

MONTGOMERY COUNTY SCHOOLS

Student Registration Form

Date _____
School _____

Grade _____
Homeroom Teacher _____

PERSONAL INFORMATION

Student's Legal Name: _____ / _____ / _____
(Last) (First) (Middle) SS# (optional)

Residence Address: _____
(Street) (Apt. #) (City) (Zip Code)

Mailing Address (if different from residence): _____
(Include P.O. Box # if applicable)

Home Phone: _____ Birth Date: _____ Age: _____ Sex: ☐ M ☐ F

Ethnicity: Select one ☐ Hispanic ☐ Non-Hispanic

Race: Select all that apply ☐ Caucasian/White ☐ African American/Black ☐ Asian
☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander

Last School Attended: _____ City/ State: _____

Has your child been diagnosed with a disability or special need? ___Y ___N - If yes please provide name of diagnosis, date, where diagnosed, and any additional information helpful for your child _____

Person Completing this form - Must be parent or legal guardian (please print)

Date Completed

FAMILY INFORMATION: PLEASE PROVIDE THE FOLLOWING INFORMATION:

Student Lives With: (check all that apply)

☐ Mother/Father ☐ Mother ☐ Father ☐ Grandparents ☐ Guardian
☐ Foster Parents ☐ Stepfather/Mother ☐ Stepmother/Father ☐ Other

Biological/Adoptive Parent Information:	Biological/Adoptive Parent Information:	Legal Guardian (if not biological/adoptive parent)
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____
Work Place: _____	Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Email: _____	Email: _____	Email: _____
Step parent (if applicable): _____	Step parent (if applicable): _____	Step parent (if applicable): _____

CONTINUE ON BACK

It is the responsibility of the parent or guardian to provide accurate information and to inform the school as changes occur to the information on this document.

VERY IMPORTANT - Please List ALL children living in the household- use separate sheet to list additional children if needed

Name	Relationship	Birthdate	School Attending (if applicable)

REQUIRED CONTACT INFORMATION - List at least two contacts **(OTHER THAN PARENTS)** who may pick up your child in the event you cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian signature _____ Date _____

Pick up restrictions: (Note: If biological parent(s) is restricted, court documentation is required to be on file at the school.)

BUS RIDER INFORMATION

In general as a matter of routine:

I ride the bus twice daily _____ Yes _____ No

I ride the bus once daily _____ Yes _____ No

I do not ride the bus _____ Yes _____ No

If known:

Bus number that picks you up _____ Bus number that drops you off _____

STUDENT RESIDENCY STATEMENT

This form is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act). The questions below are to assist in determining if the student meets the eligibility criteria for services provided under the McKinney-Vento Act. **Information provided on this form is confidential.**

Where does the student stay at night:

- ☐ In a shelter (family shelter, domestic violence shelter, or transitional living program);
- ☐ In a motel, hotel, or weekly-rate housing;
- ☐ In a house with parent(s);
- ☐ In a house or apartment with more than one family because of economic hardship or loss;
- ☐ In an abandoned building, a car, at a campground, or on the street;
- ☐ In a temporary foster care or with an adult who is not the parent or legal guardian;
- ☐ In substandard housing (no electricity, no water, and/or no heat);
- ☐ With friends or family because student is a runaway or unaccompanied youth; or
- ☐ Other (please specify): _____

I certify the above named student qualifies for the child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____

It is the responsibility of the parent or guardian to provide accurate information and to inform the school as changes occur to the information on this document.

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related [Inclusion of Special Populations Guidance](#).

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____

Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

Encuesta sobre el Idioma Materno

Estimado padre/tutor:

El objetivo de la encuesta sobre el idioma materno (HLS, por sus siglas en inglés) es determinar la lengua principal o materna del estudiante. Esta información es muy importante para que las escuelas proporcionen aprendizaje significativo para todos los estudiantes. La encuesta HLS es parte de un proceso de identificación a nivel estatal en virtud de lo establecido en el Artículo 3113(b)(2) de la Ley Cada Estudiante Triunfa (ESSA, por sus siglas en inglés), el Artículo 703 KAR 5:070 y lo establecido en la Guía de Inclusión para Poblaciones Especiales ([Inclusion of Special Populations Guidance](#)).

Se debe realizar la encuesta HLS a todos los estudiantes del sistema K-12 en su inscripción inicial en el distrito como un proceso de evaluación inicial para identificar posibles estudiantes del idioma inglés. La encuesta HLS se realiza una sola vez durante la inscripción inicial entre kindergarten y 12° grado y se guarda en el historial académico del estudiante.

Tenga en cuenta que las respuestas de la encuesta a continuación están pensadas para los estudiantes. **Si se registra otro idioma que no sea el inglés en CUALQUIERA de las preguntas de la encuesta a continuación, el distrito estará obligado a realizar más evaluaciones sobre su hijo para determinar si puede recibir apoyo lingüístico.**

No se utilizarán las respuestas para determinar el estado legal o con fines de inmigración. Si su hijo es elegible para apoyo lingüístico de inglés, usted puede rechazar algunos o todos los servicios que se le ofrezcan a su hijo.

Si tiene alguna duda sobre cómo completar la encuesta HLS, contáctese con la escuela de su hijo.

Información del estudiante (solicitada):

Nombre: _____

Grado: _____

Contexto lingüístico del estudiante (solicitado):

1. ¿Cuál es el idioma hablado con mayor frecuencia en casa? _____

2. ¿Qué idioma aprendió su hijo cuando comenzó a hablar? _____

3. ¿En qué idioma habla su hijo con mayor frecuencia en casa? _____

4. ¿En qué idioma suele hablarle a su hijo? _____

Idioma para la comunicación escolar (no solicitado):

5. ¿En qué idioma prefiere recibir la información escolar? _____

Firma del padre/tutor: _____ Fecha: _____

Al firmar aquí, certifica que las respuestas a las cuatro preguntas solicitadas previamente son específicas para su hijo. Usted comprende que si se identifica un idioma que no sea el inglés, su hijo será evaluado para determinar si califica para los servicios de apoyo lingüístico para ayudarlo a dominar el inglés. Los estudiantes que califiquen para los servicios de apoyo lingüístico tienen derecho a los servicios como estudiantes de inglés y serán evaluados anualmente para determinar su dominio del idioma inglés según lo establecido por la Ley ESSA 1111(b)(2)(G).

Solo para uso escolar

Personal de la escuela que gestionó y explicó la encuesta HLS y la posible colocación de un estudiante en un programa de desarrollo del idioma inglés si se indicó un idioma distinto al inglés:

Nombre: _____

Fecha: _____

Publication Consent Form**School** _____**PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.**

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. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including, but not limited to, publishing pictures in yearbooks, event programs and newsletters, or posting a likeness of your child on the school or District Web site.

Under 09.14 AP.12, the District has designated student photographs as “directory information.” Consistent with that annual notice, a photograph of an individual student may be released to others and/or reproduced in school yearbooks as long as the parent or adult student has not submitted written notice (by returning form 09.14 AP.12) indicating that they do not wish photographs of the student to be released.

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 any of our 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)/guardians(s) of _____, I/we give the
Student’s Name (PLEASE PRINT)

Montgomery County School District permission to release my/our child’s name, photograph, 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

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:7/26/2016

Electronic Access/User Agreement Forms**AUP FORM FOR STUDENTS**

STUDENT'S NAME (LAST) _____ (FIRST) _____ (INITIAL) _____

STUDENT'S ADDRESS _____

STUDENT'S AGE ____ DATE OF BIRTH _____ SEX ____ PHONE NUMBER _____

SCHOOL _____

GRADE _____ HOMEROOM/CLASSROOM _____

As a user of the **Montgomery County School District's** computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

Student's Signature _____ Date _____

Prior to the student's being granted independent access privileges, the following section must be completed for students under 18 years of age:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian _____

STUDENTS: Return this form to your school.

Review/Revised:4/26/2016

Emergency Information Form

Students Name: _____ Birth date: _____

Grade _____ School: _____

Legal Home Street Address _____

#1 Legal Guardian Name _____

Contact # (_____) _____ Contact # (____) _____

#2 Legal Guardian Name _____

Contact # (_____) _____ Contact # (____) _____

List CURRENT HEALTH conditions & their treatment diagnosed by a healthcare provider that may impact your child during the school day or during an emergency lockdown or evacuation:

- _____
- _____
- _____

LIST ALL Known Allergies (FOOD/INSECTS/MEDICATIONS ETC.) and explain the reaction:

- _____
- _____
- _____

EMERGENCY CONTACTS: Please name two (2) persons other than the legal guardian that may take responsibility for your child or make decisions for health care:

- 1) _____ Phone # _____
- 2) _____ Phone # _____

Child's Healthcare Provider: _____

Child's Insurance Provider: _____

By signing below, I give my child consent to participate in **EDUCATIONAL/SPORTS/CLUB** school-related student trip(s). I understand that I am responsible to provide all medications and treatment supplies related to my child's health conditions indicated above. I authorize trained school personnel to assist my child with his/her medication as my child's healthcare provider or I have directed if needed. **Teachers/Sponsors are responsible to provide specific information and have specific consent for each trip. Form 09.36 AP.211 is required for any overnight or out of state travel.**

I authorize school personnel to make the determination, in the event of accident or sudden illness while at school or on a school-sponsored trip, to have EMS transport my child to the nearest hospital and authorize treatment as deemed necessary for the health of said child.

*Parent/Legal Guardian Signature*_____
Date

Review/Revised:4/21/2021

MONTGOMERY COUNTY SCHOOL HEALTH CONSENT FOR SERVICES 2024-25

IHP/Emergency Plan? ☐ Y ☐ N

Reviewed by: _____

Student last name: _____ Student first name: _____ MI _____ GRADE: _____

Legal Street Address: _____ Date of Birth: _____

#1 Legal Guardian Name _____ Contact # () _____ Contact # () _____

#2 Legal Guardian Name _____ Contact # () _____ Contact # () _____

Student's Health Care Provider: _____ Student's Dentist: _____

***Health Conditions that may require EMERGENCY MEDICATION or Treatment at school:**

☐ Diabetes ☐ Asthma ☐ Seizures ☐ Severe Allergies to: _____

Other conditions and/or current daily medications: _____

***The district has stock Benadryl, Epi Pens and Albuterol @ each school for Life Threatening Emergencies**

A student may not carry **ANY** medication with them **UNLESS** written permission from their health care provider and/or parent --for OTC meds--is provided on a health plan. Prescription meds **GIVEN DAILY** must have written authorization of prescribing healthcare provider on form 09.2241 AP.21

Consent for Health Services

By signing, I consent to care for my child that may include, but is not limited to, illness/injury assessments, medication administration, first aid, monitoring/education for chronic disease such as asthma or diabetes and/or referrals for further medical assessment. I consent for my child's immunization data to be entered into the KYIR registry to ensure a complete history. The school nurse ensures health screenings are completed including height, weight, vision & hearing as needed, and that I will be notified of any abnormal findings.*To ensure student safety, school health services may share or request educationally relevant health information with school staff or medical professionals (MD, PA, NP, Dentist, etc...) having direct involvement with my child, or may contact the healthcare provider for necessary health information or medication and treatment clarification. A school nurse or trained staff member, in accordance with the Kentucky Department of Education and Montgomery County School Health Protocols, may provide basic comfort measures such as **saltine crackers, peppermint disks or soft peppermint** as age appropriate after she/he has evaluated my child's complaint. The health unit also has first aid items, including but not limited to **eye wash/artificial tears, aloe vera gel & Vaseline.**

MARK THROUGH ANY COMFORT MEASURES YOU DO NOT WANT YOUR CHILD TO RECEIVE

The school **DOES NOT PROVIDE MEDICATION FOR STUDENTS**, however if you, the undersigned legal guardian, **wish to send in over-the-counter medication to be kept locked in the health unit** and administered as needed, per your directions, by the school nurse or other trained staff for designated complaint (s) please complete the following:

OTC Medication: _____ Given For: _____ Dosage: _____

Date Received from guardian: _____ Person receiving the medication: _____

OTC Medication: _____ Given For: _____ Dosage: _____

Date Received from guardian: _____ Person receiving the medication: _____

Must be in the original container, given to the nurse or staff member designated to provide health services or the supervising teacher/sponsor/coach for proper storage. (Includes field trips). Montgomery County Board of Education Medication Policy and Procedures (09.2241) are readily available to read.

By signing this consent, I release Montgomery County Schools from any liability related to the administration of medications or treatment as long as reasonable and customary care is given. This consent is given voluntarily and with full knowledge of its significance.



Parent/Legal Guardian Signature*

Relationship to student

Date

Consent valid for current school year only

Revised 5/9/24