

The Kenton County School District Enrollment/Information Update Form 2025-2026 Pg. 1

An ADOBE fill-in form is available on our website www.kenton.kyschools.us. You must be able to print the form after completing and return to school.

School: _____

Grade: _____

Student Information

Legal Name of Student: (First, M, Last) _____ Gender: _____ Date of Birth (MM/DD/YY): _____

Check for 1st time enrollment in a Kentucky School _____ Student Nickname: _____

Birth Place: _____ (Birth Certificate or other reliable proof of birth required by State Law KRS 158.032)

Ethnicity/Race Question 1: (Must choose one): Hispanic/Latino _____ Question 2: (Please choose all that apply): White _____
OR _____ Black/African American _____
Not Hispanic/Latino _____ Asian _____
American Indian/Native Alaskan _____
Native Hawaiian/Other Pacific Islander _____

Household Phone #: _____ Household Address: _____ (City) _____ (Zip) _____

Household Mailing Address (IF DIFFERENT): _____ (City) _____ (Zip) _____

Has your child ever been enrolled in a Kentucky School? No: _____ Yes: _____ Last school attended and address: _____

Social Security Number (optional): _____

To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card **MUST** be on file.

LEGAL Parents/Guardians Living in same Household as Student (Student's Primary Household)

| | | | |
|--|--------------------|--|--------------------|
| Legal Name: _____ | Suffix: _____ | Legal Name: _____ | Suffix: _____ |
| Relationship to Student: _____ <input type="checkbox"/> Foster | | Relationship to Student: _____ <input type="checkbox"/> Foster | |
| Phone: Other (____) _____ | Work: (____) _____ | Phone: Other (____) _____ | Work: (____) _____ |
| Cell Phone: (____) _____ | E-Mail _____ | Cell Phone: (____) _____ | E-Mail _____ |
| Place of Employment: _____ | | Place of Employment: _____ | |

School-Aged Siblings Living in Same Household as Student

| | | | |
|-------------------|------------|-------------------------|--------------|
| Legal Name: _____ | Age: _____ | School Attending: _____ | Grade: _____ |
| Legal Name: _____ | Age: _____ | School Attending: _____ | Grade: _____ |
| Legal Name: _____ | Age: _____ | School Attending: _____ | Grade: _____ |

LEGAL Parent/Guardian Living at a Different Address from Student (for mailing/parent portal)

| | | | |
|---|--------------------|---|--------------------|
| 1) Legal Name: _____ | Suffix: _____ | 2) Legal Name: _____ | Suffix: _____ |
| Relationship to Student: _____ <input type="checkbox"/> Foster | | Relationship to Student: _____ <input type="checkbox"/> Foster | |
| Does this parent/guardian have joint custody? _____ | | Does this parent/guardian have joint custody? _____ | |
| Address: _____ | | Address: _____ | |
| City: _____ | State: _____ | Zip: _____ | |
| City: _____ | State: _____ | Zip: _____ | |
| Phone: Home (____) _____ | Work: (____) _____ | Phone: Home (____) _____ | Work: (____) _____ |
| Cell Phone: (____) _____ | E-Mail _____ | Cell Phone: (____) _____ | E-Mail _____ |
| Place of Employment: _____ | | Place of Employment: _____ | |
| <i>Is there a court order restricting this person access to this student?</i> | | <i>Is there a court order restricting this person access to this student?</i> | |
| No: <input type="checkbox"/> Yes: <input type="checkbox"/> (A copy of the court order MUST be provided). | | No: <input type="checkbox"/> Yes: <input type="checkbox"/> (A copy of the court order MUST be provided). | |

Transportation

Transported one (1) mile or more to school AM & PM Transportation AM Transportation Only PM Transportation Only
 Not Transported by School Bus

Emergency Contacts (An emergency contact is someone the school will contact should something happen to your child. You can list up to three (3) emergency contacts. Legal parent/guardians will always be called first.)

| | | | |
|-------------|-----------------|-----------------|----------------|
| Name: _____ | Relation: _____ | Phone 1 : _____ | Phone 2: _____ |
| Name: _____ | Relation: _____ | Phone 1 : _____ | Phone 2: _____ |
| Name: _____ | Relation: _____ | Phone 1 : _____ | Phone 2: _____ |

Medical/Physician

Doctor: _____ Dentist: _____ Do you have health insurance? No: _____ Yes: _____

It is the legal parent/guardian's responsibility to send in writing any pertinent information each year to the school nurse about serious health conditions. This information will be shared with appropriate school staff. An Administration of Medication Permission Form must be on file for any medication given to a student during the school day.

The Kenton County School District Enrollment/Information Update Form 2025-2026 Pg. 2

An ADOBE fill-in form is available on our website www.kenton.kyschools.us You must be able to print the form after completing and return to school.

Middle/High School Only- Has this student participated in varsity sports? No: Yes: If YES, this student must complete the KHSAA Transfer Form obtained through the Athletic Office.

Special Services

Has this student ever been enrolled in special education? No: Yes: What grade level(s): _____ School: _____

Does this student have any physical disabilities? No: Yes: Please describe: _____

Does this student have a 504 Plan? No: Yes: Describe: _____

Has this student been formally identified as Gifted/Talented? No: Yes: If yes, in what area? _____

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs?
NO: YES .

KRS 158.155 requires that a parent/guardian report this conduct to school officials on the Kenton County School Disclosure/Compliance Form and verbally. (Please ask school administration for this form).

Is your child currently under suspension from previous school? NO YES

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge. I am aware and I authorize the school district to share pertinent medical information with any household member, emergency contact, school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency. I also authorize the use of electronic sharing to communicate pertinent medical information to necessary personnel.

Parent/Guardian Signature: _____ Date: _____

IF YOU DID NOT RECEIVE THE STUDENT CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE WHICH INCLUDES REGULATIONS FOR RIDING SCHOOL BUSES, PLEASE CONTACT THE SCHOOL FOR A COPY.

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

“El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados.”

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: _____