**BOONE COUNTY SCHOOLS**  
Student Registration Checklist  
**RANDALL COOPER HIGH SCHOOL**  
Enrolling School

Name: __________________________ Grade: __________________

Date of Registration: ________________ Previous School: __________________

(XX) FORMS OR DOCUMENTS TO BE PROVIDED BY PARENT/GUARDIAN  
(X) FORMS PROVIDED BY THE SCHOOL

<table>
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<tr>
<th>REQUIRED FORMS</th>
<th>PARENT ACTION</th>
<th>OFFICE VERIFICATION</th>
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<tr>
<td>XX Immunization (Upon entry)</td>
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<td>(on Kentucky form) (Parents get form from Health Care provider or Health Department)</td>
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<td>XX Physical Examination (within 30 days)</td>
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<td>(Given 1 year prior to initial entry and/or)</td>
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<td>(Within 1 year prior to entry into sixth grade)</td>
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<tr>
<td>XX Proof of Residence</td>
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<td>(Copy of utility bill, lease/rental agreement, Realtor purchase Agreement, home title, etc.)</td>
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<td>XX Birth Certificate (within 30 days)</td>
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<tr>
<td>XX Custody Papers (in case of divorce/share custody, if name is different than on Birth Certificate card or does not live with both natural parents)</td>
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<tr>
<td>XX Social Security Card (optional)</td>
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<tr>
<td>(Required for KEES only) (If no SS card paperwork must be filled out)</td>
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<tr>
<td>X District Student Enrollment Form</td>
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<tr>
<td>X Records Request</td>
<td>SR 3</td>
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<td>X Withdraw form from previous school (optional)</td>
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<td>X Parent/Guardian Home Language Survey (if required)</td>
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<td>X Federal Lunch Program Form (optional)</td>
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<tr>
<td>X KRS.158.155 For Adjudication/Expulsion Form</td>
<td>SR 4</td>
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<tr>
<td>X Transcript (optional)</td>
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Documents to be given to Parents for Information  
Student Code of Conduct  
Student Fees Information  
Integrated Pest management  
Initial Pest Notification  
Transportation Regulations  
District Social Security Waiver SR 6  
School Calendar

**OFFICE STAFF**  
Transcript Requested: ________  
Transcript Received: ________  
Fees Paid: Yes ____ No ____  
Records Requested: ________  
Records Received: ________  
Date: __________

If any of the student Services sections of the student Registration form is completed, a copy of the form has been sent to the Student Services Center. ________
STUDENT RECORDS REQUEST

Date: __________

To Principal of: ____________________________________________

(Name of School)

__________________________________________

(Address)

__________________________________________

(City, State, Zip)

Re: Student Name: ___________________________________________

Grade Level: _______ Social Security #________________________ D.O.B. __________

The above named student has enrolled in Cooper High School. Please forward the information requested below as soon as possible.

____ Official transcript listing grades and credits earned

____ 8th Grade transcript listing high school credits earned

____ Copy of withdrawal form with grades

____ Copy of report card for last completed grade period

____ Attendance for current and past year

____ Special Education records

____ Gifted and Talented Program

____ Copy of grade scale

____ Health/Immunization

____ Test Scores

____ Discipline records

____ Writing / Working Portfolio

____ Student Career/Transition Plan

____ All of the above

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final rule on Educational Records, Federal Registrar, June 7, 1976, Vol. 41, No. 118, Page 24673.)

Your immediate attention to this request will be appreciated. You may keep this request form in the student’s permanent record folder for your records.

Please direct all records to: COOPER HIGH SCHOOL

JOY APPELMAN, REGISTRAR
2855 LONGBRANCH ROAD, UNION, KY 41091
PHONE 859-384-5940 FAX 859-384-8200

Boone County Board of Education provides equal employment and educational opportunities.
2016-17 Boone County Schools
Student Enrollment/Emergency Information

Legal Name of Student (Please Print) ___________________________ (Last) ___________________________ (First) ___________________________ (Middle) ___________________________ (Suffix)

Grade: _______ Date of Birth: _________________ □ Male □ Female SS# (Optional)

Birthplace: (Country) ___________________________ (County) ___________________________ (State) ___________________________ (Zip)

Student Address: (Street) ___________________________ (Apt #) ___________________________ (City) ___________________________ (State) ___________________________ (Zip)

Student Mailing Address: (if different) ___________________________ (Street or PO Box and Apt #) ___________________________ (City) ___________________________ (State) ___________________________ (Zip)

Ethnicity: Is your child Hispanic/Latino: □ Yes □ No

Student Race: (Check all that apply) □ White □ Black or African American □ Asian □ Native Hawaiian or other Pacific Islander

U.S. Citizen: □ Yes □ No If no, country of residence: ___________________________

Migrant □ Immigrant □ Refugee: (Country) ___________________________

Last School Attended: ____________________________________________________________

Last Date Attended: _____________________________________________________________

School Address: (City) ___________________________ (County) ___________________________ (State) ___________________________

Kentucky School: □ Yes □ No

School Telephone #: ___________________________

Parents/Guardians Living in Same Household as Student

Legal Name: ___________________________ (Last) ___________________________ (First) ___________________________ (M.I.) ___________________________ (Suffix)

Relationship to Student: __________________________________________________________

Phone: Home (_____) Work: (_____) Cell Phone: (_____) E-Mail: ___________________________

Place of Employment: _____________________________________________________________

Occupation: ___________________________ DOB: ___________________________

Siblings Living in Same Household as Student

Legal Name: ___________________________ Suffix: ___________________________

Birth Date: _______ Sex: _______ Grade: _______

Name of Boone County School: _____________________________________________________

Legal Name: ___________________________ Suffix: ___________________________

Birth Date: _______ Sex: _______ Grade: _______

Name of Boone County School: _____________________________________________________

Parents/Guardians Living at an Address Different from Student

Does this parent/guardian have joint custody? __________________________

Should this parent/guardian receive school information? __________________________

Is this person legally restricted access to this student? __________________________

(A copy of the court order MUST be provided to the school.)

Legal Name: ___________________________ Suffix: ___________________________

Relationship to Student: __________________________________________________________

Address: ___________________________ City: ___________________________ State: ___________ Zip: ___________________________

Phone: Home (_____) Work: (_____) Cell Phone: (_____) E-Mail: ___________________________

Place of Employment: ___________________________ DOB: ___________________________

Does this parent/guardian have joint custody? __________________________

Should this parent/guardian receive school information? __________________________

Is this person legally restricted access to this student? __________________________

(A copy of the court order MUST be provided to the school.)

Legal Name: ___________________________ Suffix: ___________________________

Relationship to Student: __________________________________________________________

Address: ___________________________ City: ___________________________ State: ___________ Zip: ___________________________

Phone: Home (_____) Work: (_____) Cell Phone: (_____) E-Mail: ___________________________

Place of Employment: ___________________________ DOB: ___________________________
Special Services
Does this student have special needs, or receive special education services? □ Yes □ No
Does this student have a 504 plan? □ Yes □ No
Does this student receive Title 1 services? □ Yes □ No
Has this student been formally identified as Gifted/Talented? □ Yes □ No

Transportation
Primary Transportation to School (check all that apply): □ Car Rider □ Walker □ School Bus Bus #: (assigned by school district staff)
Transportation by BCS: □ A.M. □ P.M. □ Both A.M. & P.M. □ More Than 1 Mile □ Less Than 1 Mile □ None Daycare: ________________

Language
What is the language most frequently spoken at home? ________________
Which language did this student learn when he or she first began to talk? ________________
What language does this student most frequently speak? ________________
What languages do the parents of this student speak? (If any answers above are other than English, please complete the “Home Language Survey”)

Medical Information
List and identify health conditions (such as severe allergies, chronic medical conditions, and/or allergies to medications): ________________

*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a health care plan on file. For more information, please contact the school Nurse or Health Clerk.

Regular Medication: ________________ Dosage: ________________
An “Authorization to Give Medication” form must be on file for any medication to be given to a student during the school day.

Physician Name: __________________________ Telephone: __________________________

I give school officials permission to contact the named Health Care Provider: __________________________ (Parent/Guardian Signature)

Emergency Information
If needed, what hospital should this student be taken to? __________________________

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:
Name: __________________________ Relationship to student ________________ Telephone No: (____)________________

Name: __________________________ Relationship to student ________________ Telephone No: (____)________________

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)
Name: __________________________ Relationship to student __________________________

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature __________________________ Date: ________________

Office Use Only
New Enrollment
Revised Enrollment ___
Office Personnel ______
Date ______
BOONE COUNTY SCHOOLS
Student Transportation Form

School: ___________________________ School Code: ___________ School Year: ___________

Student Name: ___________________________ D.O.B: ___________

Gender: ___________ Grade: ___________ Student ID: ___________

(All students will be routed to their home address unless and alternative address is provided.)

Home Address: __________________________________________

City/State/Zip: __________________________________________

Parent/Guardian: ___________________________ Phone: ___________

Emergency Contact: ___________________________ Phone: ___________

******************************************************************************

☐ NO BUS TRANSPORTATION NEEDED
   Car Rider Number ___________ Daycare Name and Assigned #: ___________

☐ DAY CARE TRANSPORTS? YES ___________ NO ___________

☐ AM TRANSPORTATION ONLY

☐ PM TRANSPORTATION ONLY

☐ AM & PM TRANSPORTATION NEEDED

☐ ALTERNATE PICK-UP AND/OR DROP-OFF LOCATION NEEDED (Must be inside school boundaries)

******************************************************************************

If using an alternate address please provide the following:

Pick-up Location: __________________________________________

Drop-off Location: __________________________________________

(Leave this area blank if being transported to home address or no transportation is needed)

******************************************************************************

Student Bus Information
(To be completed by school official)

AM Pick-up Information:

Bus #: ___________ Step Location: __________________________________________

PM Drop-off Information:

Bus #: ___________ Step Location: __________________________________________
PREVENTATIVE HEALTH CARE EXAMINATION FORM - Sixth (6th) Grade Form (for grades 5-12)

All local boards of education shall require a second and third preventative health care examination of each child within one (1) year prior to entry into the sixth (6th) grade or subsequent grades. Each board shall have an approved program of continuous health supervision in accordance with current statutes and regulations, vision, hearing and scoliosis scheduled screening tests. Local school districts shall establish a plan for implementation and compliance with the sixth (6th) grade examination.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

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<th>Grade:</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
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Student Name:

Social Security Number: __________________________ Date of Birth: __________________________

Parent or Guardian Name: __________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Seizures: __________________________

Chronic Illness: __________________________

Allergies: __________________________

Medications: __________________________

Significant Historical Information: __________________________

Physical Exam:

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<td>Abdo-Genitalia</td>
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<td>Extremities-Back (including scoliosis screen for 6th grade)</td>
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Explain Abnormal Exam: __________________________

Recommendations: No Restrictions: Normal Exam

RESTRICITONS AND SUGGESTIONS TO SCHOOL: __________________________

Age Appropriate and Suggested Anticipatory Guidance (Health Assessments)

1. How have things been going for you at school? With your peers?
2. How do you rate your own health?
3. What concerns do you have about your own development?

Advise adolescents about the following good health habits and self-care. – See sample reference on back of form.

☐ Risk behaviors were discussed and addressed

☐ Risk behaviors were not addressed today

Signed: __________________________ Date __________________________

Physician/ARNP/PA/EPDS Provider __________________________

Address: __________________________ Telephone: __________________________
Statement of Non-Disclosure

Of

Social Security Number

Date:

Parent/Guardian Name:

Address:

School Attending:

Student Name:  DOB:

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child's Social Security Card to the Boone County School District. By signing this waiver your child will not be eligible for the Kentucky Educational Excellence Scholarship funds for their college education.

I also understand that any programs requiring my child's SS# for participation, within the Boone County School District and/or the Kentucky Department of Education, will not be available to my child.

Parent Signature  DATE: