

Dear Parent or Guardian,

We are excited to begin another year of preschool adventures for your youngest Musketeers! Thank you for allowing us to be part of your child's first school experience. Our goal is to work closely with families and children to promote kindergarten readiness and success for all. Below, you will find a checklist of forms needed to enroll your child in our program. Please check off each item and return your packet to our central office or to the elementary school where your child will be attending.

Forms and Items needed for initial enrollment (see attached forms):
Forms marked with a * must be completed before the child can attend.

- ☐ Student Data Collection Form*
- ☐ Emergency Contact Form*
- ☐ Parent Consent Form
- ☐ Income Verification (check stubs)*
- ☐ Birth Certificate (copy of original)*
- ☐ Social Security Card (copy)
- ☐ Physical exam* Date of exam: _____
- ☐ Vision exam Date of exam: _____
- ☐ Immunization record* Date of last immunizations: _____
- ☐ Dental exam Date of exam: _____
- ☐ Household Income Form
- ☐ McKinney Vento Survey
- ☐ Preschool Survey
- ☐ Military Connected Form
- ☐ T-Code Verification Form

Thank you,

Sarah Kelsey
Preschool Director
606-473-9819
sarah.kelsey@greenup.kyschools.us

Delinda Stapleton
Preschool Coordinator
606-932-3221 x3157
delinda.stapleton@greenup.kyschools.us

Student Name: _____

Preschool Parent Survey
Academic Year 2026-2027

Parents/Guardians:

Our preschool program aims to assist families in school readiness. Healthy families are essential to a child's immediate and future success. Please allow us to assist you in meeting your family goals for health and education. Please check any of the following items you are interested in learning more about.

- ☐ GED programs for adults
- ☐ Literacy programs for adults
- ☐ College information for adults including (FAFSA, enrollment, classes and programs available)
- ☐ Addiction or Mental Health Services
- ☐ Parent training on any of the following (Check those that you would like more info on):
  - ☐ Behavior
  - ☐ Autism
  - ☐ Developmental Delay
  - ☐ Speech-Language Delay
  - ☐ Child nutrition and development
  - ☐ Meeting a child's sensory needs
  - ☐ First Steps for children birth to age 3
  - ☐ HANDS for first time parents
  - ☐ Kentucky Strengthening Families
  - ☐ Kindergarten Readiness
  - ☐ Other: _____
- ☐ Other Suggestions: _____

What is the best way for you to receive information? (Circle all that apply)

Email Newsletter Parent Training/Workshop Phone

Social Media Printed Materials Home Visit Conference

Parent/Guardian Signature: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Greenup County Preschool
Student Data Collection Form

☒ 2026-2027 ☒ 3 by August 1, 2026 ☒ 4 by August 1,2026

Program Registration	☐ Preschool ☒ Head Start

Last Name:_____
First Name: _____
Middle Name:_____
Physical/E911 Address:_____
Mailing Address:_____
City:_____
State_____Zip:_____
Social Security #: _____

Date of Birth _____/_____/_____
Sex: Male Female
School:_____
Transportation: ☒ Bus ☐ Parent
Bus# AM_____ PM_____
Phone #:(_____) _____

For Office Use Only:
☐ Income ☒ Disability ☐ MTSS
☒ OI

Student's Race: ☒ White/Non-Hispanic ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Black/Non-Hispanic ☒ Asian ☒ Hawaiian/Pacific Islander

Who's identifying a student's race? ☒ Parent/Guardian ☒ Child ☐ Observer ☒ Unknown
First Language Your Child Began to Speak:_____ Country of Origin:_____
Language Spoken Most Often by Student in the Home:_____
Language Spoken Most Frequently in the Home/Primary Language Spoken to Child:_____
Does your child have any special needs that require accommodations at school? ☐ Yes ☒ No
If Yes, What needs? _____

Guardian Information Collection Form

Guardian #1	Guardian #2
Full Name:_____	Full Name:_____
DOB:_____	DOB:_____
Physical/E911 Address:_____	Physical/E911 Address:_____
Mailing Address:_____	Mailing Address:_____
City:_____ State: _____ Zip:_____	City:_____ State: _____ Zip:_____
Phone:_____	Phone:_____
Relation:_____	Relation:_____
Employer:_____	Employer:_____
Address:_____	Address:_____
Work Phone:_____	Work Phone:_____
Race:_____ Primary Language:_____	Race:_____ Primary Language:_____
E-Mail Address:_____	E-Mail Address:_____

Please list names of all people living in your home (including other adults and children): _____

_____

HOME DIRECTIONS

Please give directions to your home:_____

*Notify the school when there is a change of address, phone, etc.

Greenup County Preschool--Student Data Collection Form

2026-27

EMERGENCY INFORMATION

Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

_____

Does your child have allergies (such as allergic to medication(s) or insect bites? ☐ Yes ☐ No

If yes, please specify _____

Does your child have a history of ☐ heart disease ☐ diabetes ☐ T.B. ☐ anxiety ☐ Trauma

☐ epilepsy ☐ ear infection ☐ seizure ☐ asthma ☐ other_____

If so, please check and describe any special emergency treatment that may be required:_____

_____

Please list any regular medications your child currently takes:_____

Doctor's Name:_____ Phone Number:_____

Address:_____

In case of emergency, accident, or serious illness of the above named child, I request the school to contact Guardian 1 or Guardian 2 listed on this form. If school personnel are unable to contact Guardian 1 or Guardian 2, I hereby authorize them to call the person(s) listed below:

Name (First, Middle, Last)	Relationship	Phone Number	Check if this person lives in your household
			☐
			☐
			☐
			☐
			☐

*** Anyone picking up a child from school must be prepared to present a photo I.D.**

Are there court orders concerning the custody and/or visitation of your child? ☐ Yes ☐ No

☐ If yes, have you provided the school with an official copy of the legal documents to place in your child's folder? ☐ Yes ☐ No

**** Legal documents must be on file in order to permit or deny a parent the right to pick his/her child up from school.***

EARLY DISMISSAL

In the event of early dismissal, your child will follow normal daily transportation methods unless specified otherwise. When school is dismissed early for any reason, I would prefer the following:

☐ My child will ride the bus home

☐ My child will be picked up at school in a timely manner

☐ Other:

_____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete. If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

Parent/Guardian's Signature:	Date: _____/_____/_____

GREENUP COUNTY SCHOOLS

PARENT PERMISSION FORM 2026-2027

For Office Use Only
Opt Out: _____
Date: _____

As the parent(s)/guardian(s) of:

Student's Name: _____ _____ _____
Last Name *First Name* *Middle Initial*

School: _____ ***Grade:*** _____

I/we agree to comply with the policies/procedures/permissions outlined below.

_____ _____
Student's Signature ***Date***

_____ _____
Parent/Guardian's Signature ***Date***

ELECTRONIC ACCESS/USER AGREEMENT

Student: As a user of the Greenup County Public School District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

Parent: As the parent or legal guardian of the student (under 18) signing below, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

Parent: By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District, and/or the Kentucky Department of are subject to the terms and conditions set forth in District policy/procedure. Please be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use, or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

PUBLICATION CONSENT

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes. This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks, as well as academic and athletic activities.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preference by notifying the Principal in writing of your request.

FIELD TRIP PERMISSION

I hereby give permission for my child to participate in all school-related student trip(s) during the school year. 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.

SCHOOL MESSENGER/ THRILLSHARE

SchoolMessenger/Thrillshare is a rapid alert notification system that enables our district to reach students, parents and staff to relate emergency information, school closings or delays, and special school announcements. The Federal Communications Commission (FCC) prohibits calls made using automatic telephone dialing equipment or a prerecorded message to any telephone number assigned to a cell phone or any service for which the called party is charged for the call without prior consent, unless the call is for emergency purposes as defined by the Telephone Consumer Protection Act. (Reference: 47 U.S. Code § 227). If you would like to opt out of receiving SchoolMessenger calls you must contact the school to rescind permission to call and/or text your landline and/or cell phone with information utilizing the SchoolMessenger system. If you opt out, you will not receive important information. However, according to current TCPA guidelines, you will still be contacted in the event of an emergency.

EMERGENCIES

The GCSD utilizes an Emergency Management Plan for each school. Plans are designed to minimize danger to anyone occupying a school or school vehicle should an emergency occur. Our main objective is attending to the health and welfare of your children in the event of a crisis and to see that they get home safely.

IN MOST EMERGENCY SITUATIONS, YOUR CHILDREN WILL REMAIN AND BE CARED FOR AT THE SCHOOL THEY ATTEND. IN THE RARE EVENT OF AN EMERGENCY AFFECTING YOUR CHILD'S SCHOOL THAT PROHIBITS RE-ENTRY TO THE BUILDING (IE: GAS MAIN OR FIRE), STUDENTS AND STAFF WILL BE MOVED TO THAT SCHOOL'S ALTERNATE SITE.

In most cases, you will be notified of an emergency via a Thrillshare phone call. Please make sure that your contact information is up-to-date to ensure that you receive these messages. If you should hear of a school emergency, please do the following:

1. **Stay tuned to GCSD social media, television, radio and automated phone calls for updated reports and information about when and where to pick up your children.**
2. **PLEASE DO NOT CALL THE SCHOOL.** Our limited phone lines must be kept clear in order to properly respond to an emergency.
3. **If there is an emergency at your child's school, emergency response workers and vehicles must be able to get to the building. Do not attempt to come to the school to pick up children as you may interfere with emergency response/rescue.**

INDIVIDUAL LEARNING PLAN (GRADES 6-12)

As a parent or guardian of a student under the age of eighteen who is enrolled in grades six through twelve (6-12) in the Greenup County School District, I hereby authorize the District to enable a feature of web based Individual Learning Plan (ILP) software, which will permit my student to invite third parties to have access to his/her ILP information or portions of such information via the internet. The purpose of this feature is to help my student with career and college plans by permitting him/her to share ILP information with persons or organizations such as college admissions officers, organizations offering scholarships, and potential employers.
However, I understand this feature could permit my student to release ILP information to other third parties. I agree that the District, its employees, and agents shall not be responsible, nor shall they incur any liability for any disclosure made by the student using this software feature. The Family Educational Rights and Privacy Act (FERPA) and similar state statutes (KFERPA) generally require parents to consent before the educational records relating to their student(s) are disclosed to third parties.
I understand that the above software feature is not itself a disclosure of education records, but will enable my student to disclose confidential educational records information. I specifically authorize and give my consent to the disclosure of ILP educational records information to third parties by my student through the use of the software feature as described above.
I understand that once this signed form is returned to the school, it will stay in effect as long as my child is enrolled in the District (unless I or my child on turning 18 requests a change).I also understand that the sharing feature will not be enabled for my child unless this completed form is returned to the school.

CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE

I have reviewed the Greenup County School District Code of Acceptable Behavior and Discipline (including FERPA rights) available on the district website at www.greenup.kyschools.us. My signature signifies knowledge and understanding of the guidelines and policies contained within.

BUS CONDUCT CONTRACT

Waiting at the Bus Stop: Arrive 5 minutes early. Stay back from road 5 steps. Respect other people's property. Wait in an orderly manner. Line up prior to bus arriving. Wait for bus to stop before moving.
Getting on the Bus: Board only the bus to which you are assigned. Wait for driver's hand signal before crossing the road. Cross at a distance of at least 10 feet in front of bus. Make sure driver can always see you. Never bend down or put any part of your body under the bus. If you drop something, leave it and tell the driver. If bus is missed, return home to parents. Never walk to school without parent's permission. Go quietly to your seat.
Riding the Bus: Know the driver's name and bus number. Obey posted rules. Sit quietly in your seat. Do not distract driver. Do not put anything outside window. Report any and all damage to bus. Do not throw items on the bus. Help keep the bus clean. Students who cause damage to the bus are responsible for repair costs.
Leaving the Bus: Wait in seat until bus stops. Do not push/crowd others. Use the handrail. Do not jump off steps. Exit bus only at assigned stop. If crossing in front of bus, walk 3 feet to the side and 10 feet in front of bus. Wait for the driver's signal to cross. Make sure the driver can always see you. Check both ways before crossing the road. Never stop to pick up a dropped item. If for any reason your child has to go home on another bus, a signed note must be given to the school office and a bus pass issued to your child. No child will be permitted on a different bus without bus pass issued by school.
Items NOT Allowed on the Bus: Weapons of any kind. Illegal drugs, alcohol, or tobacco. Food or drinks. Headphones, glass containers or animals. Items too large to be held in a student's lap without extending above the chest, or which could block the aisle or emergency exits during evacuation. Cell phones are not to be sued while student is on the bus.
Posted Bus Rules: Observe same conduct as in classroom. Be courteous. Do not use profane language. Keep the bus clean. Cooperate with the driver. Do not use tobacco. Do not be destructive. Stay in your seat. Do not eat or drink on the bus. Keep head, hands and feet inside bus. Bus driver is authorized to assign seats.
Preschool Regulations: All preschool students MUST have an adult with them when they board the bus and when they leave the bus. We are required to make sure that preschoolers immediately take the hand of their caregiver when exiting the bus.
Should the conduct of a student on a bus endanger the lives and/or safety of other students and/or driver, that student shall be immediately escorted off the bus and appropriate juvenile charges may be filed.
If you have questions or concerns about transportation, please contact the GCSD Transportation Office at 606.473.7514.

If you would like to opt out of one or more sections of this form, please contact your child's school.

MILITARY CONNECTED PARENT/GUARDIAN FORM

Please complete the information below 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(a)(4) Armed Forces includes: Army, Navy, Air Force, Marine Corps, and Coast Guard.
- 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.

Please mark all that apply:

- ☐ No parent or guardian currently serving as an active duty member of the US Armed Forces, or full-time National Guard.
- ☐ Yes, a parent/guardian is a current member of the **active duty** US 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

Student Name:_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

***PLEASE SEE OTHER SIDE OF FORM FOR ADDITIONAL SURVEY**

Homeless Education and Transitional Services

Please complete this survey if you are currently facing a situation that could lead to homelessness or substandard living arrangements. You only need to complete one form per family.

☐YES ☐NO 1. Are you currently sharing housing with another family?

Please give reason: _____

☐YES ☐NO 2. Is student currently living with someone other than parent (ie: grandparents, aunt, uncle, non-related, etc.)

If yes, please give date student moved in with you: _____

Relationship to you: _____

☐YES ☐NO 3. Are you *currently* staying in a shelter, campsite or other temporary housing arrangement?

Where: _____

☐YES ☐NO 4. Has your family been in a shelter or temporary living arrangement in *past 60 days*?

☐YES ☐NO 5. Are you looking for housing due to a recent or impending eviction or foreclosure?

If you checked YES to any of the above items, your child(ren) may qualify for McKinney-Vento services. This program is available to assist qualifying families through times of moving, transition and hardship. Services may include, but are not limited to: educational services, support services, categorical eligibility for free lunch, school of origin allowance, transportation cost associated with school attendance, school supplies, referral services, etc.. Services are available to those who meet the criteria for eligibility as outlined under the McKinney-Vento Educational Assistance Act. This will not affect other benefits you are currently receiving. All information received is kept confidential and is to be used only for purposes of the McKinney-Vento Program. Signature below is affirmation to information given on this survey.

If you answered yes to any of the above questions, please provide information for all children living in your home who are under 21 years of age:

Child's Name	School Attending	Age	Grade

Parent or Guardian's Signature _____ **Date** _____

Address _____

Phone _____ **Additional Contact Number** _____

***PLEASE SEE OTHER SIDE OF FORM FOR ADDITIONAL SURVEY**

FOR ADMIN USE ONLY

Data in IC:_____

IC Code: D / S / U / HM

For more information or questions concerning McKinney-Vento services, please contact:
Jason Smith at 606-473-9819

GREENUP COUNTY PRESCHOOLS

Dear Parent/Guardian:

Thank you for beginning the process of determining if your child is eligible to attend the state-funded preschool program. The state-funded preschool program is an intervention program provided to families who meet income eligibility guidelines and/or whose child is identified with a developmental delay or disability. Each family wishing for their child to attend the state-funded preschool program must complete a household and income form.

1. 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.

2. 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.

3. 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.

4. 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.

5. WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME? Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, or documentation showing current status of recipients of public assistance.

If you have other questions or need help, call **606-473-9819 and ask for Melanie or Sarah.**

Sincerely,

Sarah Kelsey

GC Preschool Director

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 your child is **HOMELESS, A MIGRANT OR A RUNAWAY**, follow these instructions.

Part 2: Check the appropriate category.
Part 3: Skip this part.
Part 4: 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: 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: 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 4: An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

The State-Funded Preschool Program is available to children who are 4 years old on or before August 1 and whose family income is 160% poverty or less; and, the program is available to children who are 3 or 4 years old with an identified disability. To determine income eligibility, please complete, sign and return this application to **the Greenup County Board of Education main office at 45 Musketeer Drive.**

PART 1. ALL HOUSEHOLD MEMBERS

Names of all 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 welfare agency or court) If all children listed below are foster children, **skip to Part 4** to sign this form.*	*Check if NO income*
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is HOMELESS, MIGRANT, OR A RUNAWAY, check the appropriate box.

HOMELESS ✈ MIGRANT ✈ RUNAWAY ✈

PART 3. 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.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions.	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly")
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50 / monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

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: _____

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, auditors for program reviews, and law enforcement officials to help them review violations of program rules.

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, 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.

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 application?

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: _____

Eligibility: 160% poverty___ Special Education___ Head Start ___ Over Income ___

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): _____

Preschool Coordinator: _____ Date: _____

Secondary Signature: _____ Date: _____

T-Code Verification Form

GREENUP COUNTY PUBLIC SCHOOLS/ _____School

STUDENT T-CODE VERIFICATION DATE_____

The Greenup County Board of Education is updating student transportation records. Please have a parent or guardian complete this form for each student and return it to the student's teacher. **If not completed by student or parents, then a school official (teacher, clerk or other) may interview the student and complete the form. Information must be verified and entered into the KSIS for each student.**

STUDENT NAME: FIRST_____MIDDLE_____LAST_____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different than above) _____

HOME TELEPHONE: _____ CELL NUMBER: _____

****

BUS RIDER INFORMATION

In general as a matter of routine:

RIDER INFORMATION	YES	NO
I DO NOT RIDE THE BUS		
I RIDE THE BUS TWICE DAILY OVER ONE MILE		
I RIDE THE BUS ONCE DAILY OVER ONE MILE		
I RIDE THE BUS TWICE DAILY UNDER ONE MILE		
I RIDE THE BUS ONCE DAILY UNDER ONE MILE		

BUS NUMBER THAT PICKS YOU UP AT HOME_____ BUS NUMBER THAT DROPS YOU OFF AT HOME_____

For school use only: T-code assigned in IC _____

Subsequent change notes (used to document any changes to the information above during the school year)

1)

2)

3)

COMMONWEALTH OF KENTUCKY
CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: _____
(Last) (First) (Middle) (Suffix)

Address: _____
(Street) (City) (State) (Zip Code)

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	
Alt. Adult Hepatitis B[1]	/ /	/ /			
DTaP/DTP/DT[2]	/ /	/ /	/ /	/ /	/ /
Hib[3]	/ /	/ /	/ /	/ /	
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /			
MMR	/ /	/ /			
Varicella	/ /	/ /	Had Chickenpox or Zoster Disease Yes No		/ /
Hepatitis A	/ /	/ /			
Meningococcal	/ /	/ /			
Td	/ /	/ /			
Tdap	/ /	/ /			
Rotavirus	/ /	/ /	/ /		
HPV	/ /	/ /	/ /		
Men B	/ /	/ /	/ /		
Pneumococcal (PPSV23)	/ /	/ /			

[1]Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. [2]DTaP, DTP, or DT. [3]Hib not required at 5 years of age or more.

☐ This child is current for immunizations until ___/___/____, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

☐ This child is not up-to-date at this time. This certificate is valid until ___/___/____, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

☐ **Provisional Status** - Child is behind on required immunizations.

☐ **Medical Exemption** - The following immunizations are not medically indicated: _____

_____

If Medical Exemption, can these vaccines be administered at a later date? **No:** _____ **Yes:** _____ **Date:** ___/___/___

☐ **Religious Objection**

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

_____ _____
(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee) (Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.

Kentucky

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE INDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____

Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____

Parent or Guardian Name: _____

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

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches _____ Weight _____ BMI: _____ BMI% _____ B/P: _____

Vision	Right 20/_____	Passed ☐ Failed ☐ Referred ☐	Hearing – Right	Passed ☐	Failed ☐	Referred ☐
	Left 20/_____		Hearing - Left	Passed ☐	Failed ☐	Referred ☐

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

Gross dental (teeth and gums)	☐ Normal ☐ Abnormal _____	Refer/Tx: _____
Head/scalp/skin	☐ Normal ☐ Abnormal _____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	☐ Normal ☐ Abnormal _____	Refer/Tx: _____
Chest/Lungs/Heart	☐ Normal ☐ Abnormal _____	Refer/Tx: _____
Abdomen	☐ Normal ☐ Abnormal _____	Refer/Tx: _____
Scoliosis assessment	☐ Normal ☐ Abnormal _____	Refer/Tx: _____

(Over)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

_____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

_____

Recommendations (Attach additional sheet if necessary): _____

_____

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

_____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

☐ SCHOOL READINESS
- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

☐ MENTAL HEALTH
- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

☐ NUTRITION AND PHYSICAL ACTIVITY
- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy
- 60 minutes of exercise/day

☐ ORAL HEALTH
- Regular dentist visits
- Brushing/Flossing
- Fluoride

☐ SAFETY
- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

Physician/APRN/PA/EPSDT Provider

Address: _____ Telephone: _____

KDE/DSS

Kentucky Eye Examination Form for School Entry

KDESHS004

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: _____ **Date of Vision Examination:** _____

IDENTIFYING INFORMATION

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

CASE HISTORY

Date of Exam: _____

Ocular History: Normal or Positive for: _____

Medical History: Normal or Positive for: _____

Drug Allergies: NKDA or Allergic to: _____

Family Ocular and Medical History: ☐ Amblyopia ☐ Strabismus ☐ Glaucoma ☐ Diabetes

Other: _____

Other Pertinent Information: _____

Refraction with cycloplegic? (Please indicate one.) ☐ YES ☐ NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)			
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence			
Color Vision			

Diagnosis:

☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia

Other: _____

Recommendations:

1 Glasses prescribed: ☐ YES ☐ NO

2 _____

3 _____

Age appropriate and suggested anticipatory guidance (health assessments):

- ☐ Educate (parents/patients) about eye/vision disorders and needed vision care
- ☐ Counsel (parents/patients) regarding eye safety
- ☐ Stress importance of early, preventative eye care
- ☐ Recommend re-examination, as appropriate

Signed: _____ Date: _____

Optometrist/Ophthalmologist

Address: _____ Telephone: ( ) _____

OFO/DSS

Kentucky Dental Screening/Examination Form for School Entry

KDESHS005

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Student Name: _____
Last First Middle

Birth date: ____/____/____ Gender: ☐ 0 Male ☐ 1 Female

Parent or Guardian: _____
Name Relationship

Address: _____ City: _____

Phone Number: _____ School: _____

Date of Exam/Screening ____/____/____

Test Type (check one)

☐ Screening

☐ Exam

Screener's Name: _____

Screener's Address: _____

_____

Phone Number: _____ Screening Date: _____

Screener's Signature: _____

Professional affiliation: (Please check one)

☐ Dentist ☐ Dental Hygienist

☐ Physician Assistant ☐ Registered Nurse with training

☐ APRN ☐ Physician

Untreated Decay: (Check one)

☐ 0 No untreated cavities

☐ 1 Untreated cavities

Treated Decay: (Check one)

☐ 0 No treated cavities

☐ 1 Treated cavities

Pattern of Early Childhood Cavities: (Check one)

☐ 0 No Early Childhood Cavities

☐ 1 Early Childhood Cavities Present

Treatment Urgency: (Check one)

☐ 0 No obvious problem

☐ 1 Early dental care needed

☐ 2 Referral for Urgent Care
NOTE: Comment required if marked.

Comments: