

**Barbourville Independent
Enrollment/Household Information Sheet**

School Year 2017-2018

Enrollment Date _____ **Grade** _____

Name of Child Enrolling _____ **Sex** _____

Social Security Number _____ **Date of Birth** _____

Race/Ethnicity A. White/Not Hispanic Origin B. Hispanic C. Black/Not Hispanic Origin
D. American Indian E. Asian

Last school attended _____
Has the student ever been enrolled here previously? If yes, indicate school year: _____

Children Living in Household that attend Barbourville Independent (Please include last name)

Parents' Names: **Mother** _____
Father _____

Child lives with:(circle 1) mother & father mother father grandparents aunt uncle

Other (including steps) _____

Anyone other than natural parents who has legal guardianship

_____ **Relationship** _____
_____ **Relationship** _____

Physical Address: _____
(911 address) _____

Mailing Address: _____

Home Phone _____

Cell Phone(mother) _____ **Cell Phone(father)** _____

Work Phone(mother) _____ **Place of Work** _____

Work Phone(father) _____ **Place of Work** _____

Email Address (father) _____

Email Address (mother) _____

Emergency Contacts: **Name** _____
Relationship _____
Phone Number _____
Drivers License # _____

Name _____
Relationship _____
Phone Number _____
Drivers License # _____

Name _____
Relationship _____
Phone Number _____
Drivers License # _____

Signature Of Parent/Guardian _____ **Date** _____

Barbourville City School HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)
Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____
If no, date child entered the United States: _____ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

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

5. Please check if your child is:
A. Native American Indian C. Native Pacific Islander
B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded yes to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____

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

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

11. Please describe the language understood by your child. (Check only one)
A. Understands only the home language and no English.
B. Understands mostly the home language and some English.
C. Understands the home language and English equally.
D. Understands mostly English and some of the home language.
E. Understands only English.

Parent or Guardian's Signature Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

2017-2018

(This agreement will include all school years enrolled
at Barbourville Independent School)

Only to be signed by Out of District students

Non-Resident Student Agreement

I understand that, as being a non-resident student it is a privilege for me (or my child) to attend the Barbourville Independent School district.

The agreement stated between the school district that you live in and the Barbourville Independent Schools states:

1. That any student attending Barbourville Independent Schools pursuant to the non-resident contract shall have no failing grades in any subject.
2. That any student attending Barbourville Independent School pursuant to the non-resident contract shall have no disciplinary matters that will entail in-school or out of school suspension.
3. That any student attending Barbourville Independent Schools pursuant to the non-resident contract shall not be truant from school for more than three (3) total days.

Any violation with the above agreement between school districts may not allow me (or my child) to attend school in the Barbourville Independent School district.

Student signature _____

Parent signature _____

Date _____

Barbourville Independent School

2017-2018

Transportation Information

The Barbourville Board of Education must have record of your child being transported to and from school. Please have a parent or guardian complete this form for each student and return it to the school. If not completed by the student or parents, then a school official may interview the student and complete the form. Information must be verified and entered in the student information system for each student.

Student Name _____

Physical Address _____

Mailing Address (If different than above) _____

Home Telephone _____

Cell Number _____

Bus Information (Please check one of the following)

_____ I do not ride the bus

_____ I ride the bus (If you ride the bus please check one of the following)

_____ I ride the bus twice daily over one mile (T1)

_____ I ride the bus twice daily under one mile (T2)

_____ I ride the bus once daily over one mile (T3)

_____ I ride the bus once daily under one mile (T4)

If you get picked up or dropped off somewhere other than your home please name location and address. _____

Bus number that picks you up in the morning _____

Bus number that drops you off in the afternoon _____

**PERMISSION TO RELEASE STUDENT
2017-2018 SCHOOL YEAR**

Student's
Name _____ SSN _____

Parent/Guardian _____ SSN _____

Dear Parent:

Please list below the name, driver's license number, and relationship of any adult that has your permission to sign your child out of school in case of an emergency. Be sure to include other approved parents, step-parents, etc., not listed above.

List all people that you may want to pick up child.

WE WILL NOT RELEASE STUDENT TO SOMEONE NOT ON LIST

<u>Name</u>	<u>Driver's License Number</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

2017-2018 CONSENT FOR SCHOOL HEALTH SERVICES

SCHOOL: _____ TEACHER: _____

STUDENT'S FULL NAME: _____

STUDENT'S SOCIAL SECURITY # _____ BIRTHDATE: _____

MALE _____ FEMALE _____ RACE _____

ADDRESS: _____ CITY: _____ ST: KY ZIPCODE: _____

ANY KNOWN DRUG ALLERGIES: NO _____ YES _____ IF YES, PLEASE LIST _____

MEDICAL INSURANCE: _____ POLICY # _____

PRIMARY CARE PROVIDER: _____ PHONE #: _____

PHARMACY: _____ PHONE #: _____

MOTHER'S NAME: _____ PHONE # _____

FATHER'S NAME: _____ PHONE # _____

EMERGENCY CONTACT: _____ PHONE # _____

PLEASE LIST ANY OPERATIONS, HOSPITALIZATIONS OR SERIOUS INJURIES OR ILLNESSES: _____

PLEASE LIST ANY OF THE STUDENT'S FAMILY MEMBERS HEALTH PROBLEMS:

MOTHER: _____ FATHER: _____ GRANDPARENTS: _____

I authorize payment to be made to Family Health Care Associates (FHCA) on my behalf for services received. I also release this information to Medicaid/ K-CHIP for billing purposes for visits to the school health clinic. I understand that no guarantees are being made as to the effects of any exam or treatment on my child. I further understand that I will not be billed for any services that my child receives at the school clinic during the school session except for vaccines that are not required. I acknowledge receipt of the Notice of Privacy Practices (NPP) and Bill of Rights. I request that payment of authorized medical insurance benefits be made to FHCA on my behalf for services rendered to my child. I have read this statement and understand that my signature indicates that I do consent and assign benefits as stated above. I also authorize FHCA staff providing services at the school clinic to provide health information from my child's medical record to and from the designee of the school and my child's physician only as needed under the guidelines of HIPAA and FERPA consistent with Federal Laws for the purpose of providing safe and appropriate school health services and programs. I consent to care which may include screening, assessments, lab tests, treatment, first-aid, over the counter and/or prescription medication, telemedicine and any other health service given to my child by staff or agents of FHCA. I authorize the school health clinic staff to release medical information about my child that impacts learning environment to his/her/primary care provider, school principal/guidance counselor or designee. In case you are going to have clinical visits using videoconferencing technology; you will be able to see and hear the provider and they will be able to see and hear you, just as if I were in the same room. Since 1994, the technology has connected tens of thousands of patients and providers in Kentucky. The information may be used for diagnosis, therapy, and follow-up and/or education. Expected Benefits: Improved access to care by enabling a patient to remain within the facility and obtain services from providers at distant sites; Patient remain closer to home where local healthcare providers can maintain continuity of care; Reduced need to travel for the patient or other provider. The Process: I will be introduced to the provider and anyone else who is in the room with the provider. I may ask questions of the provider or any telemedicine staff in the room with me, if I am unsure of what is happening. If I am not comfortable with seeing a provider on videoconference technology, I may reject the use of the technology and schedule a traditional face-to-face encounter at any time. Safety measures are being implemented to insure videoconference is secure, and no part of the encounter will be recorded without your written consent. Possible Risks: There are potential risks associated with the use of telemedicine which include, but may not be limited to: A provider may determine that the telemedicine encounter is not yielding sufficient information to make an appropriate clinical decision; Technology problems may delay medical evaluation and treatment for an encounter; In very rare instances, security protocols could fail, causing breach of privacy of personal medical information. By Signing this Form, I understand the following: 1.) I understand that the laws that protect privacy and confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent, except as noted above. 2.) I understand that I have the right to withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. 3.) I also understand that if the provider believes I would be better serviced by a traditional face-to-face encounter, they may, at any time stop the telehealth visit and schedule a face-to-face visit. 4.) I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured. 5.) I release the School District/Board of Education and Family Health Care Associates from any liability related to the administration of medication or treatment so long as Reasonable and Customary Care is provided. Patient Consent to the Use of Telemedicine: I have read and understand the information provided above regarding telemedicine, and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my care. I hereby authorize FHCA to provide any services listed above in the course of my diagnosis and treatment.

Parent/Legal Guardian Signature: _____ Date _____

BARBOURVILLE INDEPENDENT SCHOOL

Dear Parent/Guardian:

Our school is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. The CEP provision is available to schools with a high percentage of economically disadvantaged students. Under CEP all students receive a breakfast/lunch at no charge for the entire school year. However, to determine eligibility to receive additional benefits for your child(ren) you will need to complete a household and income form.

1. **DO I NEED TO FILL OUT A FORM FOR EACH CHILD?** No. *Use one Household and Income Form for all students in your household.* We cannot use a form that is incomplete, so be sure to fill out all required information. Return the completed form to: Melissa Baker, 140 School Street, Barbourville, KY 40906, 546-3120.
2. **MY CHILD(REN) ALREADY RECEIVE MEALS AT NO CHARGE AT Barbourville Independent School. WHY SHOULD I COMPLETE THIS FORM AS WELL?** Many state and federal programs use socioeconomic status (that is, household and income information) to determine eligibility for their programs. In addition, the primary state funding calculation uses socioeconomic status. By completing this form your school is able to determine your child(ren)'s eligibility for additional programs. Regardless, your child(ren) will still receive meals at no charge at Barbourville Independent School.
3. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
4. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
5. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
6. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

If you have other questions or need help, call 606-546-3120

Sincerely,



INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (a household member is any child or adult living with you): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If anyone in your household receives benefits from **KTAP** or **SNAP** benefits, please follow these instructions.

Part 2: List the case number for one household member (adult or child) who receives **KTAP** or **SNAP** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

If your child is **homeless, a migrant or a runaway**, follow these instructions.

Part 2: Skip this part.

Part 3: Check the appropriate category and call **Melissa Baker**.

Part 4: Skip this part.

Part 5: Sign the form.

If you have **foster child(ren) only**, follow these instructions. You do **not** need to fill out a separate form for each foster child in your household. (If there are both foster children and non-foster children in your household, follow the instructions below for All Other Households).

If **all** children in the household are marked as foster children in **Part 1**:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with **both** foster children and non-foster children, follow these instructions:

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from **this month or last month**.

- **Section 1—Name:** List all household members who have income.
- **Section 2—Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
 - **Earnings from work:** List the **gross income**, not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
 - **Welfare, Child Support, Alimony:** List the amount each person receives, and check the box to tell us how often.
 - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits.** List the amount each person receives, and check the box to tell us how often they receive it.
 - **All Other Income:** List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do **not** include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
 - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 5: An adult household member must sign the form. Please include your address and phone number in the event the FRAM Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

Barbourville Independent School is participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, all children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return a **single application per household** to Barbourville Independent.

PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	Check if a foster child (legal responsibility of the state welfare agency or court). If <u>all</u> children listed below are foster children, <i>skip to Part 5 to sign this form.</i>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

PART 2. BENEFITS – SNAP/KTAP ONLY

If any member of your household receives SNAP or KTAP, provide the name and case number for the person who receives benefits and skip to part 5. If no one receives these benefits, go to Part 3.

NAME: _____

CASE NUMBER (REQUIRED): _____

PART 3. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Melissa Baker.

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once. If you provided a case number in Part 2, you do not need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

DECLINE TO PROVIDE INCOME – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Non Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, gender identity, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the form?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: Week Every 2 Weeks Twice A Month Month Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ SES Code: Free _____ Reduced _____ Paid _____

Reason: _____

FRAM Coordinator: _____ Date: _____