



## 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>Father, Step-Father, Legal Male Guardian Information</b>			
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not the parent, do you have 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>Mother, Step-Mother, Legal Female Guardian Information</b>			
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not the parent, do you have 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>Other Household Members: Please list ALL Other individuals (adults and students) living in your home at this time.</b>					
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\*\***

Full Name	Relationship To Student	Gender	Work #	Cell #	Home #	Driver License #

<b>Transportation:</b> 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"/>

<b>If your child is transferring from another school:</b>	<b>If transferring to PHS, has your child been previously identified or received services in any of the following.</b>					
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 #:					

<b>Parent/Guardian Printed Name:</b>			
<b>Parent/Guardian Signature:</b>	Date		

**Student Information**

Full Name:		Grade:	
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**Behavior and Discipline Policy**

I have received a copy of the *District Code of Acceptable Behavior and Discipline*, the *Attendance Policy*, and the *Acceptable Use Policy* and a copy of the *Pikeville High School Code of Conduct*.

<input type="checkbox"/>	I <b>DO WANT</b> corporal punishment used as a discipline option for my child.
<input type="checkbox"/>	I <b>DO NOT WANT</b> corporal punishment used as a discipline option for my child.

**Media Release Form**

I **DO** 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.

I **DO NOT** 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**

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.

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.

**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		Laptop		Tablet		Chromebook		
Do you have Internet Access at home?	<b>YES</b>		<b>NO</b>						
If yes, what type?	Cable		DSL		Satellite		Dial-Up		
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"/>					

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

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

**Student Information**

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**School-Related Student Trip Permission Slip and Medical Release Form**

Mode of Transportation: *SCHOOL BUS* Cost to Student, if applicable: \$ *VARIES PER TRIP TAKEN*

I **DO** give permission for my child to participate in the above mentioned school-related student trip(s).

I **DO NOT** 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**

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:

- 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.*

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. 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.

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 **in writing** by September 1st. Pikeville Independent School has designated the following information as directory information:

- |  |   |
|--|---|
| 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

**Student Information**

Full Name:

Grade:

**Home Language Survey**

Child's Date of Birth:

Was your child born in the United States?

**Yes** - Which State?**No** - Which Country?

Has your child attended any school in the United States for any three years in their lifetime?

**YES****NO**

If yes, please provide school name(s), state, and dates attended:

Name of School:

State:

Dates:

Name of School:

State:

Dates:

Name of School:

State:

Dates:

What is the language most frequently spoken at home?

If available, in what language would you prefer to receive communication from the school?

***Please check if your child is:***

Native American Indian

Alaska Native

Native Pacific Islander

Native U.S. Virgin Islander

Is your child's first-learned or home language anything other than English?

**YES****NO*****ONLY if you responded "YES" to question number 6 above, please answer the following questions:***

In what country did your child most recently reside?

Which language did your child learn when he/she first began to talk?

What language does your child most frequently speak at home?

What language do you most frequently speak to your child?

Father:

Mother:

***Please describe the language understood by your child. (Check only one)****Only home language & no English**Mostly home language & some English**Understands the home language and English EQUALLY**Home***Parent/Guardian Printed Name:** \_\_\_\_\_**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PIKE COUNTY HEALTH DEPARTMENT BRIGHT SMILES @ SCHOOL**  
**Patient Registration and Consent Form**

Please complete form and return if you would like for your child to have the services listed below. Please fill out this form today and return it to your child's teacher. Please print (All questions refer to the child for whom services are 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. CHILD'S NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ 2. SOCIAL SECURITY # \_\_\_\_\_ 3. BIRTHDATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ 4. SEX (Check One)  MALE  FEMALE

5. MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

6. SCHOOL \_\_\_\_\_ 7. GRADE/TEACHER \_\_\_\_\_ 8. ETHNICITY (Check One)  HISPANIC or LATINO  NOT HISPANIC OR LATINO

9. RACE (Check One)  WHITE  BLACK or AFRICAN AMERICAN  AMERICAN INDIAN or ALASKA NATIVE  ASIAN  NATIVE HAWAIIAN

10. Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

11. Does your child have a dentist? YES NO If so, who? \_\_\_\_\_ Date of last cleaning: \_\_\_\_\_

12. Does your child need premedication before a cleaning? YES NO 13. Does your child have any allergies to food or to medicine? YES NO If yes, please list \_\_\_\_\_

14. List any current medication your child takes (include over the counter medication or herbal medication) \_\_\_\_\_ conditions including, ADHD, asthma, heart conditions, diabetes, contagious diseases? Yes No Please explain: \_\_\_\_\_

15. Does your child have any illnesses, diseases, or conditions including, ADHD, asthma, heart conditions, diabetes, contagious diseases? Yes No Please explain: \_\_\_\_\_

16. 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 Better Health (Coventry)  Well Care  Anthem  Humana Care Source  Passport

**CONSENT FOR HEALTH SERVICES: (Expires 1 year from date signed)**

Of my own free will I consent to care which may include screening, exams, treatment, and any other health service given to me by staff or agents of this health department. I understand that no Guarantees are being made as to the effect of any exam or treatment on me. I also understand I may be tested for (HIV) infection, Hepatitis B, or any other disease carried by blood or body fluids if a health care worker is exposed to my blood, body fluids or tissue. This program does not take the place of regular 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. James Justice of Elkhorn Dental, 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.

This form, when signed and filled in, 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 this consent, I acknowledge that I have access to a copy of the Pike County Health Department's Privacy Notice located at [www.pikecountyhealth.com/v3/uploads/documents/pchd\\_hipaa\\_pg.pdf](http://www.pikecountyhealth.com/v3/uploads/documents/pchd_hipaa_pg.pdf) or I may request a copy by calling Pike County Health Department's main office at (606) 437-5500. I understand that my child may be screened to check the retention of these sealants by the public health dental hygienist during the following school year.

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

Please sign and date this section if you have Medicaid (PAYMENT FOR SERVICE/ASSIGNMENT OF BENEFITS)  ASSIGNMENT OF BENEFITS: I request that payment of authorized medical insurance benefits be made to the local health department on my behalf, for services received. I also authorize the local health department to release medical information about me to Medicare, insurance and other third party payors to determine payment for services. This constitutes permission to release medical information regarding sexually transmitted diseases, if applicable, to third party payors pursuant to KRS 214.420. I have read the above and have had an opportunity to ask questions. I understand the above statement as it applies to me and my child. My signature below indicates I do consent, authorize or declare as stated above.

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

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