

Student Name: _____ Grade: _____

ITEMS NEEDED TO ENROLL AT LUDLOW INDEPENDENT SCHOOLS

ALL ITEMS BELOW MUST BE COMPLETED AND TURNED IN BEFORE THE STUDENT CAN BE ENROLLED AND SCHEDULED FOR CLASS.

FORMS INCLUDED IN THE PACKET:

- STUDENT ENROLLMENT FORM
- REQUEST TO RELEASE RECORDS
- HOME LANGUAGE SURVEY
- COMMUNITY ELIGIBILITY PROVISION'S HOUSEHOLD & INCOME FORM (ONE PER HOUSEHOLD)

FORMS THAT NEED TO BE BROUGHT IN BY PARENT/GUARDIAN OR RECEIVED FROM PREVIOUS SCHOOL:

- TRANSCRIPT / MOST RECENT REPORT CARD
- PROOF OF GUARDIANSHIP (Any legal documentation in cases of custody / divorce)
- A LEGAL STATE REGISTERED BIRTH CERTIFICATE
- SOCIAL SECURITY CARD (Optional, but will be needed for KEES Scholarship verification)
- KENTUCKY CERTIFICATE OF IMMUNIZATION
If moving from out of state you will have two (2) weeks to get forms transferred to the mandatory Kentucky forms.
- KENTUCKY PHYSICAL FORM COMPLETED BY A PHYSICIAN
If moving from out of state you will have two (2) weeks to get forms transferred to the mandatory Kentucky forms.
- PROOF OF AN EYE EXAMINATION BY AN OPTOMETRIST OR OPTHAMOLOGIST
IF FIRST TIME ENROLLING IN A KY SCHOOL. This shall be documented on the Kentucky Eye Examination Form.
- PROOF OF A DENTAL EXAMINATION
IF FIRST TIME ENROLLING IN A KY SCHOOL. This shall be documented on the Kentucky Dental Examination Form.
- PROOF OF RESIDENCE
 - Utility bill in your name will be the **only** form of PROOF OF RESIDENCE that is acceptable
 - If you are residing in the district under informal circumstance, a document must be obtained from the office, completed by the PROPERTY OWNER AND NOTARIZED.

Students who reside outside of the district's boundaries may apply for Tuition Status.

An additional Tuition Application must be completed.

Tuition is \$250 for a full school year, in addition to the Student Fees listed below.

Grades K – 6	\$40.00 Student Fee
Grades 7 – 8	\$75.00 Student Fee
Grades 9 – 12	\$95.00 Student Fee

LUDLOW INDEPENDENT SCHOOLS

Student Enrollment Form



• Student's Legal Name:

• Social Security Number (optional)

_____/_____/_____

Last First Middle Name Preferred

Address: _____

Number/Street Address (Not a PO Box) Apt. Number City State Zip Code

Mailing Address (ONLY if different from above): _____

Number/Street Address Apt. Number City State Zip Code

• Grade: _____

• Gender (circle one): Male Female

• Birthdate ____/____/_____

• Birthplace _____

City County State

• Ethnicity (must choose one) Hispanic/Latino or Not Hispanic/Latino

Choose all that apply: White/Caucasian Black or African American American Indian or Native Alaskan
 Native Hawaiian or other Pacific Islander Asian Other: _____

• Parents/Guardians Living in the SAME Household as Student (Student's Primary Household):

1) Legal Name: _____

2) Legal Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone () _____

Home Phone () _____

Cell Phone () _____

Cell Phone () _____

Work Phone () _____

Work Phone () _____

E-mail _____

E-mail _____

Place of Employment _____

Place of Employment _____

• Parents/Guardians Living at a DIFFERENT Address from the Student (Secondary Household):

1) Legal Name: _____

2) Legal Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone () _____

Home Phone () _____

Cell Phone () _____

Cell Phone () _____

Work Phone () _____

Work Phone () _____

E-mail _____

E-mail _____

Is there a court order restricting this person access to the student?
 Yes No (A copy of the court order must be provided.)

Is there a court order restricting this person access to the student?
 Yes No (A copy of the court order must be provided.)

Address: _____

Number/Street Address (Not a PO Box) Apt. Number City State Zip Code

● If the parent(s)/guardian(s) already listed cannot be reached, who can the school contact in case of illness or an emergency? Please provide legal names, not nicknames. By listing these names, you are also giving permission for the student to be released to these individuals.

Name	Phone	Relationship to Student
1. _____		
2. _____		

● Does the student go to a babysitter/daycare before/after school? If so, please list that information below:

Name: _____ Phone: _____

● List below the names of other children under 21 years old living in the primary home:

Name	Relationship	Age	School Attending
1. _____			
2. _____			
3. _____			
4. _____			

● Last School Student Attended: Grade _____ School _____
City _____ State _____

● Has this student ever been enrolled in a Ludlow Independent School in previous years? Yes No

● Special Services:

Has the student ever been enrolled in Special Education (have an IEP or 504 Plan)? Yes No

Starting in what grade level? _____

Check all other special services that apply to this student:

Gifted/Talented English as a Second Language Migrant Free/Reduced Lunch Program

● Student Health Conditions / Information

Existing Health or Medical Conditions: _____

Allergies: _____

Medications: _____

Preferred Doctor: _____ Preferred Hospital: _____

I understand it is the responsibility of the parent to notify the school office each year in writing about any serious health conditions. I understand this health information will be shared with all appropriate school staff members. I understand if any medication is to be taken by my child at school, then a separate permission form needs to be completed by his/her physician; I know I can obtain this form by contacting the school nurse at 859-431-7242.

▶ _____
Parent/Guardian Signature

Date

● **Temporary Living Arrangements**

These questions address the McKinney-Vento Act 42 U.S.C 11435 and are used to help determine possible services for the student.

Is the student’s current address a temporary living arrangement? Yes No

Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If the answer to BOTH of these questions is YES, then the student will be eligible for immediate enrollment and additional services.

● **Home Language Survey – Please complete ALL questions**

1. What language is most frequently spoken at home? _____
2. What language did your child learn when he/she first began to speak? _____
3. What language does your child most frequently speak at home? _____
4. In what language do you most frequently speak to your child? _____

● **Notification to School Officials** (check all that apply)

Has your child ever been adjudicated guilty by a court of law or previously expelled for homicide, any form of assault, or violations relating to weapons, alcohol, or drugs? If yes, KRS 158.155 requires that a parent or legal guardian report this to school officials.

Yes No

Is your child currently under suspension from their previous school district? Yes No

● **Technology at Home** (check all that apply)

Do you have a computer at home? Yes No If yes, do you have Internet access? Yes No

If yes to Internet access, who is your Internet Service provided by?

Cable Company Satellite Dish Phone Company (fast/high speed) Phone Company (dial up)

● **Media & Directory Release**

Parents/Guardians can choose to not allow a student’s image to be used in outside publications, such as the newspaper or the school/district’s social media. Parents/Guardians also have the right to not allow their child’s directory information to be released to organizations, such as colleges or military branches (typically applies to older students). If a parent/guardian chooses not to allow the release of both/either item listed above, the parent/guardian must notify Susan Mahan in writing. Once received, that notice will be applied to the student’s record for that full school year. Mrs. Mahan can be reached at susan.mahan@ludlow.kyschools.us or 859-261-8211.

● **Parent & Student Verifications**

I understand that once my child is enrolled in school, they will receive a copy of the Student Handbook. This will explain the rules and regulations of the school, as well as the expectations and rights of the students and parents. My child and I will review this document and abide by it. I give my permission for my child to access all components of the district network and release the district from any and all claims and damages of any nature arising from the use of this network.

I authorize MEBS and Associates to provide crisis/emergency intervention and/or counseling services to my child while they are in the care of Ludlow Independent Schools, and it is determined necessary by school personnel. If additional services are needed and/or recommended, I understand that I will be contacted by the school or MEBS and must complete the required additional paperwork to begin such services and participate fully with the identified counselor.

As the legal parent/guardian of the student, I hereby verify that all information provided on this enrollment document is accurate to the best of my knowledge. I understand that I need to contact the school office if any of this information should change.

▶ _____
Parent/Guardian Signature

Date

LUDLOW INDEPENDENT SCHOOLS

www.ludlow.kyschools.us

Mary A. Goetz Elementary (P-6)

512 Oak Street Ludlow, KY 41016

Ludlow High School (7-12)

515 Elm Street Ludlow, KY 41016

Please forward all records to Susan Mahan

Phone: (859) 261-8211

Fax: (859) 655-7536

Email: susan.mahan@ludlow.kyschools.us

REQUEST TO RELEASE RECORDS

Student

Name: _____

Last

First

Middle

Date of Birth: _____

Month

Day

Year

Previous School Attended:

Street Address

City

State

Zip Code

The above named student is presently enrolling at Ludlow Independent Schools.

Please release the complete school records including:

- 1. official current transcript**
- 2. grades for the previous grading periods and grades at the time of this withdrawal**
- 3. medical records and immunization certificate**
- 4. any attendance and/or discipline records**
- 5. special education due process records – if any**
- 6. psychological evaluation – if any**
- 7. copies of birth certificate and social security card**
- 8. any school, state, or national assessment results**
- 9. gifted/talented information – if any**
- 10. Other:** _____

School Official's Signature

Title

I hereby authorize the release of the above requested school records.

Signature of Parent/Guardian

Date Signed