Boyd County Public Schools

Kindergarten Registration

2020 – 2021 School Year
Parents/Guardians:

Please note that when you return the packet to school, you will need to bring the following items with you:

- Boyd Enrollment Form
- Copy of Birth Certificate
- Copy of Child’s Social Security Card
- Copy of Parents/Guardians Driver’s License
- School Physical on a Kentucky Form
- Current immunizations on a Kentucky Form
- Vision Exam Form on a Kentucky Form
- Dental Exam Form on a Kentucky Form

Kentucky State Law requires all of the above forms to be kept on file at your child's school. Please note that the school nurses will review the files and notify all parents who are not in compliance.
School

Last Have

Student (Check

Student Birthplace

U.S.

Ethnicity:

Legal Student Enrollment Form

Boyd County Public

A copy of Student’s Social Security Card MUST be on file with the school for the student to receive KEEES money.

Ethnicity: Is your child Hispanic/Latino: ☐ Yes ☐ No

Student Race: ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native

U.S. Citizen: ☐ Yes ☐ No If no, country of residence: ____________________________ ☐ Migrant ☐ Immigrant ☐ Refugee: (Country) ____________

Birthplace: (Country) ____________ (County) ____________ (State) ____________ Home Phone #: ( ) ____________

Student Address: (City) ____________ (State) ____________ (Zip) ____________

(May not use a PO Box)

(Click only if applicable) ☐ Shelter ☐ Motel ☐ House or apartment shared with friends/family ☐ Friends/Family Member (other than parent/guardian)

Student Mailing Address: (if different) ____________________________ (City) ____________ (State) ____________ (Zip) ____________

Street or PO Box and Apt #)

District of Residence:

Have you ever attended a Kentucky School: ☐ Yes ☐ No

Last School Attended: ____________ Last Date Attended: ____________ School Telephone #: ( ) ____________

School Address: (City) ____________ (County) ____________ (State) ____________ (Zip) ____________

Parent(s)/Guardian(s) Living in Same Household as Student

Legal Name: ____________________________ Suffix: ________

Guardian 1 (Last) ________ (First) ________ (M. I.) ________

Gender ☐ Male ☐ Female Hispanic/Latino: ☐ Yes ☐ No

Date of Birth: ____________ SS#: ____________

Relationship to Student: ____________________________

Phone: Home ( ) ____________ Work: ( ) ____________

CellPhone: ( ) ____________ E-Mail: ____________________________

Place of Employment: ____________________________

Occupation: ____________________________

Legal Name: ____________________________ Suffix: ________

Guardian 2 (Last) ________ (First) ________ (M. I.) ________

Gender ☐ Male ☐ Female Hispanic/Latino: ☐ Yes ☐ No

Date of Birth: ____________ SS#: ____________

Relationship to Student: ____________________________

Phone: Home ( ) ____________ Work: ( ) ____________

CellPhone: ( ) ____________ E-Mail: ____________________________

Place of Employment: ____________________________

Occupation: ____________________________

School Aged Siblings Living in Same Household as Student

Legal Name: ____________________________ Suffix: ________

Birth Date ____________ Sex: __ Grade: __ School: ____________

Relationship to Guardian 1: ____________________________

Guardian 1: ____________________________

Guardian 2: ____________________________

Legal Name: ____________________________ Suffix: ________

Birth Date ____________ Sex: __ Grade: __ School: ____________

Relationship to Guardian 1: ____________________________

Guardian 1: ____________________________

Guardian 2: ____________________________

Legal Name: ____________________________ Suffix: ________

Birth Date ____________ Sex: __ Grade: __ School: ____________

Relationship to Guardian 1: ____________________________

Guardian 1: ____________________________

Guardian 2: ____________________________

Parent(s)/Guardian(s) 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 school.)

Legal Name: ____________________________ Suffix: ________

Relationship to Student Enrolling: ____________________________

Address: ____________________________

City: ____________ State: ____________ Zip: ____________

Phone: Home ( ) ____________ Work: ( ) ____________

CellPhone: ( ) ____________ E-Mail: ____________________________

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 school.)

Legal Name: ____________________________ Suffix: ________

Relationship to Student Enrolling: ____________________________

Address: ____________________________

City: ____________ State: ____________ Zip: ____________

Phone: Home ( ) ____________ Work: ( ) ____________

CellPhone: ( ) ____________ E-Mail: ____________________________
Emergency Contact

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 number: ________________

Name: ___________________________ Relationship to student: ________ Telephone number: ________________

Home Language Survey

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 the student most frequently speak? ___________________________________________________

What language do the parents of this student speak? _____________________________________________________

Military Survey

Does this student have a parent/guardian in the military? ☐ Yes ☐ No If Yes which branch? ___________________

Name of parent in the military: ____________________________________________________________

(only list National Guard if the parent/guardian is full-time)

Is the parent/guardian active duty? ☐ Yes ☐ No Is the parent/guardian currently deployed? ☐ Yes ☐ No

Technology Access Survey

Does this student have access to high speed internet at home? ☐ Yes ☐ No ☐ Not Sure

Does this student have a personal device such as a smartphone, tablet or computer with an internet connection? ☐ Yes ☐ No

Special Services Survey

Does this student have special needs or receive special education services? ☐ Yes ☐ No ☐ Not Sure

Does this student have a current 504 plan? ☐ Yes ☐ No ☐ Not Sure

Has this student been formally identified as Gifted/Talented? ☐ Yes ☐ No ☐ Not Sure

Medical Information

Known medical problems: ☐ asthma/breathing problems ☐ diabetes ☐ heart problems ☐ epilepsy/seizures

☐ allergies to food, medication, or insects ☐ other

Please explain any item checked: ______________________________________________________________________

If you child has any other health condition not listed above, please explain: ____________________________

Is your child currently under a physician’s care for the above? ☐ Yes ☐ No

Regular Medication: __________________________________________ Dosage: __________________________

Physician Name: __________________ Telephone: __________________

Student Insurance Company: __________________ Group #: __________________

Policy #: __________________ Medicaid #: __________________

Hospital preference: (check one): ☐ King’s Daughter’s Medical Center ☐ Our Lady of Bellefonte Hospital

Please provide an updated form anytime any of the medical information changes. By signing this form, I give permission for my child to be screened for vision, hearing, speech, scoliosis, contagions and parasites by trained school personnel. In case of an emergency and no one can be reached a the phone numbers listed for my child, I authorize school officials to administer necessary emergency treatment, call the physician listed and/or call 911 for emergency transportation. I will not hold the school district financially responsible for the emergency care and/or transport of my child. Signing this form shall release Ashland Independent Schools and any staff member from any liability of any nature in assisting my child during a medical emergency.

For safety reasons, is there any specific person NOT ALLOWED access to this student? If so please list their name and relationship: Legal documentation (restraining order, parental termination court order, etc.) MUST be provided to the school.

Name: ___________________________ Relationship to student: ________

I hereby certify that the information given on this form is true and accurate and that the address listed is my legal residence. If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature ___________________________________________ Date: ____________________________
Boyd County Transportation
STUDENT TRANSPORTATION CODE VERIFICATION

The Boyd County Board of Education is updating student transportation records. Please have a parent or guardian complete this form for each student and return it to the student's teacher. If not completed by a parent or guardian, then a school official (teacher, clerk or other) may interview the student and complete the form. Information must be verified and entered into the Kentucky Student Information System for each student.

Student Name: _______________________________________________
Address: ____________________________________________________
Home Phone: _______________________________      Cell Phone: _________________________

BUS RIDER INFORMATION

In general as a matter of routine:

<table>
<thead>
<tr>
<th>RIDER INFORMATION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DO NOT RIDE THE BUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I RIDE THE BUS TWICE DAILY OVER ONE MILE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I RIDE THE BUS TWICE DAILY UNDER ONE MILE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I RIDE THE BUS ONCE DAILY OVER ONE MILE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I RIDE THE BUS ONCE DAILY UNDER ONE MILE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I RIDE A SPECIAL NEEDS BUS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BUS NUMBER THAT PICKS YOU UP AT HOME:  __________
BUS NUMBER THAT DROPS YOU OFF AT HOME:  __________

If a student's transportation changes during the school year, please notify the school office immediately or homeroom teacher or request a new form.

Subsequent change notes (used to document any changes to the information mentioned during the school year.)
1.)
2.)
3.)

Form completed by: ____________________________________________

For school use only:  T-code assigned in IC:  __________
AFFIRMATION OF RESIDENTIAL ADDRESS

Student’s Name: ____________________________________________

I affirm that I am and will continue to reside at: ________________________________

_______________________________________

I solemnly affirm that I will notify the school and the school district immediately upon changing my residential address. I also agree to provide additional proof of my residential address whenever asked by the school and/or school district.

Parent’s Signature: ____________________________________________

Received by: _____________________________________________________________________

School Official.                                                                 Date

Acceptable Proofs of Residency:

1. Rent/Lease Agreement
2. Utility Bill
3. Notarized Statement from individual with whom you are currently residing.
4. Driver’s License.