



2024-2025

**PIKEVILLE JUNIOR HIGH/HIGH SCHOOL ENROLLMENT PACKET**

***(IMPORTANT!! PLEASE SAVE THIS DOCUMENT TO YOUR COMPUTER BEFORE TYPING.)***

Full Student Name: \_\_\_\_\_

Please enter today's date (MM/DD/YYYY): \_\_\_\_\_

Dear Parent/Guardian:

In an effort to streamline registration we are providing an electronic enrollment packet to be completed at your convenience. The electronic packet is designed so certain pieces of information (the most common ones) only need to be entered once. Please be sure to click SAVE frequently so information will not be lost. After completing the document please print and sign where appropriate. Signature areas are highlighted in yellow. Please bring the completed enrollment packet to registration to lessen wait time.

We apologize for the length of the enrollment packet but we must update information every school year. An enrollment packet must be completed for each child wishing to attend Pikeville Junior High/High School. Thank you for choosing Pikeville Junior High/High School!

**FOR OFFICE USE ONLY**

Date Received:	
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<b>Student Information</b>		School Year:		Tuition Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:				Grade:		Gender:
Social Security #:				Birthdate:		Race:
Cell #:				Email:		
Mailing Address:						
Physical Address:						

<b>Parent/Guardian #1</b>		<b>Relationship:</b>	
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not the parent, do you have legal/court documents on file with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:			Birthdate:
Work Phone #:		Home Phone #:	Cell #:
Mailing Address:			
Physical Address:			
Place of Employment:		Email:	

<b>Parent/Guardian #2</b>				<b>Relationship:</b>			
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No				If not the parent, do you have legal/court documents on file with us? <span style="float: right;">Yes    No</span>			
Full Name:					Birthdate:		
Work Phone #:		Home Phone #:		Cell #:			
Mailing Address:							
Physical Address:							
Place of Employment:				Email:			

Other Household Members: Please list ALL Other individuals (adults and students) living in your home at this time.					
Full Name	Relationship To Student	Gender	Birthdate	Grade	School Attending

**Emergency Contacts:** To ensure your child's safety, please list those individuals who may be contacted in an emergency situation and who are authorized to sign your child out from school *besides parents/guardians*.  
**\*\*Must be updated annually\*\***

[illegible]

**Transportation:** Student transportation will not be changed without written notification from parent/guardian.

	<i>Rides Bus</i>	<i>Is Transported By Parent</i>	<i>Drives Self</i>
To School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child is transferring from another school:		If transferring to PHS, has your child been previously identified or received services in any of the following.					
School Attended:		<input type="checkbox"/>	Special Education	<input type="checkbox"/>	ESL	<input type="checkbox"/>	Speech
School Address:		<input type="checkbox"/>	Gifted & Talented	<input type="checkbox"/>	504 Plan	<input type="checkbox"/>	Vision
		School Phone #:					

Parent/Guardian Printed Name:			
Parent/Guardian Signature:		Date	

Student Information			
Full Name:			Grade:

Media Release Form	
<input type="checkbox"/>	I <b>DO</b> give permission to the school/news media to photograph/videotape my child. It is my understanding that this photograph/videotape or portions thereof may be used for public viewing. I agree to allow my child to participate in these projects without financial remuneration, and I understand that this releases the school/district from any future claims, as well as from any liability arising from the use of the said photograph/videotape.
<input type="checkbox"/>	I <b>DO NOT</b> grant permission for the school/news media to photograph/videotape/interview my child or to post information on the Web about my child.

Student Usage of Computers, Network, Internet and Telephones
<p>I, the student, understand and will abide by the Pikeville Independent School District's Acceptable Use Procedures for the Network, Internet and Telephone Usage. I further understand that any violation of the regulations stated in these procedures is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued. This document shall be valid until revisions are made to the District Acceptable Use Policy or until the student, parent, or guardian makes a written request to change the access.</p>
<p>I, the parent/guardian have read and discussed the District Acceptable Use Procedures for the Network, Internet and Telephone Usage with my child. I understand that access to the Network and Internet is designed for educational purposes. The District has taken precautions to eliminate controversial materials; however, I recognize it is impossible to restrict access to all controversial materials. I will not hold the District/school responsible for materials my child acquires on the Network or Internet. Further, I accept full responsibility for supervision when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.</p>

Technology Information									
Do you have a computer at home?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	Is the computer less than 5 years old?	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
What type of device(s) do you own? (Check all the apply):	Desktop		<input type="checkbox"/>	Laptop		<input type="checkbox"/>	Tablet		<input type="checkbox"/>
Do you have Internet Access at home?	<b>YES</b>		<input type="checkbox"/>	<b>NO</b>		<input type="checkbox"/>			
If yes, what type?	Cable		<input type="checkbox"/>	DSL		<input type="checkbox"/>	Satellite		<input type="checkbox"/>
If no, do you use cellular service (i.e. 3G, 4G, LTE, etc.) to access the web, email, or social media?						<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
If you have Internet capability, would you prefer communication via email?						<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

<p><b>Parent/Guardian Printed Name:</b> _____</p> <p><b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____</p>
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Student Information				
Full Name:			Grade:	

School-Related Student Trip Permission Slip and Medical Release Form	
Mode of Transportation: <i>SCHOOL BUS</i>	Cost to Student, if applicable: \$ <i>VARIES PER TRIP TAKEN</i>
<input type="checkbox"/>	I <b>DO</b> give permission for my child to participate in the above mentioned school-related student trip(s).
<input type="checkbox"/>	I <b>DO NOT</b> give permission for my child to participate in the above mentioned school-related student trip(s).
In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.	

FERPA														
<p>The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that the Pikeville Independent School District, with certain exceptions, obtain your written consent to the disclosure of personally identifiable information from your child's education records. However, Pikeville Independent Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Pikeville Independent Schools to include this type of information from your child's education records in certain school publications. Examples include:</p> <p><i>A playbill, showing your student's role in a drama production; The annual yearbook; Honor roll or other recognition lists; Graduation programs; and Sports activity sheets, such as for wrestling, showing weight and height of team members.</i></p> <p>Directory information, which is information that is generally not considered harmful or invasion of privacy if released, can be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. <u>In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request with three directory information categories-names, addresses and telephone listings-unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.</u></p> <p>If you do not want Pikeville Independent Schools to disclose directory information from your child's education records without your prior written consent, you must notify the District <b>in writing</b> by September 1st. Pikeville Independent School has designated the following information as directory information:</p> <table> <tr> <td>Student Name</td> <td>Participation in official activities and sports</td> </tr> <tr> <td>Address</td> <td>Telephone listing</td> </tr> <tr> <td>Weight and height of members of athletic teams</td> <td>Electronic mail address</td> </tr> <tr> <td>Photograph</td> <td>Degrees, honors and awards received</td> </tr> <tr> <td>Date and place of birth</td> <td>Major field of study</td> </tr> <tr> <td>Dates of attendance</td> <td>Grade level</td> </tr> <tr> <td>The most recent educational agency or institution attended</td> <td></td> </tr> </table>	Student Name	Participation in official activities and sports	Address	Telephone listing	Weight and height of members of athletic teams	Electronic mail address	Photograph	Degrees, honors and awards received	Date and place of birth	Major field of study	Dates of attendance	Grade level	The most recent educational agency or institution attended	
Student Name	Participation in official activities and sports													
Address	Telephone listing													
Weight and height of members of athletic teams	Electronic mail address													
Photograph	Degrees, honors and awards received													
Date and place of birth	Major field of study													
Dates of attendance	Grade level													
The most recent educational agency or institution attended														

Student Printed Name:			
Student Signature:		Date:	
Parent/Guardian Printed Name:			
Parent/Guardian Signature:		Date:	

**\*\* PIKEVILLE HIGH SCHOOL ONLY \*\***

**Student Information**

Full Name:

Grade:

**Pikeville Independent Schools – Random Drug & Alcohol Testing Program – Consent To Test Form (Grades 9-12)**

The student and his/her parent(s) or guardian(s) acknowledge that the Pikeville Independent School District ("District") has the right to perform random drug and alcohol testing on students who wish to exercise the privilege of participating in high school athletics, extracurricular activities or who wish to exercise the privilege of driving and/or parking on school property.

The student and his/her parent(s) or guardian(s) understand that as a condition of the student being allowed to participate on any Pikeville High School athletic team, extracurricular activity and/or as a condition of the student being allowed to drive and/or park on school property, the student may be required to undergo and successfully pass a random screening for alcohol, illegal drugs or other banned substances, as set forth in the District's Use of Alcohol, Drugs, and Controlled Substances Policy and Student Random Drug Testing Procedures (09.423 and 09.423 AP.1) which can be found and printed from the following website: <http://policy.ksba.org/p07/>. The student and his/her parent(s) or guardian(s) acknowledge that they have read and understand this policy and procedure and that they agree to all the terms and conditions contained in the policy and procedure.

The student and his/her parent(s) or guardian(s) hereby consent to participate in the random drug and alcohol testing program and to the disclosure of testing results to designated District personnel and parent(s) or guardian(s). The student and his/her parent(s) or guardian(s) further understand that the student's refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for banned substances.

No student shall be penalized academically for testing positive for banned substances during random drug testing.

The privilege of being allowed to participate on any Pikeville High School athletic team, extracurricular activity, and/or being allowed to drive to and/or park on school property is contingent on the signing of this consent form.

This consent form shall remain in effect for a period of twelve (12) months from the date it is executed. Any revocation of this consent form shall disqualify the student from participating in extracurricular activities or driving to and from school for a period of twelve (12) months.

I plan to participate in the following (please mark all that may apply):

<i>Athletic Program (any PHS team)</i>	<input type="checkbox"/>	<i>Extracurricular Activities (clubs or organizations)</i>	<input type="checkbox"/>	<i>Student Driver</i>	<input type="checkbox"/>
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**Student Printed Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Kentucky Migrant Education Program

Parent Employment Survey



## Versión en español en el otro lado de la hoja

The Migrant Education Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). The **KEDC Regional Migrant Education Program** (606-547-1414) provides a variety of educational services to families who work in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and **may** include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

A program employee may contact you for further information if needed.

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

1. In the past three years, has your family lived in another Kentucky school district, another state, and/or another country?

Yes \_\_\_\_\_ (continue to #2)

No \_\_\_\_\_ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products (**not including your own property**) on a farm, in a field, in a greenhouse, in a nursery, or in a factory?  
Please circle all that apply.



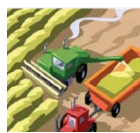
Livestock (cattle, pigs, sheep, dairy, etc).



Eggs



Chickens



Crops (wheat, corn, soybeans, etc.)



Vegetables



Processing (meat, fruit, vegetables, trees, etc.)



Tobacco



Fruits



Hay



Nursery, Sod, Greenhouse



Trees, Timber, Plants, Flowers



Soil Preparation

If you circled one or more, continue to #3.

None of these \_\_\_\_\_ (stop here)

3. Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list all children in the household less than 22 years of age:

Name	Date of Birth	Grade	School

## 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: \_\_\_\_\_





Pike County Health Department  
Consent for School Health Services and Medication Administration  
for Pikeville Independents Schools



Demographic Information:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_

Parent / Guardian / Emergency Contact Information:

Parent / Legal Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information:

Does your child have a Medicaid Card? (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Applied / Pending \_\_\_\_\_ KCHIP  
If yes, please provide the Medicaid Card Number: \_\_\_\_\_  
If yes to Medicaid, check one: \_\_\_\_\_ AETNA \_\_\_\_\_ Anthem \_\_\_\_\_ Humana \_\_\_\_\_ Molina \_\_\_\_\_ Passport \_\_\_\_\_ United Healthcare \_\_\_\_\_ Wellcare

Other Medical Providers:

Student's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Student's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Information (This information will aid the nurse in making an accurate assessment of your child in case of illness, injury, or emergency):

Does Your child have Allergies / Asthma? This includes foods, medications, latex, fluoride, insects, etc. (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list all: \_\_\_\_\_  
If yes, does your child require an epi-pen prescription for any allergies? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does your child have seizures? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No  
List all current medications: \_\_\_\_\_  
List all chronic health conditions: \_\_\_\_\_  
List all significant medical / social history (including injuries): \_\_\_\_\_  
Does anyone in the immediate family have the following: (check all that apply) \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ High Cholesterol \_\_\_\_\_ Diabetes  
Please check if your child has had any of the following (check ALL that apply):

<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Persistent Cough	<input type="checkbox"/> Exposed to Tuberculosis (TB)
<input type="checkbox"/> Birth Defect	<input type="checkbox"/> chest Pain	<input type="checkbox"/> Leukemia / Cancer	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Head, Eyes, Ears, Throat Problems
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Unexplained Weight Loss/Gain	<input type="checkbox"/> Stomach or Bowel Problems	<input type="checkbox"/> Blood Transfusions
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Unexplained Tiredness	<input type="checkbox"/> Joint / Muscle Pain or Stiffness	<input type="checkbox"/> Anaphylactic Episodes

Please check any of the following, which you will allow your child to be given by the school nurse (Check ALL that apply) :

All doses will be given according to the child's age, weight, and manufacturers guidelines.

<input type="checkbox"/> Advil/Motrin (Ibuprofen)	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Cough drops
<input type="checkbox"/> Aloe Vera (for burns)	<input type="checkbox"/> Cold Remedies (cough syrup,	<input type="checkbox"/> Orajel (toothache)
<input type="checkbox"/> Antacids (Maalox, Tums, etc.)	decongestant)	<input type="checkbox"/> Chloraseptic (sore throat)
<input type="checkbox"/> Antibiotic Ointment (Neosporin)	<input type="checkbox"/> Diarrhea Medication	<input type="checkbox"/> Topical Antiseptics
<input type="checkbox"/> Anti nausea / vomiting	<input type="checkbox"/> Eye Drops (Visine, Murine)	<input type="checkbox"/> Tylenol (acetaminophen)
<input type="checkbox"/> Anti-itch spray/lotion (insect bites, etc.)	<input type="checkbox"/> Hydrocortisone Cream (for itching)	

**IF THIS MEDICAL INFORMATION SHOULD CHANGE, PLEASE NOTIFY THE SCHOOL NURSE IMMEDIATELY!**

Consent for Services:

I consent to care at the school provided by the Pike County Health Department (PCHD) which may include screenings such as scoliosis, vision and hearing, health assessments, lab tests, treatment, first aid, over the counter medicine, and any other health service given to my child by staff or agents of PCHD. I understand that no guarantees are being made as to the effect of any exam or treatment on my child. I like-wise release the staff from any liability related to those administering of the above medications to my child as long as the treatment is provided according to the above instructions. I authorize the school health clinic to release medical information about my child, as permitted by the Health Insurance and Portability and Accountability Act of 1996 (HIPPA), to his/her primary care provider, and to share pertinent medical information with school staff who may need to provide care to my child in an emergency. I understand that the sharing of this information is on a need to know basis only. I understand that the information obtained for the school physicals and immunizations will be shared between the school and the school nurse. If my child has Medicaid or KCHIP, I also authorize the school clinic to release this information to those agencies so the insurance may be billed for those visits to the school clinic. This permission can be revoked at any time. No services will be provided unless this form is signed and returned. I agree to provide the nurse an order from my child's physician for any prescription medications before they can be given. I agree to provide all prescription medications in the bottle received from the pharmacy. I also understand by signing this consent, I acknowledge that I may request a copy of the PCHD Privacy notice by calling the PCHD main office at 606-437-5500 or access a copy of the website at [www.pikecountyhealth.com](http://www.pikecountyhealth.com).

X \_\_\_\_\_  
Signature of Parent / Legal Guardian Printed Name of Parent / Legal Guardian Date



# Pike County Health Department *Bright Smiles @ School*

## Patient Registration and Consent Form

Please complete form and return to your child's teacher if you would like for your child to have the services listed below. Please print. All questions refer to the child for whom the services are being requested. With your permission, a dental hygienist will provide your child with:

- A dental assessment of the condition of the mouth and teeth
- An age appropriate dental cleaning
- Fluoride Varnish (to prevent future cavities)
- Dental Sealants (long lasting plastic coatings over the back teeth)
- Oral Hygiene Instruction including nutrition counseling
- A personal Dental Report Card

(If no services are needed, please complete CHILD'S NAME ONLY)

1. _____			2. ____-____-____		3. ____/____/____	
Child's Name: Last First MI			Social Security#		Birthday	
5. _____			4. Sex (Check One) ____Girl ____Boy			
Mailing Address			City	State	Zip	County
6. _____		7. _____	8. _____	9. Ethnicity (Check One) ____Hispanic/Latino ____Not Hispanic/Latino		
School		Grade	Teacher			
10. Race (Check One) ____White ____Black/African American ____American Indian or Alaska Native ____Asian ____Native Hawaiian or Other Pacific Islander ____Other						
11. Parent/Guardian Name: _____ Relationship to Child _____						
12. Phone(Home)_____ (Cell)_____ (Work)_____						
13. Does your child have a dentist? ____Yes ____No If so, who? _____ Date of Last Cleaning: _____						
14. Does your child require an antibiotic before a cleaning? ____Yes ____No						
15. Does your child have any allergies to food or medicines? ____Yes ____No						
If yes, please list all allergies _____						
16. List any current medication your child takes (include prescribed, over the counter, and herbal): _____						
17. Does your child have any illnesses, disease or conditions including ADHD, heart, diabetes, contagious diseases? ____Yes ____No						
If yes, please explain: _____						
18. Does your child have a Medicaid Card? (Check one) ____Yes ____No ____Applied/Pending ____KCHIP						
If yes, Medicaid Card Number: _____						
If yes to Medicaid, check one: ____AETNA ____Anthem ____Humana ____Molina ____Passport ____United Healthcare ____Wellcare						

### Consent to Health Services: (Expires 1 year from date signed)

On my own free will, I give consent to care for my child which may include screenings, exams, treatment, and other health services given to my child by staff or agents of this health department. I understand that no guarantees are being made as to the effect of any exams or treatment on my child. I also understand that staff may consult with me in regards to my child being tested for HIV, Hepatitis, or any other diseases carried by blood or bodily fluids if a healthcare worker is exposed to my child's blood, bodily fluids, or tissues. The program does not take the place of routine dental check-ups at a dental office. The preventive dental services are being done by a Public Health Registered Dental Hygienist without the on-site presence of a dentist, according to KRS 313.040. The Dentist Board member for your county is Dr. Aaron Stanley of Appalachian Periodontics, who is supportive of the standards of practice of the public health hygienists and work with your Board of Health to develop and adopt protocols for these services.

X \_\_\_\_\_  
Signature of Parent/Guardian or other Authorized Person Date

### Payment for Service/Assignment of Benefits - Please sign this section if you have MEDICAID ONLY

I request that payment of authorized medical insurance benefits be made to the local health department on my behalf for services my child received. I also authorize the local health department to release medical information about my child to Medicaid, Insurance, and other third party payors to determine payment of services. I have read the above and have had an opportunity to ask questions. I understand the above statements as it applies to me and my child. My signature below indicates I do consent, authorize, or declare as stated above.

X \_\_\_\_\_  
Signature of Parent/Guardian or other Authorized Person Date

### Privacy Notice

This form when signed and completed, contains Protected Health Information and the information is to be protected according to the Health Insurance Portability and Accountability Act (HIPAA). I understand by signing the Consent to Health Services, I also acknowledge that I have access to a copy of the Pike County Health Departments Privacy Notice located at [www.pikecountyhealth.com](http://www.pikecountyhealth.com) or I may request a copy by calling the Pike County Health Departments main office at 606-437-5500.

Please return to your child's homeroom teacher.  
If you have any questions, please contact the Pike County Health Department at (606)437-5500



# Pikeville Independent

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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 **606-432-8161**

SINCERELY,  
**Kristy Orem** 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 **XXX-XXX-XXXX**.

**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

**Pikeville Independent** 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	Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, <b>skip to Part 5</b> to sign this form.
			<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 **606-432-8161**

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"/>	
	\$	<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: \_\_\_\_\_