Parent/Guardian,
The following forms are required for enrollment in Boone County Schools.
( *) Forms provided by school
( ** ) Forms/documentation must be provided by guardian.
Student name: ____________________________ Grade: ______________

Date of Registration: __________ Previous School ____________________________

** Kentucky Immunization Certificate

** Proof of Residence (TWO FORMS, ONE BEING A UTILITY BILL)
   Driver license, lease, contract, mortgage

** Legal Custody Papers (if applicable)

** Birth Certificate

** Social Security Card

** Physical Exam

** Transcript of Grades

** Withdrawal Paper from previous school

* Student Enrollment Form

* Transportation form if riding bus

* Student Home Language Form (If any other than English)

* Records Request Letter

* KRS 158.000 Form

* Gifted/Talented Form (indicate on enrollment form)

* Special Education Form (indicate on enrollment form)
STUDENT RECORDS REQUEST

Date: ___________

To Principal of: ____________________________________________________________

(Name of School)

______________________________________________________________

(Address)

______________________________________________________________

(City, State, Zip)

Re: Student Name: ________________________________________________________

Grade Level: _______Social Security # _______________ D.O.B. __________

The above named student has enrolled in Cooper High School. Please forward the information requested below as soon as possible.

_____ Official transcript listing grades and credits earned

_____ Copy of grade scale

_____ 8th Grade transcript listing high school credits earned

_____ Health/Immunization

_____ Copy of withdrawal form with grades

_____ Test Scores

_____ Copy of report card for last completed grade period

_____ Discipline records

_____ Attendance for current and past year

_____ Writing / Working Portfolio

_____ Special Education records

_____ Student Career/Transition Plan

_____ Gifted and Talented Program

_____ All of the above

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final rule on Educational Records, Federal Registrar, June 7, 1976, Vol. 41, No. 118, Page 24673.)

Your immediate attention to this request will be appreciated. You may keep this request form in the student’s permanent record folder for your records.

Please direct all records to: COOPER HIGH SCHOOL

JOY APPelman, REGISTRAR

2855 LONGBRANCH ROAD, UNION, KY 41091

PHONE 859-384-5040 FAX 859-384-8500

Boone County Board of Education provides equal employment and educational opportunities. www.cooper.boone.kyschools.us
# Boone County Schools
## Student Enrollment /Emergency Information

### 2019-20

**Legal Name of Student** (please print) ____________________________

### (Last) ____________________________

### (First) ____________________________

### (Middle) ____________________________

### (Sr, Jrl, etc) ____________________________

**Suffix** ____________________________

**Grade:** ___  **Date of Birth:** _____________

### □ Male  □ Female  

**SS#** (Optional) ____________________________

**Birthplace:** (Country) ____________________________

### (County) ____________________________

### (State) ____________________________

**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)

**Student Mailing Address:** (If different) ____________________________

### (Street) ____________________________

### (City) ____________________________

### (State) ____________________________

### (Zip) ____________________________

**Ethnicity:** □ 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 #: (____) ____________________________

### (County) ____________________________

### (State) ____________________________

## Parents/Guardians Living in Same Household as Student

| Legal Name | (Last) | ____________
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**Suffix:** ____________________________

**Relationship to Student:** ____________________________

**Phone:** Home (____) ____________________________

### Work: (____) ____________________________

**Cell Phone:** (____) ____________________________

### E-Mail: ____________________________

**Place of Employment:** ____________________________

**Occupation:** ____________________________

**DOB:** ____________________________

## Siblings Living in Same Household as Student

| Legal Name | (Last) | ____________
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<td>____________</td>
<td>(M. I.)</td>
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**Suffix:** ____________________________

**Birth Date:** ____________________________

**Sex:** ____________________________

**Grade:** ____________________________

**Name of Boone County School:** ____________________________

| Legal Name | (Last) | ____________
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<td>(M. I.)</td>
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</table>

**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? _____

(A copy of the court order MUST be provided to the school.)

| Legal Name | (Last) | ____________
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</table>

**Suffix:** ____________________________

**Relationship to Student:** ____________________________

**Address:** ____________________________

### City: ____________________________

### State: ____________________________

### Zip: ____________________________

**Phone:** Home (____) ____________________________

### Work: (____) ____________________________

**Cell Phone:** (____) ____________________________

### E-Mail: ____________________________

**Place of Employment:** ____________________________

**DOB:** ____________________________

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

### Should this parent/guardian receive school information? _____

### Is this person legally restricted access to this student? _____

(A copy of the court order MUST be provided to the school.)

| Legal Name | (Last) | ____________
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<td>(First)</td>
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</tbody>
</table>

**Suffix:** ____________________________

**Relationship to Student:** ____________________________

**Address:** ____________________________

### City: ____________________________

### State: ____________________________

### Zip: ____________________________

**Phone:** Home (____) ____________________________

### Work: (____) ____________________________

**Cell Phone:** (____) ____________________________

### E-Mail: ____________________________

**Place of Employment:** ____________________________

**DOB:** ____________________________
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 1 services? □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: ____________________________

Language

What is the language most frequently spoken at home? ____________________________

Which language did this student learn when he or she first began to talk? ____________________________

What language does this student most frequently speak? ____________________________

What languages do the parents of this student speak?
(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 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: __________
Boone County Schools
2019-2020 Student Transportation Form

School: ______________________ School Code: _____ T Code _______ Effective Date: ____________

Gender: ______ Grade: _____ Student ID: __________________________ Teacher: ________________

Student Name: __________________________ D.O.B: ______________

All students will be routed to their home address unless an alternative address is provided.

Home Address: ______________________________________________________

City/State/Zip: _____________________________________________________

Parent/Guardian: ___________________ Phone: __________________________

Parent/Guardian: ___________________ Phone: __________________________

BUS TRANSPORTATION NEEDED YES ___ OR NO ___ IF YES, CHOOSE OPTION(S) BELOW

☐ BUS TRANSPORTATION TO SCHOOL

☐ BUS TRANSPORTATION FROM SCHOOL

☐ BUS TRANSPORTATION TO & FROM SCHOOL

ALTERNATIVE PICKUP & DROP OFF LOCATIONS

Per District Policy, students are permitted ONLY 1 AM and 1 PM Drop Off and Pick Up

**NO ALTERNATE DAYS**

☐ ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)

If using an alternate address, please provide the following:

Pick-up Location: ____________________________________________________

Drop-off Location: _________________________________________________

Leave this area blank if being transported to home address or no transportation is needed.

Student Transportation Information
To be Completed by School Official Only

AM Pick-up Information:
Bus # __________________ Stop Location: _______________________________

PM Drop-off Information:
Bus # __________________ Stop Location: _______________________________
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 __________________________

SR 4
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 1:160)

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:

<table>
<thead>
<tr>
<th>Vision</th>
<th>Weight</th>
<th>BMI</th>
<th>BM1%</th>
<th>B/P</th>
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<tr>
<td>Right 20/_______</td>
<td>Passed</td>
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<td>Failed</td>
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<td></td>
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<tr>
<td>Left 20/_______</td>
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</table>

Optional: Hct/HGB: ___________________________

Lead: ___________________________ Urinalysis: ___________________________

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 Normal Abnormal Refer/Tx:

Scoliosis assessment 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 and restriction)

ANTICIPATORY GUIDELINES

Discussed and/or handout given

☐ SCHOOL READINESS
  • Establish routines
  • After-school care/activities
  • Friends
  • Bullying
  • Communicate with teachers

☐ ORAL HEALTH
  • 60 minutes of exercise/day
  • Regular dentist visits
  • Brushing/Flossing
  • Fluoride

☐ MENTAL HEALTH
  • Family time
  • Anger management
  • Discipline for teaching not punishment
  • Limit TV, computer

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

☐ NUTRITION AND PHYSICAL ACTIVITY
  • Healthy weight
  • Well-balanced diet, including breakfast
  • Fruits, vegetables, whole grains, dairy

Additional comments or recommendations:

Signed: ___________________________  Date: ___________________________

Physician/APRN/PA/EPSDT Provider

Address: ___________________________  Telephone: ___________________________
Boone County Schools
HOME LANGUAGE SURVEY

Date __________________________ School __________________________ Grade __________________________

Child's Name __________________________
First Name __________ Middle Initial __________ Last Name __________

Parent or Guardian's Name __________________________
First Name __________ Middle Initial __________ Last Name __________

Address __________________________
Street __________________________ City __________________________ State __________ Zip __________

Phone Number __________________________
Home __________________________ Work __________________________

(Month/Date/Year)

1. Child's date of birth:
   Was your child born in the United States?
   If yes, in which state?
   If no, in what other country?
   If no, date child entered the United States:

2. Has your child attended any school in the United States for any three years during their lifetime?
   If yes, please provide school name(s), state, and dates attended:
   Name of School __________________________ State __________________________ Dates Attended __________________________
   Name of School __________________________ State __________________________ Dates Attended __________________________
   Name of School __________________________ State __________________________ Dates Attended __________________________

3. What is the language most frequently spoken at home?
   _______________________________________________________________________

4. If available, in what language would you prefer to receive communication from the school?
   _______________________________________________________________________

5. Please check if your child is:
   A. ☐ Native American Indian  C. ☐ Native Pacific Islander
   B. ☐ Alaska Native          D. ☐ Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?
   ☐ Yes ☐ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside?
   _______________________________________________________________________

8. Which language did your child learn when he/she first began to talk?
   _______________________________________________________________________

9. What language does your child most frequently speak at home?
   _______________________________________________________________________

10. What language do you most frequently speak to your child?
    (Father) __________________________
    (Mother) __________________________

11. Please describe the language understood by your child. (Check only one)
    A. ☐ Understands only the home language and no English.
    B. ☐ Understands mostly the home language and some English.
    C. ☐ Understands the home language and English equally.
    D. ☐ Understands mostly English and some of the home language.
    E. ☐ Understands only English.

   _______________________________________________________________________
   _______________________________________________________________________

   Parent or Guardian's Signature __________________________ Date __________________________

OFFICE USE ONLY

Student ID # __________________________ Date Distributed __________________________ Date Received __________________________

00NCLB-B1c (Rev. 03/05 US) © 2005 TransACT Communications, Inc. 379370
Statement of Non-Disclosure

Of

Social Security Number

Date: ___________________________________________

Parent/Guardian Name: ___________________________________________

Address: __________________________________________

________________________________________

School Attending: ___________________________________________

Student Name: ___________________________ DOB: ______________________

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 Kentucky Educational Excellence Scholarship funds for their college education.

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

Parent Signature __________________________________ DATE: ____________