

**BOYLE COUNTY MIDDLE SCHOOL
ENROLLMENT OF NEW STUDENTS**

PROOF OF RESIDENCE: Two of the following are required: Phone Bill, Electric Bill, Water Bill, etc. In addition, the principal may request a driver's license with current address.

IMMUNIZATIONS: All immunizations must be current and placed on a Kentucky Certificate. This is a Kentucky State Law.

PHYSICALS: Required at 6th grade (must be dated within one year of first day enrolled).
Out-of-state enrollees are allowed 30 days from enrollment date.

SOCIAL SECURITY CARD: Copy accepted (optional).

BIRTH CERTIFICATE: Need Certified Copy within 30 days (not the copy received from the hospital).

**IF THE STUDENT DOES NOT LIVE WITH BOTH NATURAL AND ADOPTIVE PARENTS,
WE MUST HAVE CUSTODY PAPERS SHOWING THE LEGAL GUARDIAN.**

ACADEMIC INFORMATION: Most recent report card, IEP (if applicable),
Name, address, and phone number of previous school.

GUIDANCE COUNSELORS:

Shannon Holland
859-236-4212, Ext. 3109

Sharon Todd
859-236-4212, Ext. 3142

BOYLE COUNTY HEALTH DEPARTMENT

448 South Third Street
Danville, Kentucky 40422

Phone: 859-236-2053

Fax: 859-236-2863

Hours: Monday, Wednesday, Thursday (8:00 a.m. - 4:30 p.m.)

Tuesday (8:00 a.m. - 6:00 p.m.)

Friday (8:00 a.m. - 3:00 p.m.)

(Appointments recommended, but will take walk-ins)

Student Enrollment/Emergency Information 2017-2018

~Please Print~

Legal Name of Student (as listed on Birth Certificate) _____
 (Last) (First) (Middle Initial) (Jr., III, etc) Suffix _____

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

Birthplace: (Country) _____ (State) _____ Household Phone #: (____) _____

NOTE! Automated one calls pull the household phone number. If you wish to add another number, call the BC Bd Office at 859-236-6634

Student Physical Address: (St) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____

(Check only if applicable) ☐ Shelter ☐ Motel ☐ House or apartment shared with friends or family members

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
 (Street or PO Box and Apt #)

Race: Is this child Hispanic/Latino YES or NO Is this child from one or more of these races? (Check all that apply) ☐ White
☐ Black or African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian or other Pacific Islander

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

Complete ONLY if transferring from another district outside of Boyle County:

Last School Attended: _____ Kentucky School: ☐ Yes ☐ No

Last Date Attended: _____ School Telephone #: (____) _____

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

Parents/Guardians Living in Same Household as Student

Legal Name: _____ (Last) (First) Race _____	Legal Name: _____ (Last) (First) Race _____
Relationship to Student: _____	Relationship to Student: _____
Phone: Home (____) _____ Work: (____) _____	Phone: Home (____) _____ Work: (____) _____
Cell Phone: (____) _____ E-Mail: _____	Cell Phone: (____) _____ E-Mail: _____
Place of Employment: _____	Place of Employment: _____

*** Siblings or other family/friends living in same household as the student who attends Boyle County Schools***

Legal Name: _____	Legal Name: _____
Birth Date _____ Sex: _____ Grade: _____	Birth Date _____ Sex: _____ Grade: _____
Name of Boyle County School: _____	Name of Boyle County School: _____
Legal Name: _____	Legal Name: _____
Birth Date _____ Sex: _____ Grade: _____	Birth Date _____ Sex: _____ Grade: _____
Name of Boyle County School: _____	Name of Boyle 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? _____ Does this person have check out rights as well? Yes ___ No ___ Legal Name: _____ Race _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ Place of Employment: _____	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Does this person have check out rights as well? Yes ___ No ___ Legal Name: _____ Race _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home (____) _____ Work: (____) _____ Cell Phone: (____) _____ E-Mail: _____ Place of Employment: _____
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Authorized/Emergency Release

The following people are authorized to check out my child with my permission. In the event of an emergency, if I cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Phone #: _____ Relationship to student _____

Name: _____ Phone #: _____ Relationship to student _____

Name: _____ Phone #: _____ Relationship to student _____

Name: _____ Phone #: _____ Relationship to student _____

Early Release Due to Weather or Other School Event

In the event of early release due to inclement weather or other school event, please indicate what your child is to do.

Please check one~ Use regular transportation _____ Other (please specify) _____

LEGAL ISSUES

If there is anyone **NOT ALLOWED** to have contact with this student, please list their name and relationship to student: (Legal documentation **MUST** be provided to the school.)

Name: _____ Relationship to student _____

Name: _____ Relationship to student _____

DAILY TRANSPORTATION

Primary Afternoon Transportation*: (Only Circle One) Bus Rider Car Rider YMCA

Please check:

My child will never ride the bus _____ Car Tag Number (elementary only) _____

My child rides the bus twice daily over 1 mile _____ A.M. Bus# _____ P.M. Bus # _____

My child rides the bus once daily over 1 mile _____ A.M. Bus# _____ or P.M. Bus # _____

My child rides the bus twice daily under 1 mile _____ A.M. Bus# _____ P.M. Bus # _____

My child rides the bus one daily under 1 mile _____ A.M. Bus# _____ or P.M. Bus # _____

If there are any changes made during the year, please contact the school office
IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____

Emergency Information Form

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Student's Address _____			
<i>Street Address/Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
Grade _____	Teacher (Homeroom)/Classroom _____	Bus # _____	

TO BE COMPLETED BY PARENT/GUARDIAN

To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information:

MOTHER'S NAME _____

Last Name *First Name* *Middle Initial*

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

FATHER'S NAME _____

Last Name *First Name* *Middle Initial*

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

OTHER NAME _____

Last Name *First Name* *Middle Initial*

Home Phone _____ Cell Phone _____ Work Phone _____

Student's Insurance Carrier _____ Policy # _____

Family Doctor's Name: _____ Phone # _____

Address: _____

In case of emergency, accident, or serious illness of the above named student, I request and authorize Boyle Co. schools to take action necessary to maintain the student's health. If school personnel are unable to contact me, I hereby authorize them to release my students health information to Emergency/Hospital personnel and anyone authorized to pick up my child from school or school sponsored activity.

Parent/Guardian's Signature

Date

Is your child on any daily medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Emergency Information FormIs your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify _____Is your child allergic to insect bites? ☐ Yes ☐ No If yes, please specify _____Does your child have food allergies? ☐ Yes ☐ No If yes, please specify _____

Does your child have a history of: (Check appropriate boxes.)

☐ Heart disease, ☐ Diabetes,☐ Seizure, ☐ Asthma, ☐ Other (Specify) _____?

If so, please check and describe any special emergency treatment that may be required:

Please list any other health conditions that might require emergency medical treatment: _____

*Parent/Guardian's Signature**Date***Log of Attempts to Contact Parent/Guardian**

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

To Be Completed If Student Is TransportedDate of transportation _____ Time of transportation _____ ☐ A.M. ☐ P.M.Destination _____ Arrival time _____ ☐ A.M. ☐ P.M.

Means of transportation (Check appropriate box.)

☐ EMS vehicle☐ Board-owned vehicle☐ Private vehicle

If Board-owned vehicle or Private vehicle, list name of driver: _____

Driver is the/a (Check appropriate box.)

☐ Parent/guardian☐ Relative (Specify) _____☐ School administrator☐ Teacher☐ Other Board employee

Review/Revised: 7/23/09