

# Erlanger-Elsmere School District Enrollment/Information Update Form 2021-22

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

SSN\*: \_\_\_\_\_

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

## Student Information

Legal Name of Student: \_\_\_\_\_  
(First, Middle, Last)

Student Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Ethnicity (must choose one): Hispanic/Latino  or Not Hispanic/Latino

(Choose all that apply):

White:  Black:  Asian:  American Indian/Native Alaskan:  Native Hawaiian/Other Pacific Islander:

Household Phone #: \_\_\_\_\_

Household Address: \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Check for 1<sup>st</sup> time enrollment in a Kentucky School

Last school attended: \_\_\_\_\_

Last school address: \_\_\_\_\_

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

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) Household  Cell  Work  Email .

I would also like to be contacted about non-emergency events (i.e. school news) via Household  Cell  Work  Email .

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) Household  Cell  Work  Email .

I would also like to be contacted about non-emergency events (i.e. school news) via Household  Cell  Work  Email .

### Children (Ages BIRTH to 18) Living in Same Household as Student

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

### Legal Parent/Guardian Living at a Different Address from Student (Secondary Household)

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) Household  Cell  Work  Email .

I would also like to be contacted about non-emergency events (i.e. school news) via Household  Cell  Work  Email .

Legal Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In an emergency (i.e. school closing due to weather), please contact me via (select all that apply) Household  Cell  Work  Email .

I would also like to be contacted about non-emergency events (i.e. school news) via Household  Cell  Work  Email .

#### Emergency Contacts (People Authorized to Pick Student Up From School)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

#### Student Safety

Do you have any form of legal documentation stating that any person(s) may **NOT** pick up your child from school? Yes  No

*(If "yes" is checked, please provide a copy of legal documentation with this enrollment form.)*

#### Medical Provider (s), Health Insurance and other Health Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have health insurance? No  Yes  If Yes- What kind? Medicaid: Yes  Private Insurance Yes

Does your child take Medications/have Allergies or any Medical Conditions?

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*It is the legal parent/guardian's responsibility to send in writing any pertinent information each year to the school office about serious health conditions.*

#### Temporary Living Arrangements

**The following questions address the McKinney-Vento Act 42 U.S.C. 11435. Answers to these questions will help determine services the student may be eligible to receive.**

Is the student's current address a temporary living arrangement? Yes  No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes  No

If the answer to both of the above questions is Yes, the student is entitled to immediate enrollment.

Please indicate where the student is living:

In a motel/hotel  Unaccompanied youth  In a homeless shelter  Doubled up with family or friend  Other (a place not designed for ordinary sleeping accommodations)

#### Special Services

Please check any special programs in which the student has participated.

Speech/Language  IEP (Special Education)  504 Plan  Gifted/Talented

#### Home Language Survey

1. What language is most frequently spoken at home? \_\_\_\_\_

2. What language did your child learn when he/she first began to speak? \_\_\_\_\_

3. What language does your child most frequently speak at home? \_\_\_\_\_

4. In what language do you most frequently speak to your child? \_\_\_\_\_

#### School Safety and Discipline

**158.155 Reporting of specified incidents of student conduct -- Notation on school records -- Report to law enforcement of certain student conduct -- Immunity.**

(1) If a student has been adjudicated guilty of an offense specified in this subsection or has been expelled from school for an offense specified in this subsection, prior to a student's admission to any school, the parent, guardian, principal, or other person or agency responsible for a student shall provide to the school a sworn statement or affirmation indicating on a form provided by the Kentucky Board of Education that the student has been adjudicated guilty or expelled from school attendance at a public or private school in this state or another state for homicide, assault, or an offense in violation of state law or school regulations relating to weapons, alcohol, or drugs. The sworn statement or affirmation shall be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school. (2) If any student who has been expelled from attendance at a public or private school in this state for homicide, assault, or an offense in violation of state law or school regulations relating to weapons, alcohol, or drugs requests transfer of his records, those records shall reflect the charges and final disposition of the expulsion proceedings. (3) If any student who is subject to an expulsion proceeding at a public or private school in this state for homicide, assault, or an offense in violation of state law or school regulations relating to weapons, alcohol, or drugs requests transfer of his records to a new school, the records shall not be transferred until that proceeding has been terminated and shall reflect the charges and any final disposition of the expulsion proceedings.

1. Has your child been adjudicated guilty or expelled from school attendance at a public or private school in this state or another state for homicide, assault, or an offense in violation of state law or school regulations relating to weapons, alcohol, or drugs? Yes  No
2. Is your child subject to an expulsion proceeding at a public or private school in this state for homicide, assault, or an offense in violation of state law or school regulations relating to weapons, alcohol, or drugs? Yes  No
3. Is your child currently under suspension from a previous school? Yes  No
4. Was your child facing pending discipline from a previous school? Yes  No

**158.150 Suspension or expulsion of pupils.** (3) For purposes of this subsection, "charges" means substantiated behavior that falls within the grounds for suspension or expulsion enumerated in subsection (1) of this section, including behavior committed by a student while enrolled in a private or public school, or in a school within another state. A school board may adopt a policy providing that, if a student is suspended or expelled for any reason or faces charges that may lead to suspension or expulsion but withdraws prior to a hearing from any public or private school in this or any other state, the receiving district may review the details of the charges, suspension, or expulsion and determine if the student will be admitted, and if so, what conditions may be imposed upon the admission.

**Parent/Guardian and Student Authorizations. Please check all that apply.**

*The following check boxes MUST be checked prior to enrollment.*

I acknowledge receipt of and accept school/district codes of conduct, including a) the Discipline Code, 2) the Dress Code, 3) the School Medication Policy and 4) the EES District Code of Acceptable Student Behavior and Discipline.

I acknowledge receiving information regarding my rights under the Federal Educational Rights and Privacy Act.

I acknowledge receiving the Annual Student Directory Information Notification and the Protection of Pupil Rights Amendment.

*The remaining check boxes are optional. Students will not be denied enrollment if unchecked. However, some services may be denied.*

I acknowledge receipt of and accept the district Acceptable Use Policy, and agree for my child to have access to the Internet. In lieu of signing and returning the "Student User Contract" on the final page of the AUP, the check to the left and my signature below indicate my agreement with all of the statements in the "Yes" section of the AUP's Student User Contract.

I acknowledge receipt of the district Bring Your Own Device Guidelines, and in lieu of signing the BYOD signature sheet, by checking here I give permission for my child to bring a personal technology device to school, and my child and I agree to abide by those guidelines.

I give permission for the school district to share the Free/Reduced Meal Eligibility status only of my child with the Erlanger-Elsmere Schools Family Resource Centers/Youth Service Centers in order to assist in determining families in need. I understand that the FRC/YSC Centers will NOT share this information with any other entity or program. I further understand that failing to check the box to the left will NOT affect my child's ability to participate in FRC/YSC programs.

(Grades 6-12 only) I acknowledge receiving the Individual Learning Plan Web Release form from my school, and in lieu of returning the Signature sheet on that form, I hereby acknowledge that I have read and understood that form, and authorize the District to enable a Feature of the ILP which will permit my student to invite third parties to have access to his/her ILP information.

(Grades 9-12 only) (Federal law requires that schools release directory information to military recruiters unless a parent explicitly forbids the release of such information.) I **DO NOT** give permission for my child's contact information to be released to military recruiters.

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 authorize the school district to share pertinent medical information with school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency.

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

I, as the enrolling student, hereby agree to abide by all of the policies checked above.

Student Signature (grade 4 and above): \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

\_\_\_\_ Birth Certificate    \_\_\_\_ Immunizations    \_\_\_\_ Physical    \_\_\_\_ SSN    \_\_\_\_ Lease/Proof of Residency  
\_\_\_\_ Transportation Code    \_\_\_\_ HR  
\_\_\_\_ Special Education    \_\_\_\_ Speech    \_\_\_\_ Gifted/Talented    \_\_\_\_ 504 Plan

Entry Date: \_\_\_\_\_

Initial \_\_\_\_\_