WHITE'S TOWER
ELEMENTARY SCHOOL

2977 Harris Pike
Independence, KY 41051

Robyn Rolf, Principal
Daniel Adams, Assistant Principal
Cassie Earls, Guidance Counselor
Britney Wischer, Guidance Counselor
Sally Fortney, FRC Coordinator
Cynthia Casson, Secretary
Suzanne Baioni, Secretary

Phone: 859-356-9668
Fax: 859-356-6799

REGISTRATION PACKET & CHECKLIST

- ○ **Enrollment Form - REQUIRED BEFORE CLASS ASSIGNMENT**
- ○ Home Language Survey
- ○ Release of Records – if applicable
- ○ Prior Settings Form – for kindergarten only
- ○ Health Information Sheet
- ○ KY Immunization Registry Permission Slip
- ○ **Proof of Residency - REQUIRED BEFORE CLASS ASSIGNMENT**
  - ✓ Recent Utility Bill - Electric, Water, Sanitation
  - ✓ Mortgage Statement
  - ✓ Lease Agreement
- ○ **Copy of Original Birth Certificate - REQUIRED BEFORE CLASS ASSIGNMENT**
- ○ Copy of Social Security Card
- ○ Copy of parent(s) photo ID
- ○ Court or Custody Papers - if applicable
- ○ **KY Immunization Certificate - REQUIRED BEFORE CLASS ASSIGNMENT**
- ○ Medical Examination Form
- ○ Dental Screening Form – Due by January 1st of the first school year that a 5-6 year old child is enrolled.
- ○ Eye Examination Form – Due by January 1st of the first school year that a 3-6 year old child is enrolled.

Documents can be dropped off at the school office or emailed to Suzanne.Baioni@kenton.kyschools.us

The Kenton County School District Enrollment/Information Update Form 2026-2027 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 ☐ OR Not Hispanic/Latino ☐

Question 2: **(Please choose all that apply)**:White ☐ Black/African American ☐ 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:_____ ☐ Foster Relationship to Student:_____ ☐ 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:_____ ☐ Foster Relationship to Student:_____ ☐ 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: _____

Is there a court order restricting this person access to this student?

*No:☐ Yes:☐ (A copy of the court order **MUST** be provided).*

Is there a court order restricting this person access to this student?

*No:☐ Yes:☐ (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.

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 otra 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:** _____

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Parental Consent for Record Release

As the parent/legal guardian of _____

I authorize the following records to be released to White's Tower Elementary:

- Cumulative/Permanent Records
- Enrollment History
- Health Records, including immunizations and doctor's physical
- Birth Certificate
- Social Security Card
- Special Education Records, if applicable
- Custody Papers, if applicable
- Any other information that may be helpful in providing the most beneficial educational opportunity for this student.

Previous School Attended: _____

Previous School Address: _____

Previous School Phone #: _____

Previous School Fax #: _____

Signature of Parent/Legal Guardian: _____Date_____

Principal's Signature: _____

Secretary Signature: _____Date Sent_____

"To know, to celebrate, to love, to inspire every student to succeed"

Robyn Rolf, Principal (robyn.rolf@kenton.kyschools.us)
Suzanne Baioni, Secretary (suzanne.baioni@kenton.kyschools.us)
Cynthia Casson, Secretary (cynthia.casson@kenton.kyschools.us)

Kindergarten Enrollment Prior Setting Data

Name: _____ Date of Birth: _____

Address: _____

Please provide information about every early care setting your child attended during the year prior to kindergarten. Fill out a new box for each location.

Setting 1:

State-funded preschool Head Start Child Care Home Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 2:

State-funded preschool Head Start Child Care Home Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 3:

State-funded preschool Head Start Child Care Home Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 4:

State-funded preschool Head Start Child Care Home Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 5:

State-funded preschool Head Start Child Care Home Other (circle one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Kenton County School District | *It's about ALL kids.*

THE KENTON COUNTY BOARD OF EDUCATION
1055 EATON DRIVE, FORT WRIGHT, KENTUCKY 41017
TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531
WEBSITE: www.kenton.kyschools.us
Dr. Henry Webb, Superintendent of Schools

Dear Parent/Guardian,

Welcome to the Kenton County School District! We look forward to working with you and your child. A critical component in the enrollment process is obtaining up to date health information on all students. Whether your student is enrolling for the first time, transferring from a school in another state or country, or a school in our district or a neighboring district, the following chart will help you get the appropriate information to us. All documentation must be on the required Kentucky forms.

Document	Deadline	Additional Information
Immunization Certificate	Upon enrollment	Must be current & valid with all immunizations up to date upon and throughout enrollment
Physical Exam	Preschool upon Enrollment others within 30 days of enrollment	Required for 1st entry to a Kentucky public school and for all children enrolling in 6th grade May be completed up to one year prior to initial entry.
Vision Exam	January 1st of first year of enrollment for a 3, 4, 5, or 6 year old child.	Must be performed by an optometrist or ophthalmologist
Dental Exam	January 1st of enrollment year in kindergarten for a 5 or 6 year old child.	May be completed by a dentist, dental hygienist, physician, registered nurse, nurse practitioner, or physician assistant. Must be between Jan. 1 & Dec. 31 of the year the child enrolls in kindergarten.

In order to comply with state guidelines, adherence to these guidelines must be enforced. Appointment cards or other notification of appointments past these deadlines are not evidence of compliance. Failure to submit the above mentioned documents in the timeframe indicated will result in students being unable to attend school until the documents are received.

Please see your healthcare provider for the above mentioned documentation. If you have additional questions, please contact the school nurse.

Thank you in advance for addressing the health needs of our students.

Health Services

Kenton County School District

Student's Name _____

_____ _____
Parent Signature Date
Enrollment Date

Kenton County Board of Education
Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Joshua Crabtree, Esq. Carla Egan Jesica Jehn
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"

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School Permission Slip

For completion of immunization records

Kentucky has a statewide immunization registry (KYIR) that medical practices use to help keep track of their patient's immunizations. They use this system to record vaccines given to patients and to access information about their patients' immunization histories, including vaccines given at other medical offices. KYIRZ makes it easy to keep track of a patient's immunization status, even if the patient visits more than one medical practice. It also helps ensure doctors and nurses give the right vaccines at the right time, and allows them to remind their patients when vaccines are due or overdue.

The information in KYIR is CONFIDENTIAL- only authorized users may access the system. Authorized users include health departments, medical practices, schools, childcare facilities, WIC Programs, and health care plans.

Some records in KYIR may be incomplete or missing because an immunization was given in another state, or because the medical practice did not enter it into the system. Your child's school wishes to help improve our community's records by providing missing immunization information to KYIR, but requires your permission to do so, in accordance with the Family Educational Rights and Privacy Act (FERPA).

By signing below, you can make your child's immunization history more complete, helping to ensure appropriate and timely future immunization.

Please sign this form if you **agree** to grant permission for your child's school to provide your child's immunization history to KYIR. This may include creating a new record, or updating an existing record. Please use a separate form for each additional child. The permission can be revoked at any time.

My Name: _____

My Child's Name: _____ Child's Date of Birth: _____

Attending School: _____ Grade: _____

Signature: _____

My Telephone Number: _____ Date Signed: _____

Please submit this form to your school administrator/nurse- thank you!

Office Use Only

Name of school: _____ Form Rec'd by *(school staff)*: _____

Immunization history attached to form? **Y or N**

Date Rec'd by KYIR: _____ Date Entered into KYIR: _____