



2021 - 2022

PIKEVILLE JUNIOR HIGH/HIGH SCHOOL ENROLLMENT PACKET

(IMPORTANT!! PLEASE SAVE THIS DOCUMENT TO YOUR COMPUTER BEFORE TYPING.)

Full Student Name: _____

Please enter today's date (MM/DD/YYYY): _____

Dear Parent/Guardian:

In an effort to streamline registration we are providing an electronic enrollment packet to be completed at your convenience. The electronic packet is designed so certain pieces of information (the most common ones) only need to be entered once. Please be sure to click SAVE frequently so information will not be lost. After completing the document please print and sign where appropriate. Signature areas are highlighted in yellow. Please bring the completed enrollment packet to registration to lessen wait time.

We apologize for the length of the enrollment packet but we must update information every school year. An enrollment packet must be completed for each child wishing to attend Pikeville Junior High/High School. Thank you for choosing Pikeville Junior High/High School!

FOR OFFICE USE ONLY	
Date Received:	

Student Information	School Year:	Tuition Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name:	Grade:	Gender:	
Social Security #:	Birthdate:	Race:	
Cell #:	Email:		
Mailing Address:			
Physical Address:			

Parent/Guardian #1		Relationship:	
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not the parent, do you have legal/court documents on file with us? Yes No		
Full Name:	Birthdate:		
Work Phone #:	Home Phone #:	Cell #:	
Mailing Address:			
Physical Address:			
Place of Employment:	Email:		

Parent/Guardian #2		Relationship:	
Student lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not the parent, do you have legal/court documents on file with us? Yes No		
Full Name:	Birthdate:		
Work Phone #:	Home Phone #:	Cell #:	
Mailing Address:			
Physical Address:			
Place of Employment:	Email:		

Other Household Members: Please list ALL Other individuals (adults and students) living in your home at this time.					
Full Name	Relationship To Student	Gender	Birthdate	Grade	School Attending

Emergency Contacts: To ensure your child's safety, please list those individuals who may be contacted in an emergency situation and who are authorized to sign your child out from school *besides parents/guardians*.
****Must be updated annually****

Full Name	Relationship To Student	Work #	Cell #	Home #

Transportation: Student transportation will not be changed without written notification from parent/guardian.			
	Rides Bus	Is Transported By Parent	Drives Self
To School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child is transferring from another school:	If transferring to PHS, has your child been previously identified or received services in any of the following.					
School Attended:	<input type="checkbox"/>	Special Education	<input type="checkbox"/>	ESL	<input type="checkbox"/>	Speech
School Address:	<input type="checkbox"/>	Gifted & Talented	<input type="checkbox"/>	504 Plan	<input type="checkbox"/>	Vision
	School Phone #:					

Parent/Guardian Printed Name:	
Parent/Guardian Signature:	Date

Student Information			
Full Name:		Grade:	

Media Release Form	
<input type="checkbox"/>	I DO give permission to the school/news media to photograph/videotape my child. It is my understanding that this photograph/videotape or portions thereof may be used for public viewing. I agree to allow my child to participate in these projects without financial remuneration, and I understand that this releases the school/district from any future claims, as well as from any liability arising from the use of the said photograph/videotape.
<input type="checkbox"/>	I DO NOT grant permission for the school/news media to photograph/videotape/interview my child or to post information on the Web about my child.

Student Usage of Computers, Network, Internet and Telephones	
<p>I, the student, understand and will abide by the Pikeville Independent School District's Acceptable Use Procedures for the Network, Internet and Telephone Usage. I further understand that any violation of the regulations stated in these procedures is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be pursued. This document shall be valid until revisions are made to the District Acceptable Use Policy or until the student, parent, or guardian makes a written request to change the access.</p>	
<p>I, the parent/guardian have read and discussed the District Acceptable Use Procedures for the Network, Internet and Telephone Usage with my child. I understand that access to the Network and Internet is designed for educational purposes. The District has taken precautions to eliminate controversial materials; however, I recognize it is impossible to restrict access to all controversial materials. I will not hold the District/school responsible for materials my child acquires on the Network or Internet. Further, I accept full responsibility for supervision when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.</p>	

Technology Information									
Do you have a computer at home?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Is the computer less than 5 years old?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
What type of device(s) do you own? (Check all the apply):	Desktop		Laptop		Tablet		Chromebook		
Do you have Internet Access at home?	YES		NO						
If yes, what type?	Cable		DSL		Satellite		Dial-Up		
If no, do you use cellular service (i.e. 3G, 4G, LTE, etc.) to access the web, email, or social media?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
If you have Internet capability, would you prefer communication via email?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					

Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____ Date: _____

Student Information

Full Name: _____ Grade: _____

School-Related Student Trip Permission Slip and Medical Release Form

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

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

I **DO NOT** give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child.

FERPA

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that the Pikeville Independent School District, with certain exceptions, obtain your written consent to the disclosure of personally identifiable information from your child's education records. However, Pikeville Independent Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Pikeville Independent Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production; The annual yearbook;*
- Honor roll or other recognition lists;*
- Graduation programs;*
- and*
- Sports activity sheets, such as for wrestling, showing weight and height of team members.*

Directory information, which is information that is generally not considered harmful or invasion of privacy if released, can be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request with three directory information categories-names, addresses and telephone listings-unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Pikeville Independent Schools to disclose directory information from your child's education records without your prior written consent, you must notify the District **in writing** by September 1st. Pikeville Independent School has designated the following information as directory information:

- | | |
|--|---|
| Student Name | Participation in official activities and sports |
| Address | Telephone listing |
| Weight and height of members of athletic teams | Electronic mail address |
| Photograph | Degrees, honors and awards received |
| Date and place of birth | Major field of study |
| Dates of attendance | Grade level |
| The most recent educational agency or institution attended | |

Student Printed Name: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

**** PIKEVILLE HIGH SCHOOL ONLY ****

Student Information	
Full Name:	Grade:

Pikeville Independent Schools – Random Drug & Alcohol Testing Program – Consent To Test Form (Grades 9-12)

The student and his/her parent(s) or guardian(s) acknowledge that the Pikeville Independent School District (“District”) has the right to perform random drug and alcohol testing on students who wish to exercise the privilege of participating in high school athletics, extracurricular activities or who wish to exercise the privilege of driving and/or parking on school property.

The student and his/her parent(s) or guardian(s) understand that as a condition of the student being allowed to participate on any Pikeville High School athletic team, extracurricular activity and/or as a condition of the student being allowed to drive and/or park on school property, the student may be required to undergo and successfully pass a random screening for alcohol, illegal drugs or other banned substances, as set forth in the District’s Use of Alcohol, Drugs, and Controlled Substances Policy and Student Random Drug Testing Procedures (09.423 and 09.423 AP.1) which can be found and printed from the following website: <http://policy.ksba.org/p07/>. The student and his/her parent(s) or guardian(s) acknowledge that they have read and understand this policy and procedure and that they agree to all the terms and conditions contained in the policy and procedure.

The student and his/her parent(s) or guardian(s) hereby consent to participate in the random drug and alcohol testing program and to the disclosure of testing results to designated District personnel and parent(s) or guardian(s). The student and his/her parent(s) or guardian(s) further understand that the student’s refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for banned substances.

No student shall be penalized academically for testing positive for banned substances during random drug testing.

The privilege of being allowed to participate on any Pikeville High School athletic team, extracurricular activity, and/or being allowed to drive to and/or park on school property is contingent on the signing of this consent form.

This consent form shall remain in effect for a period of twelve (12) months from the date it is executed. Any revocation of this consent form shall disqualify the student from participating in extracurricular activities or driving to and from school for a period of twelve (12) months.

I plan to participate in the following (please mark all that may apply):

<i>Athletic Program (any PHS team)</i>	<input type="checkbox"/>	<i>Extracurricular Activities (clubs or organizations)</i>	<input type="checkbox"/>	<i>Student Driver</i>	<input type="checkbox"/>
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Student Printed Name: _____
Student Signature: _____ Date: _____
Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____ Date: _____



Kentucky Migrant Education Program

Parent Employment Survey



Versión en español en el otro lado de la hoja

The Migrant Education Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). The **KEDC Regional Migrant Education Program** (606-547-1414) provides a variety of educational services to families who work in agriculture, **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and **may** include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

A program employee may contact you for further information if needed.

Child's Name: _____

Birthdate: _____ Grade: _____ School: _____

1. In the past three years, has your family lived in another Kentucky school district, another state, and/or another country?

Yes _____ (continue to #2)

No _____ (stop here)

2. In the past three years, has anyone in your household had a job working with any of these products (**not including your own property**) on a farm, in a field, in a greenhouse, in a nursery, or in a factory?

Please circle all that apply.



Livestock (cattle, pigs, sheep, dairy, etc).



Eggs



Chickens



Crops (wheat, corn, soybeans, etc.)



Vegetables



Processing (meat, fruit, vegetables, trees, etc.)



Tobacco



Fruits



Hay



Nursery, Sod, Greenhouse



Trees, Timber, Plants, Flowers



Soil Preparation

If you circled one or more, continue to #3.

None of these _____ (stop here)

3. Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Please list all children in the household less than 22 years of age:

Name	Date of Birth	Grade	School

Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related [Inclusion of Special Populations Guidance](#).

The HLS must be given to all students in grades K-12 upon their initial enrollment in the district as a first screening process to identify potential English learner students. The HLS is administered one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if they are eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ Grade: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when they first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____