



# Walton-Verona Independent Schools

## Welcome to the Walton-Verona School District!

In order to enroll your child into our school district, the following items are needed to complete the enrollment process:

- Social Security Card**
- State Issued Birth Certificate**
- Guardian Photo ID**
- KY Physical** – Must be signed & dated by doctor.
- KY Immunization Form** – Must be signed & dated by doctor.
- Proof Of Residence:**
  - Signed/Dated copy of Deed or Closing papers; OR
  - Signed/Dated copy of Rental or Lease Agreement listing student as an occupant; OR
  - Affidavit – If you are living with another family who owns a residence in our district, you and the person with whom you are living must meet with a School Official and complete an Affidavit.
- Custody Papers** – If the student is NOT living with BOTH natural parents, we must have a copy of the most recent court documents stating custodial guardianship.
- Complete Home Language Survey**
- Dental & Eye Exam- Kindergarteners Only** (due by January 1 of enrollment year)

If you have any questions regarding the enrollment of your child, please call:

High School – Rachel Read	(859) 485-4181 opt. 3
Middle School – Carrie Ryan	(859) 485-4181 opt. 2
Elementary School - Cindy Kopser	(859) 485-4181 opt. 1
Preschool – Sinda Henson	(859) 485-4181 opt. 7

# Walton-Verona Independent School District Student Registration Form

## FOR OFFICE USE ONLY

Entry Date \_\_\_\_\_  
 Birth Certificate  
 Immunizations  
 Physical  
 Social Security card  
 Lease or other proof of residency  
 Guardian Photo ID  
 Initial \_\_\_\_\_

A Student Registration Form should be completed for EACH student enrolling in the Walton-Verona School District.

### Demographic Information

Student's LEGAL Name: \_\_\_\_\_  
FIRST MIDDLE LAST  
 Date of Birth \_\_\_\_\_ Enrollment Grade \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female  
 Birth Certificate Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
 Birth County of Student: \_\_\_\_\_ Birth State of Student: \_\_\_\_\_  
 Do you live in the Walton-Verona School District? (circle one) YES NO  
 Race: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian/Islander \_\_\_ Pacific \_\_\_ Other (specify) \_\_\_\_\_  
 Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ Student Email Address: \_\_\_\_\_

### Last School Attended (Out of District Transfers Only)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School District: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 List all schools that the student has attended this school year and dates of enrollment (If applicable)

	KY School (Circle yes or no)	Dates of Enrollment (Be as specific as possible)
_____	Yes / No	_____
_____	Yes / No	_____
_____	Yes / No	_____

List all schools that the student has attended last school year and dates of enrollment (If applicable)

	KY School (Circle yes or no)	Dates of Enrollment (Be as specific as possible)
_____	Yes / No	_____
_____	Yes / No	_____
_____	Yes / No	_____

### Home Language Survey

Country of Origin \_\_\_\_\_ The primary language spoken at home \_\_\_\_\_  
 The first language student learned to speak \_\_\_\_\_

### Medical Information / Emergency Release

Insurance (Check One) \_\_\_ Private \_\_\_ Medical Card/KCHIP \_\_\_ None  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Are there any particular medical problems your child may be experiencing?  
 \_\_\_ Physical Disabilities \_\_\_ Allergies \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Seizure \_\_\_ Hearing Difficulties \_\_\_ Other  
 If you checked any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current medication the student is taking: \_\_\_\_\_

**School Safety / Expulsion Disclosure**

KRS 158.000 requires that a parent or guardian of a child who has been adjudicated guilty or previously disciplined for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration. In compliance with this requirement, please check any of the following that apply to this student:

adjudicated guilty     disciplined for a violation of state law or school regulation relating to weapons, alcohol, or drugs

The facts are as follows: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the student listed above has NOT been expelled from and is NOT the subject of any pending expulsion proceeding in another school district.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Participation in Programs**

Please check any special programs in which the student has participated:

Speech/Language     IEP (Special Education)     504 Plan     Gifted/Talented     Free/Red. Lunch     ESL/LEP

**Transportation Info.** Does your child ride the school bus?    Yes / No (circle one)

If Yes, do they ride AM and/or PM?    AM    PM    BOTH (circle one)    Is the distance more than 1 mile (one way)?    Yes / No

**Parent/Guardian Authorization**

**Codes of Conduct**

- I acknowledge receipt of and accept the Student Discipline Code.
- I acknowledge receipt of and accept the school Dress Code.
- I acknowledge receipt of and accept the school Medication Policy.
- I acknowledge receipt of and accept the district Technical Acceptable Use Policy, including permission to access the Internet and school email account.

**Emergency Evacuation**

In the event of an emergency, I give the school district permission to evacuate my child from the school premises.

**SIGNATURE REQUIRED:** I agree that the information provided here is complete and accurate. I understand that this information is being used by the school district for the purpose of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my child’s enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in residency of my child.

I give the school permission to treat my child in case of an emergency.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Student (4<sup>th</sup> Grade and above)



# Walton-Verona Independent School District Household Enrollment Form

Household Enrollment Information will be collected at the first registration site and shall be filled out **ONCE** by the parent/guardian.

### Students in Same Household Attending School (Ages 3 to Age 21)

1<sup>st</sup> Student's LEGAL Name: \_\_\_\_\_

FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

2<sup>nd</sup> Student's LEGAL Name: \_\_\_\_\_

FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

3<sup>rd</sup> Student's LEGAL Name: \_\_\_\_\_

FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

4<sup>th</sup> Student's LEGAL Name: \_\_\_\_\_

FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### Primary Household (This is the address where the students above reside.)

Physical Address: \_\_\_\_\_

NUMBER STREET APT/LOT

CITY STATE ZIP

Mailing Address: \_\_\_\_\_

(If Different) NUMBER STREET APT/LOT

CITY STATE ZIP

HOME PHONE \_\_\_\_\_ Check if Unlisted \_\_\_\_\_

### Primary Household Parents/Guardians (Information about the parents/guardian(s) in the Primary Household.)

Parent/Guardian One: \_\_\_\_\_

FIRST MIDDLE LAST

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_ Parent/Guardian \_\_\_ Court-Appointed Guardian \_\_\_ Stepparent \_\_\_ Foster Parent \_\_\_ Other \_\_\_\_\_

- Portal

Emails

Mailings

### Primary Household Parents/Guardians (continued)

Parent/Guardian Two: \_\_\_\_\_

FIRST MIDDLE LAST

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_ Parent/Guardian \_\_\_ Court-Appointed Guardian \_\_\_ Stepparent \_\_\_ Foster Parent \_\_\_ Other \_\_\_\_\_

- Portal

Emails

Mailings

**Secondary Household (This section should be completed if both parents/guardians do not live in the Primary Household.)**

Parent/Guardian: \_\_\_\_\_  
FIRST MIDDLE LAST

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

<input type="checkbox"/>	Portal
<input type="checkbox"/>	Emails
<input type="checkbox"/>	Mailing

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_ Parent/Guardian \_\_\_ Court-Appointed Guardian \_\_\_ Stepparent \_\_\_ Foster Parent \_\_\_ Other \_\_\_\_\_

Physical Address: \_\_\_\_\_  
NUMBER STREET APT/LOT

\_\_\_\_\_ CITY STATE ZIP

Mailing Address: \_\_\_\_\_  
(If Different) NUMBER STREET APT/LOT

\_\_\_\_\_ CITY STATE ZIP

HOME PHONE \_\_\_\_\_ Check if Unlisted \_\_\_\_\_

**\*Place circle Y or N next to name of emergency contacts who may check students out of school**

Release to this person?	Name	Relationship	Home Phone	Work Phone	Cell Phone
Y N					
Y N					
Y N					

**Technology Survey (This information is required to be gathered by the Kentucky Department of Education.)**

Do you have a home computer or laptop that is five years old or newer?	___ Yes	___ No
Do you have high speed access (local examples include Internet service through Insight cable, Cincinnati Bell Zoomtown, or satellite dish)?	___ Yes	___ No

**SIGNATURE REQUIRED:** I agree that the information provided here is complete and accurate. I understand that this information is being used by the school district for the purpose of enrolling my child. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my child's enrollment in school. I agree to promptly inform the school district of any changes in this information, including any changes in residency of my child.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date Signed

### HOME LANGUAGE SURVEY

This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

<b>School:</b>	<b>Grade:</b>
Child's First Name:	Child's Last Name:
Parent or Guardian's Name:	
Address:	
Phone Number:	Child's date of birth:

Was your child born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, birth state:
If no, birth country:	If no, date child entered the United States:

What is the language most frequently spoken at home?	
Which language did your child learn when he/she first began to talk?	
What language does your child most frequently speak at home?	
What language do you most frequently speak to your child?	(Father)
	(Mother)

Parent or Guardian Signature:	Date:
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**ENCUESTA DE IDIOMA DOMESTICO**

Esta encuesta ayuda al personal de la escuela a determinar si su hijo puede ser un candidato para recibir apoyo adicional en inglés. La calificación final para el apoyo idiomático está basada en los resultados de una prueba en inglés.

<b>Escuela:</b>	<b>Grado:</b>
Primer nombre del menor:	Apellido del menor:
Nombre del padre o apoderado:	
Dirección:	
Numero de teléfono:	Fecha de nacimiento del menor:

¿Nació su hijo(a) en Estados Unidos? <input type="checkbox"/> Sí <input type="checkbox"/> No	De ser así, ¿en qué estado?:
De no ser así, ¿en qué estado?:	Si no, fecha en que el menor ingreso a Estados Unidos:

¿Cuál es el idioma que se habla con más frecuencia en el hogar?	
¿Qué idioma aprendió su hijo(a) cuando recién comenzó a hablar?	
¿Qué idioma habla en casa su hijo(a) con más frecuencia?	
¿En qué idioma le habla con más frecuencia a su hijo(a)?	(Padre)
	(Madre)

Firma del padre o tutor:	Fecha:
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