

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.

Boyd County Public Schools

Student Enrollment Form

Office Use Only (revised 2/26/18)

School: _____
 Start Date: _____
 Homeroom: _____

Legal Name of Student (Please Print) _____ Suffix _____
 (Last) (First) (Middle) (Jr., III, etc)

Male Female Date of Birth: _____ SS# _____ Grade: _____

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

Ethnicity: Is your child Hispanic/Latino: Yes No

Student Race: (**Must check at least one**) 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)

(Check 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: (____) _____
 Cell Phone: (____) _____ 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: (____) _____
 Cell Phone: (____) _____ 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 2: _____

Legal Name: _____ Suffix: _____
 Birth Date _____ Sex: ___ Grade: ___ School: _____
 Relationship to Guardian 1: _____ Guardian 2: _____

Legal Name: _____ Suffix: _____
 Birth Date _____ Sex: ___ Grade: ___ School: _____
 Relationship to Guardian 1: _____ Guardian 2: _____

Legal Name: _____ Suffix: _____
 Birth Date _____ Sex: ___ Grade: ___ School: _____
 Relationship to 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: (____) _____
 Cell Phone: (____) _____ 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: (____) _____
 Cell Phone: (____) _____ 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 your 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:

RIDER INFORMATION	YES	NO
I DO NOT RIDE THE BUS		
I RIDE THE BUS TWICE DAILY OVER ONE MILE		
I RIDE THE BUS TWICE DAILY UNDER ONE MILE		
I RIDE THE BUS ONCE DAILY OVER ONE MILE		
I RIDE THE BUS ONCE DAILY UNDER ONE MILE		
I RIDE A SPECIAL NEEDS BUS		

BUS NUMBER THAT PICKS YOU UP AT HOME: _____

BUST NUMBER THAT DROPS YOU OFF AT HOME: _____

If a students 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: _____



**From the Office of Director of Pupil Personnel
Marci Prater, DPP
Boyd County Schools
1104 Bob McCullough Drive
Ashland, KY 41102
606-928-4141**

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.