

CHECKLIST

New Enrollment

No	REQUIRED DOCUMENTS TO ENROLL A STUDENT	INITIAL
1	Birth Certificate (or other reliable proof of the student's identity and age with an affidavit explaining the inability to produce a copy of the birth certificate)	
2	Social Security Card	
3	Proof of Guardianship (Birth Certificate or other reliable proof of age and guardianship, court documentation, Power of Attorney form, etc.)	
4	Proof of Residence (include but not limited to utility bill, driver's license, ownership or lease agreement, tax bill, etc.)	
5	Immunizations (KY form and must be up-to-date)	
6	Physical	
7	Dental Exam	
8	Eye Exam	





Matthew D. Thompson, Ed.D., Superintendent
Sharon Smith-Breiner, Chairperson
Daniel Freeman, Ed.D., Vice Chairperson

Our mission is to provide a safe and accepting environment and ensure a student-centered, equitable education with high expectations for ALL students.

Alice Anderson, Board Member
Carmela Fletcher-Green, Board Member
Lisa Walker, Board Member

Dear Parent/Guardian,

Our most important function in Montgomery County Schools is to provide the safest learning environment possible for all of our students and school staff members.

Unfortunately, in recent years, Kentucky's P-12 schools have experienced an escalation of terroristic threats being made by students with intent to do harm to either other students or school staff members. Plainly stated, these are threats being made to shoot people or detonate bombs with lethal intent. In fact, between January 23 and April 30th of the 2018 school year Kentucky schools experienced (294) terroristic threats that caused widespread fear throughout the school's community and resulted in total disruption to the educational process. In many of those cases, school officials and law enforcement officials were forced to close schools to investigate the threats that had been made. In other cases, school attendance plummeted for days after the threat was made. Many school leaders have said that the emotional, instructional, and financial impacts of these acts are incalculable.

Terroristic Threatening in the second degree is defined in state law (KRS 508.078)

(1) A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

b) Makes false statements by any means, including by electronic communication, for the purpose of:

- 1. Causing evacuation of a school building, school property, or school-sanctioned activity;**
- 2. Causing cancellation of school classes or school-sanctioned activity; or**
- 3. Creating fear of serious bodily harm among students, parents, or school personnel**

(For the complete text for KRS 508.078 please see the attached page.)

Such threats to our students and school staff are totally unacceptable and will not be tolerated. As a result, the purpose of this letter is to notify all parents and guardians that school district officials (in coordination with responding law enforcement agencies) will **pursue immediate legal charges for felony terroristic threatening in the second degree, to the absolute fullest extent of the law, against anyone who makes such threats, including students.** Moreover, we will advocate to our highest ability that the prosecution of these individuals be swift and their punishment be severe.

Our approach to eliminating terroristic threatening in our school and district is strong and unwavering, and as a result, it is imperative that you discuss this critically important matter with your student as soon as possible. School and law enforcement officials are determined to put a halt to these willful acts of terrorism being made toward our students. Please do your part to ensure that your student never becomes a party to such an offense by educating him/her on the seriousness of its consequences.

Together we can prevent this unnecessary, dangerous, and disruptive crime from victimizing our schools. I appreciate your partnership in keeping our school the safest place for your student to learn and grow. If you have any questions or concerns, please contact me at your convenience.

Sincerely,

PLEASE CAREFULLY REVIEW DETAILS OF KRS 508.078 ON FOLLOWING PAGE

Definitions of Terroristic Threatening:

508.078 Terroristic threatening in the second degree.

(1) A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

(a) With respect to any scheduled, publicly advertised event open to the public, any place of worship, or any school function, threatens to commit any act likely to result in death or serious physical injury to any person at a scheduled, publicly advertised event open to the public, any person at a place of worship, or any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons at a scheduled, publicly advertised event open to the public, place of worship, or school does not need to identify a specific person or persons or school in order for a violation of this section to occur;

(b) Makes false statements by any means, including by electronic communication, for the purpose of:

- 1. Causing evacuation of a school building, school property, or school-sanctioned activity;**
- 2. Causing cancellation of school classes or school-sanctioned activity; or**
- 3. Creating fear of serious bodily harm among students, parents, or school personnel;**

(c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or

(d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.

(2) A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.

(3) A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.

(4) Except as provided in subsection (5) of this section, terroristic threatening in the second degree is a Class D felony.

(5) Terroristic threatening in the second degree is a Class C felony when, in addition to violating subsection (1) of this section, the person intentionally engages in substantial conduct required to prepare for or carry out the threatened act, including but not limited to gathering weapons, ammunition, body armor, vehicles, or materials required to manufacture a weapon of mass destruction.

Penalties

Violating a Class D felony (adult) 1-5 years imprisonment (KRS 532.020) and/or \$1,000-\$10,000 fine (KRS 532.020).

Violating a Class C felony (adult), 5-10 years imprisonment (KRS 532.020) and/or \$1,000-\$10,000 fine (KRS 532.020).

Violating a felony (juvenile) fine not to exceed \$500 (KRS 635.085), with fine assessed at the court's discretion in lieu of commitment to the Department of Juvenile Justice.

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 _____

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 District

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. DO I NEED TO FILL OUT A FORM FOR EACH CHILD? No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to school.
2. MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT SCHOOL. WHY SHOULD I COMPLETE THIS FORM AS WELL? Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge.
3. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 859-497-8760 ext. 6300.

SINCERELY,

April Johnson, FRAM COORDINATOR

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): **All applicants should complete this part.** List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Check the appropriate category and call 859-497-8760 ext. 6300.

Part 3: Skip this part.

Part 4: Sign the form.

If you have **foster child(ren)** only, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If all children in the household are marked as foster children in Part 1:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2 —Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. **Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.**
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

Montgomery County Schools is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, **all** children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return to school a **single application per household**.

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	<i>Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, skip to Part 5 to sign this form.</i>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call 859-497-8760 ext. 6300.

HOMELESS MIGRANT RUNAWAY

PART 3. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

DECLINE TO PROVIDE INCOME – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____ Phone
 Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____