EASTSIDE REGISTRATION INSTRUCTIONS

- Complete Registration Packet

- MUST have two (2) forms of ID (See second sheet of packet.)

- MUST have copy of current driver's license

- All incoming students MUST have a 6th grade physical and a new state issued immunization certificate showing at least one dose of HEP A vaccine. NOTE: a 6th grade physical is NOT the same as a sports physical. A sports physical WILL NOT be accepted as a 6th grade physical.

- MUST have Birth Certificate (not a hospital certificate) and Social Security Number of Student (for KEES awards)
BULLITT COUNTY PUBLIC SCHOOLS
REGISTRATION/EMERGENCY INFORMATION FORM
2018-2019

School Name: ____________________________
Student Name: (As appears on Birth Certificate) ____________________________

Gender: ☐ Male ☐ Female Date of Birth _____/_____/______ Grade _____ Home room/Teacher: ______________________
Social Security No: (optional) ____________________________ (If not provided by grade 8, your child will not be eligible to receive KEEs money for college.)
Home Address: ________________________________________________ Street Number and Name ________________________
City/State/Zip ________________________________________________
Mailing Address: ________________________________________________ Street Number and Name or PO Box ______________________
City/State/Zip ________________________________________________
Home Telephone Number: ____________________________ Student Cell Phone Number: ____________________________

☐ We live with family and/or friends in their home at the above address. I understand I must make an appointment with the school to provide Affirmation of Residency forms and supporting documentation.

Ethnicity: (Check One) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: (Check all that apply) ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Other Pacific Islander
☐ Asian ☐ Black ☐ White

Parent/Guardian (#1) Military: ☐ Active Duty ☐ Full Time
Parent/Guardian (#2) Military: ☐ Active Duty ☐ Full Time

Legal Name: ____________________________________________________ National Guard: ____________________________
Relation to Student: ____________________________ Gender: ____________________________
Date of birth: ____________________________ Gender: ____________________________
Cell Number: ____________________________
Work Telephone Number: ____________________________ Email Address: ____________________________
Email Address: ____________________________
BCPS will keep your email address secure and never distribute it to Third Parties.

Are there any restrictions or information regarding custody of this student? ☐ Yes ☐ No
If yes, you must provide a certified copy of the court order.

List all siblings living within the household (Please list name as it appears on the birth certificate.)
It is not necessary to list siblings who have already graduated/exited from school. If more space is needed please attach additional sheet.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Birthdate</th>
<th>Gender</th>
<th>Grade</th>
<th>If attends a Bullitt County School Please provide school name</th>
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In case of an accident or emergency of any kind, when parent/guardian cannot be located please call and/or release my child to one of the following individuals. Emergency contacts must be at least 18 years of age and listed below in order to pick up your child.

Parent/Guardian(s) will be contacted first, if they cannot be reached, contacts will be attempted.
In the order they are provided below: Four spaces are provided. You are not required to provide four additional contacts.

Emergency Contact (#3)
Name: ____________________________
Relation to student: ____________________________
Home Phone Number: ____________________________
Cell Number: ____________________________ Birthdate: ____________________________

Emergency Contact (#4)
Name: ____________________________
Relation to student: ____________________________
Home Phone Number: ____________________________
Cell Number: ____________________________ Birthdate: ____________________________

Emergency Contact (#5)
Name: ____________________________
Relation to student: ____________________________
Home Phone Number: ____________________________
Cell Number: ____________________________ Birthdate: ____________________________

Emergency Contact (#6)
Name: ____________________________
Relation to student: ____________________________
Home Phone Number: ____________________________
Cell Number: ____________________________ Birthdate: ____________________________

PLEASE COMPLETE REVERSE SIDE
REGISTRATION/EMERGENCY INFORMATION FORM
2018-2019

☐ Check here if the student has been expelled from a Public or Private School, in or out of state, and/or has been disciplined for a violation of state law or school regulation, and/or adjudicated guilty for violation(s) relating to weapons, alcohol or drugs.

Has this student ever been enrolled in a Kentucky school? ☐ Yes ☐ No

School Information for Previous Year (2017-2018) - Name of Public/Private/Home School ____________________________

Street Address: (City/State/Zip): ____________________________

Transportation: ☐ transported over 1 mile twice daily (T1) ☐ transported less than 1 mile twice daily (T2)
(Alternating one) ☐ transported over 1 mile once daily (T3) ☐ transported less than 1 mile once daily (T4)
☐ not transported (car rider) (NT) ☐ I give permission for my child to walk home from school

Bus number to school ______ (if applicable) Bus number to home/childcare ______ (if applicable) ☐ Attends YMCA ☐ am ☐ pm

Should school close early for bad weather conditions, please explain how your child is to be sent home if different than their normal daily transportation: ________________________________________________________________

Has your child been referred/evaluated for or currently receiving the following services:
☐ Special Education ☐ Speech ☐ Gift/Talented ☐ 504 Plan ☐ English Learners

Do you have a computer at home? ☐ Yes ☐ No Is it less than 5 years old? ☐ Yes ☐ No

Internet Access At Home? ☐ Yes ☐ No

If yes, what type? ☐ Dial-up ☐ Cable Modem ☐ DSL (telephone company) ☐ Satellite Dish

If you have Internet capability would you prefer communication via email? ☐ Yes ☐ No

(Space is provided on reverse side for email address.)

Please indicate below any serious allergies, illness or disabilities that the school needs to be aware of:

Allergies: ☐ Food—list ☐ Insect-type ☐ Latex

Per state regulation, schools shall be notified of medical conditions. This notification shall be given as soon as the medical condition becomes known and upon each subsequent enrollment. Primary Care Authorization forms shall be completed each year for any child with asthma, diabetes, seizures, or severe allergies.

A Permission Form for Prescribed or Over-the-Counter Medication must be completed before any medications can be brought to the school. For more information or to obtain a form, please contact Health Services at 869-8000.

Does this student have health insurance? ☐ Yes ☐ No Name of family Physician: ____________________________ Phone: ____________________________

I verify all information provided is accurate to the best of my knowledge:

Parent/Guardian #1 Signature ____________________________ Date ____________ Last 4 digits of SS# ____________________________

Parent/Guardian #2 Signature (if applicable) ____________________________ Date ____________ Last 4 digits of SS# ____________________________

The last 4 digits of the SS# are necessary for parent/guardian identification when discussing student information by phone.

For office use only: school staff to initial
☐ Proof of residence
☐ Special Services checked: ☐ 504 ☐ IEP ☐ EL ☐ Gifted & Talented
☐ Discipline / Expulsion / Adjudication

Visit our website at www.bullittschools.org to sign up for e-news.
BULLITT COUNTY PUBLIC SCHOOLS
MILITARY CONNECTED PARENT/GUARDIAN FORM

Student Name:

Please complete a form for each parent/guardian currently serving as an active duty member of the U.S. Armed Forces. If at any time throughout the school year the military status of a parent/guardian changes, please contact your child's school to report the change.

As part of the Every Student Succeeds Act (ESSA) requirements, the U.S. Department of Education requires school districts to identify students who are armed forces family members. These students will be part of a new accountability subgroup for federal reporting purposes. The collection of this data will be done within the Kentucky Student Information System and then reported to the federal government and used in some state reporting. As this is a new data collection requirement, all parents/guardians are being asked to indicate below the family’s military status.

What is the definition of an “armed forces family member” for ESSA?

A student is considered to be an Armed Forces Family Member (military connected) if at least one parent or guardian is a member of the armed forces, or serves on active duty, or serves on full-time National Guard duty. The terms “armed forces,” “active duty,” and “full-time National Guard duty” as defined by Sections. 101(a)(4), 101(d)(1), and 101(d)(5) of the United States Code are:

- 101(d)(1) Active Duty Status means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service…..Such term does not include full-time National Guard duty.
- 101(s)(5) The term “full-time National Guard duty” means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member’s status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Where can I find out more information about this data submission?

More information regarding this data collection can be found on the U.S. Education Department’s website under ESSA Transition.

For the purpose of data collection, please mark all that apply:

☐ No parent or guardian currently serving as an active duty member of the U.S. Armed forces, or full-time National Guard.

☐ Yes a parent/guardian is a current member of the active duty U.S. Armed Forces.
Start Date: ______________ Branch: ______________

☐ Yes a parent guardian is a current full-time member of the National Guard.
Start Date: ______________ Branch: ______________

☐ No Response/Refuse to State

Parent/Guardian Name:

Parent/Guardian Signature: ___________________________ Date: __________________

01/31/2018 OFO – DDS J. Carlton
EASTSIDE MIDDLE SCHOOL
BULLITT COUNTY PUBLIC SCHOOLS

STUDENT RECORD RELEASE FORM

I, as parent or guardian of ____________________________________________ authorize and approve the release of all information concerning the educational placement of my child, who is enrolling in grade____ and birthdate is ________________________________

Records are in custody of: Records will be released to:

________________________
School

________________________
Street

________________________
City, State, Zip Code

This information should include:

1. Grades and/or academic standing, credits (units)
2. Psychological evaluation report
3. Individual standardized Achievement Test Results
4. Individual Education Program and Due Process forms
5. Health forms (Physicals, Immunizations)
6. Key to grading system
7. Please include portfolio work if in the state of Kentucky

My signature below constitutes notice to me that this information will be disclosed only to school personnel having a legitimate interest in my child. I understand that I may inspect this information and/or records if I make application to do so through Pupil Personnel Office.

Signed: _______________________
(Parent or Guardian)

Birthdate of Student if over 18: ______________________

Address: __________________________________________

__________________________________________

Date