

EASTSIDE REGISTRATION INSTRUCTIONS

- Complete Registration Packet
- MUST have two (2) forms of ID (See second sheet of packet.)
- MUST have copy of current driver's license
- All incoming students MUST have a 6th grade physical and a new state issued immunization certificate showing at least one dose of HEP A vaccine. NOTE: a 6th grade physical is NOT the same as a sports physical. A sports physical WILL NOT be accepted as a 6th grade physical.
- MUST have Birth Certificate (not a hospital certificate) and Social Security Number of Student (for KEES awards)

REGISTRATION/EMERGENCY INFORMATION FORM
2018-2019

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

Has this student ever been enrolled in a Kentucky school? Yes No
 School Information for Previous Year (2017-2018) - Name of Public/Private/Home School _____
 Please provide the following information if **NOT** a Bullitt County Public School: Telephone # _____
 Street Address: (City/State/Zip): _____

Transportation: transported over 1 mile twice daily (T1) transported less than 1 mile twice daily (T2)
 (Check one) transported over 1 mile once daily (T3) transported less than 1 mile once daily (T4)
 not transported (car rider) (NT) I give permission for my child to walk home from school
 Bus number to school _____ (if applicable) Bus number to home/childcare _____ (if applicable) Attends YMCA am pm
 Should school **close early for bad weather conditions**, please explain how your child is to be sent home **if different** than their normal daily transportation: _____

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

Do you have a computer at home? Yes No Is it less than 5 years old? Yes No
 Do you have Internet Access at home? Yes No
 If yes, what type? Dial-up Cable Modem DSL (telephone company) Satellite Dish
 If you have Internet capability would you prefer communication via email? Yes No
 (Space is provided on reverse side for email address.)

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

Allergies: Food-list _____
 Insect-type _____
 Latex _____

Per state regulation, schools shall be notified of medical conditions. This notification shall be given as soon as the medical condition becomes known and upon each subsequent enrollment. Primary Care Authorization forms shall be completed each year for any child with asthma, diabetes, seizures, or severe allergies.
 A Permission Form for Prescribed or Over-the-Counter Medication must be completed before any medications can be brought to the school. For more information or to obtain a form, please contact Health Services at 869-8000.

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

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

Parent/Guardian #1 Signature _____	Date _____	Last 4 digits of SS# _____
Parent/Guardian #2 Signature (if applicable) _____	Date _____	Last 4 digits of SS# _____

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



For office use only: school staff to initial
 _____ Proof of residence
 _____ Special Services checked: 504 _____ IEP _____ EL _____ Gifted & Talented _____
 _____ District Health Coordinator is contacted regarding any issues or diagnosis noted on this form
 _____ Discipline / Expulsion / Adjudication



**BULLITT COUNTY PUBLIC SCHOOLS
MILITARY CONNECTED PARENT/GUARDIAN FORM**

Student Name: _____

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

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

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

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

- 101(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](#).

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

- No parent or guardian currently serving as an active duty member of the U.S. Armed forces, or full-time National Guard.**
- Yes a parent/guardian is a current member of the active duty U.S. Armed Forces.**
Start Date: _____ Branch: _____
- Yes a parent guardian is a current full-time member of the National Guard.**
Start Date: _____ Branch: _____
- No Response/Refuse to State**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

EASTSIDE MIDDLE SCHOOL
BULLITT COUNTY PUBLIC SCHOOLS

STUDENT RECORD RELEASE FORM

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

Records are in custody of:

Records will be released to:

School

Eastside Middle School
6925 Hwy. 44 East
Mt. Washington, KY 40047
Attn: Counselor's Office

Street

City, State, Zip Code

This information should include:

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

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

Signed: _____

(Parent or Guardian)

Birthdate of Student if over 18: _____

Address: _____

Date