



Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

January 24, 2019

AGENDA ITEM (ACTION ITEM):

Receive - Revised Procedure Change 09.224 AP.21 "Enrollment/Emergency Information Form"

APPLICABLE BOARD POLICY:

Policy 01.51 Administrative Procedures

HISTORY/BACKGROUND:

The revised procedure reflects changes to "Ethnicity" choices to make them clearer. We've also included a line for optional social security information.

FISCAL/BUDGETARY IMPACT:

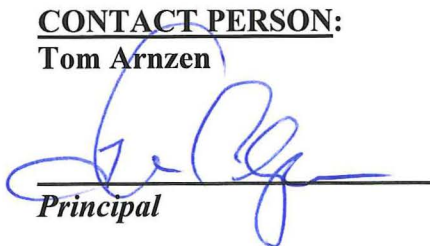
None

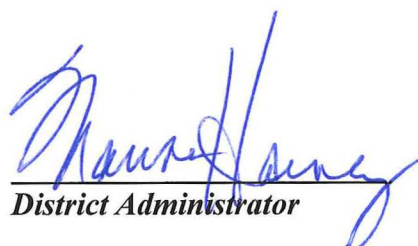
RECOMMENDATION:

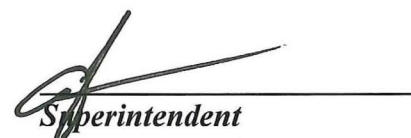
None

CONTACT PERSON:

Tom Arnzen


Principal


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal—complete, print, sign and send to your District Administrator. District Administrator—if approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jehn
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

Enrollment/Emergency Information Form

An ADOBE fill-inThis form is available at 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 of Student: _____ 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 KRS 158.032): _____

Ethnicity (must choose one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino
(choose all that apply) ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Native Alaskan
☐ Native Hawaiian/Other Pacific Islander

Household Phone No. _____

Household Address _____ City _____ Zip _____

Household Mailing Address (if different) _____ City/Zip _____

Has your child ever been enrolled in a Ky. School? ☐ Yes ☐ No If "yes", please name the last school attended and its 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: _____

Relationship to Student: _____ ☐ Foster

Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____

Place of Employment: _____

Legal Name: _____ Suffix: _____

Relationship to Student: _____ ☐ Foster

Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____

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 PARENTS/GUARDIANS LIVING AT A DIFFERENT ADDRESS FROM STUDENT (FOR MAILING/PARENT PORTAL SECONDARY HOUSEHOLD)

Legal Name: _____ Suffix: _____

Relationship to Student: _____ ☐ Foster

Does this parent/guardian have joint custody? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____

Place of Employment: _____

Is there a court order restricting this person's access to this student? ☐ No ☐ Yes (a copy of the court order MUST be provided)

Legal Name: _____ Suffix: _____

Relationship to Student: _____ ☐ Foster

Does this parent/guardian have joint custody? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____

Place of Employment: _____

Is there a court order restricting this person's access to this student? ☐ No ☐ Yes (a copy of the court order MUST be provided)

Enrollment/Emergency Information Form**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 PARENTS/GUARDIANS WILL ALWAYS BE CALLED FIRST.) PEOPLE AUTHORIZED TO PICK STUDENT UP FROM SCHOOL (UP TO 3)**)

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? ☐ Yes ☐ No Medicaid? ☐ Yes ☐ No KCHIP? ☐ Yes ☐ No

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.

PRE-SCHOOL/KINDERGARTEN ONLY

Did your child attend daycare prior to the enrollment? ☐ Yes ☐ No

If "yes", what type of daycare did your child attend? ☐ In Home ☐ Facility

Was the daycare accredited? ☐ Yes ☐ No Have you used "4C's" for services? ☐ Yes ☐ No

MIDDLE/HIGH SCHOOL ONLY

Has this student participated in varsity sports? ☐ Yes ☐ No 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? ☐ Yes ☐ No

If "yes", at what grade level(s)? _____ What school? _____

Does this student have any physical disabilities? ☐ Yes ☐ No If "yes", please describe: _____

Does this student have a 504 Plan? ☐ Yes ☐ No If "yes", please describe: _____

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

HOME LANGUAGE SURVEY

~~If other than English, please complete the following 4 questions.~~

~~2.1.~~ What language is most frequently spoken at home? _____

~~3.2.~~ What language did your child learn when s/he first began to speak? _____

~~4.3.~~ What language does your child most frequently speak at home? _____

~~5.4.~~ In what language do you most frequently speak to your child? _____

Enrollment/Emergency Information Form**EXPULSION**

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs? ☐ Yes ☐ No

KRS 158.155 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 another school? ☐ Yes ☐ No

INTERNET ACCESS

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 her ☐ if you DO NOT wish your child to be video-taped, photographed or their photo placed on a web page and a waiver will be provided. (This waiver 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 the Internet Service Provider?

☐ Cable ☐ Satellite Dish ☐ Phone (fast/high speed) ☐ Phone (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 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."

"Para solicitar una copia de esta forma de inscripción en español, por favor pongase en contacto con su escuela."