Videotape/Photography/Publish

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evalutative, educational, or public awareness purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, publishing pictures in yearbooks, event programs and newsletters, or on the school or District Web site.

Please review this form carefully, sign and date the form and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during the special occasions when other parents may take pictures of may tape the event.

Once signed and dated, this form shall remain in effect for your child’s enrollment in the District schools. However, at any time during the school year, you may amend this form only for future use/preferences by notifying the Principal in writing of your request.

__________________________________________
As the parent(s)/guardian(s) of ____________, I/we give the

Student’s Name

Boone County School District permission to release my/our child’s name, photograph, and/or audio/video reproduction for publication concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print) __________________________________________

__________________________________________

Parent/Guardian’s Signature

_________________________  Date

Parent/Guardian’s Signature

_________________________  Date

Principal/Designee’s Signature

_________________________  Date
Commonwealth of Kentucky  
Kentucky Department of Education  
Boone County Board of Education

K.R.S. 158.000 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration.

In compliance with that requirement, I swear or affirm that I am the parent or legal guardian of ____________________________________________ who:

1. _____ Was adjudicated guilty and/or
2. _____ Was previously expelled from ____________________________ private or public school, either in state or out-of-state and/or
3. _____ Was disciplined for a violation of state law or school regulation relating to weapons, alcohol or drugs.
4. _____ Has never been adjudicated guilty or previously expelled or disciplined for violation of K. R. S. 158.000 as mentioned above.

The facts are as follows:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(Please attach a separate sheet as needed.)

I swear or affirm that, to the best of my knowledge and belief, the statements and information contained herein are true, factual and complete.

__________________________________________________________________________
Affiant, Parent/Guardian

__________________________________________________________________________
Date
PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:60)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION
Student Name: ___________________________ Gender: M F Grade: __________
Date of Birth: __________ Age: ______ yrs ______ months Preferred Language: _______________
Parent or Guardian Name: ___________________________________________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY
Allergies: ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
Current Prescribed Medications to be taken daily at school: __________________________
________________________________________________________________________
________________________________________________________________________
Significant Historical Information: _____________________________________________
________________________________________________________________________
________________________________________________________________________

SCREENING RESULTS
Height: ________ feet ________ inches Weight: ______ BMI: ______ BM1%: ______ B/P: ______

<table>
<thead>
<tr>
<th>Vision</th>
<th>Right 20/_______</th>
<th>Passed [ ] Failed [ ] Referred [ ]</th>
<th>Hearing - Right</th>
<th>Passed [ ] Failed [ ] Referred [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Left 20/________</td>
<td></td>
<td>Hearing - Left</td>
<td>Passed [ ] Failed [ ] Referred [ ]</td>
</tr>
</tbody>
</table>

Optional: Hct/Hgb: __________________________

Lead: __________________________ Urinalysis: __________________________

General appearance [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Gross dental (teeth and gums) [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Head/Scalp/Skin [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Eyes/Ears/Nose/Throat [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Chest/Lungs/Heart [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Abdomen/Genitalia [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Extremities/back [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________
Neuro [ ] Normal [ ] Abnormal [ ] Refer/Tx: __________________________

(Over)
This child has the following problems that may impact the educational experience:

- Vision
- Hearing
- Speech/Language
- Physical
- Social/Behavioral
- Cognitive

Specify:

□ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (attach additional sheet if necessary):

(Please Check One)

□ This child may participate fully in school activities including physical education.

□ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason & restriction)

ANTICIPATORY GUIDELINES:
Discuss and/or handout given:

- □ SCHOOL READINESS
  - Establish routines
  - After-school care/activities
  - Friends
  - Bullying
  - Communication with teachers

- □ MENTAL HEALTH
  - Family time
  - Anger management
  - Discipline for teaching not punishment
  - Limit TV, computer
  - Healthy weight
  - Well-balanced diet, including breakfast
  - 60 minutes of exercise/day

- □ NUTRITION AND PHYSICAL ACTIVITY
  - Healthy weight
  - Well-balanced diet, including breakfast
  - Fruits, vegetables, whole grains, dairy
  - 60 minutes of exercise/day

- □ ORAL HEALTH
  - Regular dentist visits
  - Brushing/flossing
  - Fluoride

- □ SAFETY
  - Sexual safety
  - Pedestrian safety
  - Safety helmets
  - Swimming safety
  - Fire escape plan
  - Smoke/carbon monoxide detectors
  - Guns
  - Sun
  - Appropriately restrained in all vehicles

Additional comments or recommendations:

Signed: ____________________________ Date: ________________

Physician/APRN/PA/EPSDT Provider

Address: ____________________________ Telephone: ____________________________
KDE/DSS Kentucky Eye Examination Form for School Entry KDESHE004

KRS 156.160 (1) (q) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: ______________________________ Date of Vision Examination: ______________________________

IDENTIFYING INFORMATION

Student Name: ____________________________________________

Date of Birth: ____________________________________________

Parent or Guardian Name: __________________________________

CASE HISTORY

Date of Exam: ____________________________________________

Ocular History: Normal or Positive for: __________________________

Medical History: Normal or Positive for: __________________________

Drug Allergies: NKDA or Allergic to: __________________________

Family Ocular and Medical History: Amblyopia  Strabismus  Glaucoma  Diabetes

Other: ____________________________________________________

Other Pertinent Information: ________________________________

Refraction with cycloplegia? (Please indicate one.) YES NO

<table>
<thead>
<tr>
<th>Type of Examination</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Notable findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Exam (eye and adnexa)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Exam (media, lens, fundus, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Integrity (nipples)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binocular Function (stereopsis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation and convergence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosis:

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: ____________________________________________________

Recommendations:

1. Glasses prescribed: YES NO

2. ____________________________

3. ____________________________

Age appropriate and suggested anticipatory guidance (health assessments):

Educate (parents/patients) about eye/vision disorders and needed vision care

Counsel (parents/patients) regarding eye safety

Stress importance of early, preventative eye care

Recommend re-examination, as appropriate

Signed: ____________________________ Optometrist/Ophthalmologist Date: ____________________________

Address: ____________________________ Telephone: ( ) ____________________________
Kentucky Dental Screening/Examination Form for School Entry

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth date:</th>
<th>/</th>
<th>/</th>
<th>Gender:</th>
<th>0 Male</th>
<th>1 Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent or Guardian:</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>School:</th>
</tr>
</thead>
</table>

Date of Exam/Screening: / / /

---

<table>
<thead>
<tr>
<th>Test Type (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening</td>
</tr>
<tr>
<td>Exam</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screener's Name:</th>
<th>Screeners Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Screening Date:</th>
</tr>
</thead>
</table>

Screener's Signature:

Professional affiliation: (Please check one)

- Dentist
- Dental Hygienist
- Physician Assistant
- LHD Registered Nurse with KIDS Smiles training
- APRN
- Physician

Patterns of Early Childhood Cavities: (Check one)

- 0 No Early Childhood Cavities
- 1 Early Childhood Cavities Present

<table>
<thead>
<tr>
<th>Untreated Decay:</th>
<th>Treated Decay:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check one)</td>
<td>(Check one)</td>
</tr>
</tbody>
</table>

- 0 No untreated cavities
- 1 Untreated cavities
- 0 No treated cavities
- 1 Treated cavities

<table>
<thead>
<tr>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check one)</td>
</tr>
</tbody>
</table>

- 0 No obvious problem
- 1 Early dental care needed
- 2 Referral for Urgent Care

NOTE: Comment required if marked.

Comments:
Boone County Schools  
School Health Services Department  
8330 US 42  
Florence, KY 41042  

**School Permission Slip**  
For completion of immunization records

Kentucky has a statewide immunization registry (KYIR) that medical practices use to help keep track of their patient's immunizations. They use this system to record vaccines given to patients and to access information about their patients' immunization histories, including vaccines given at other medical offices. KYIR makes it easy to keep track of a patient's immunization status, even if the patient visits more than one medical practice. It also helps ensure doctors and nurses give the right vaccines at the right time, and allows them to remind their patients when vaccines are due or overdue.

The information in KYIR is **CONFIDENTIAL**—only authorized users may access the system. Authorized users include health departments, medical practices, schools, childcare facilities, WIC Programs, and health care plans.

Some records in KYIR may be incomplete or missing because an immunization was given in another state, or because the medical practice did not enter it into the system. Your child's school wishes to help improve our community's records by providing missing immunization information to KYIR, but requires your permission to do so, in accordance with the Family Educational Rights and Privacy Act (FERPA).

*By signing below, you can make your child's immunization history more complete, helping to ensure appropriate and timely future immunization.*

Please sign this form if you agree to grant permission for your child's school to provide your child's immunization history to KYIR. This may include creating a new record, or updating an existing record. Please use a separate form for each additional child.

My Name: 

My Child's Name: 

My Child's Date of Birth: 

Signature: 

My Telephone Number: Date Signed: 

Please submit this form to your school administrator/nurse—thank you!

<table>
<thead>
<tr>
<th>Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of school:</td>
</tr>
<tr>
<td>Immunization history attached to form? Y or N</td>
</tr>
<tr>
<td>Date Rec'd by KYIR:</td>
</tr>
</tbody>
</table>