

**You must provide proof of
residency with this form.**

Bourbon County Schools Enrollment Information

School: _____
Start Date: _____
(Office Use Only)

Revised 3/26/19



Legal Name of Student _____
(Last) (First) (Middle)

Male Female Grade: _____ Nickname _____ Date of Birth _____

Student Home Phone # (____) _____ - _____ Social Security # (optional) _____ - _____ - _____

Student Address: (Street) _____ (City) _____ (Zip) _____
(ONLY if applicable) Is this a: Shelter Motel Resides with Friends or Relatives

Student Mailing Address (if different) _____ (City) _____ (Zip) _____
(Street or PO Box)

Race: Hispanic Yes No (You must check one)

Is the student one or more of these races? (Check all that apply): American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

Have you ever been enrolled in a Kentucky school? Yes No If yes: Date/Year attended _____

Last School Attended _____ Telephone No: (____) _____

School Address: (City) _____ (County) _____ (State) _____

Transportation

Does your child live within a mile of the school? No Yes * For Office Use Only: TCode= _____

Under normal conditions, my child (check one): Rides a bus twice daily Rides a bus once daily (A.M. or P.M.) Circle one
 Does not ride a bus Rides a special handicapped vehicle

Rides Bus # _____ A.M. _____ P.M.

Participation in Programs

Please check any special programs in which the student has participated:

Title 1 IEP 504 Plan ELL Gifted/Talented

Medical Information

Insurance Company _____ Policy # _____ Group # _____

Family Physician _____ Telephone No: (____) _____

Is the student covered by Kentucky Medical Assistance: (Medical Card) No Yes: Card # _____

List and identify problems and/or medical conditions (such as allergies and/or allergies to medications) that should be known to school personnel: _____

Per state regulation, any child with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a Special Health Care Authorization form on file. **To obtain a Special Health Care Needs Assessment, please contact the School Nurse.**

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.

Publication Consent Form

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 public awareness or fund-raising purposes.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school.

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 uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardian(s) of _____, I/we

Student's Name

give do not give the Bourbon County School District permission to release my/our child's name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) _____

Parent/Guardian's Signature

Date

Please check the school your child will attend:

- Bourbon County High School
- Bourbon County Middle School
- Bourbon Central Elementary
- Cane Ridge Elementary
- North Middletown Elementary
- Preschool/Head Start

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

Review/Revised: 3/28/16

Parents/Guardians Living in Same Household as Student

Legal Name _____ Relationship to Student _____ Phone: Cell _____ Work _____ E-Mail Address _____ Place of Employment _____ Work Address _____ Does this Parent/Guardian want to access: <input type="checkbox"/> Parent/Student Web Access <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailings	Legal Name _____ Relationship to Student _____ Phone: Cell _____ Work _____ E-Mail Address _____ Place of Employment _____ Work Address _____ Does this Parent/Guardian want to access: <input type="checkbox"/> Parent/Student Web Access <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailings
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Siblings Living in Same Household as Student

Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____	Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____
Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____	Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____
Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____	Legal Name: _____ Birth Date ___/___/___ Sex: ___ Grade: ___ Currently attending a Bourbon County School? ___ Name of School: _____

Parents/Guardians Living at Different Address (Different from Student)

Does this parent/guardian have joint custody? _____ If yes, which child/children? _____ Legal Name: _____ Relationship to Student: _____ Address: _____ City: _____ State: ___ Zip: _____ Phone: Home (____) _____ Cell(____) _____ Work (____) _____ E-Mail _____ Place of Employment _____ Should this person receive school information? _____ Is there a court order restricting this parent/guardian's access to the student? _____ (If yes, a copy of the court order <u>MUST</u> be provided to the school). May this Parent/Guardian have access to: <input type="checkbox"/> Parent/Student Web Access <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailings	Does this parent/guardian have joint custody? _____ If yes, which child/children? _____ Legal Name: _____ Relationship to Student: _____ Address: _____ City: _____ State: ___ Zip: _____ Phone: Home (____) _____ Cell (____) _____ Work (____) _____ E-Mail _____ Place of Employment _____ Should this person receive school information? _____ Is there a court order restricting this parent/guardian's access to the student? _____ (If yes, a copy of the court order <u>MUST</u> be provided to the school). May this Parent/Guardian have access to: <input type="checkbox"/> Parent/Student Web Access <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailings
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Emergency Information

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:

Name _____ Relationship to Student _____ E-Mail Address _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Name _____ Relationship to Student _____ E-Mail Address _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Name _____ Relationship to Student _____ E-Mail Address _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Name _____ Relationship to Student _____ E-Mail Address _____

Home Phone # (____) _____ Cell Phone # (____) _____ Work Phone # (____) _____

Signatures

I declare, under the penalty of perjury, that the student(s) that resides at the above address and the information supplied is correct and current. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I move outside the district, appropriate forms may also be required. I understand that the district may not accept an inter-district transfer.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud or negligent misrepresentation.

If there is any change of address or phone number made during the school year, please contact the school office IMMEDIATELY.

Signature of Parent/Guardian _____ Date _____