

OFFICE USE ONLY

School: _____

Entry Date: _____

Custody Papers _____ Y _____ N

**Ballard County Schools
2024-25 Enrollment Form**
(to be completed by parent/guardian)

Section I :

Student Census/Enrollment Information

(Please Print)

Student's Full Legal Name

Last

Include Suffix if Junior,
Senior, II, III etc.

First

Middle (Full)

Grade

Gender :
(please check one)

Male

Female

Date of Birth:

/

/

Month

Day

Year

Social Security #
(optional)

Household/Residence PHYSICAL Address:

Apt. / Lot #

(must have a valid 911 Physical address, not a PO Box)

Zip code

City/State

Mailing Address *(only if different from physical address)*

Street Name or PO Box

City

State

Zip

House Phone Number

Cell Phone:

Ethnicity: (check one)

Hispanic/Latino

Not Hispanic/Latino

Race: *(May check all that apply)*

White

Asian

American Indian/Alaska Native

Black

Native Hawaiian/Other Pacific Islander

Bus Transportation Information:

Is student transported by bus? YES NO

If yes was selected:

Bus Number _____

Rides Twice Daily
(T1)

Rides Once Daily
(T3)

Section II :

Previous School Information

Has Student attended another **Ballard County School** in the past? YES NO

If YES was selected, SCHOOL
NAME

Grade

Year

Last School Attended **Outside** Ballard County School District:

School: City/State:

School year

Grade Level

Is your child presently under an expulsion or suspension order from any other school district? YES NO

Is your child presently under consideration for expulsion or suspension? YES NO

Is your child presently involved in the Juvenile Justice system? YES NO

Section III :

ELA Information (if not applicable, select NO and proceed to Section IV)

Does the student speak a language other than English? YES NO

Is a language other than English regularly used by the student's parents or guardians? YES NO

What language does the student speak/understand?

The student speaks: No English Some English Another Language and English Equally

Mostly or **ONLY** English

What language is spoken in the home by the parent/guardian?

Section IV: Household Information

Other Children Under Age 18 Living at this Address (Please Type or Print)

First Name	Middle Name	Last Name	D.O.B.	Relationship to student
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NOTE: When a student does not reside with both parents/guardians, additional information **must** be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy **must** be provided to the school.

**Section IV: (if not applicable and parent has no military connections, proceed to Section VI)
Military Connections (Required for ESSA - Every Student Succeeds Act)**

Parent(s)/Guardian(s) Name with military connection:

Parent 1)

Branch of Service: _____

Active Duty, Deployed

Military Start Date: _____

Active Duty, Not Deployed

Military End Date: _____

Inactive

Retired

Transitioned or Transitioning out of Active Duty

Parent 2)

Branch of Service: _____

Active Duty, Deployed

Military Start Date: _____

Active Duty, Not Deployed

Military End Date: _____

Inactive

Retired

Transitioned or Transitioning out of Active Duty

Section VI: Parent/Guardian/Emergency Contact Information

Parent/Guardian #1: Does student live with this guardian? Yes NO Relationship to the enrolled student

NAME:
Last Include Suffix if Junior, Senior, I,II, III etc. First Middle

Address Apt. / Lot #
(must have a **PHYSICAL** address, not a PO Box) Zip Code City/State

Mailing Address (if different from physical)

Apt./Lot #

HOME Phone # Zip Code City/State

Cell Phone # Would you like to receive text messages from the school at this cell number for emergencies, attendance, and other general messages?
YES NO

Place of Employment Employer Phone

Email Ext. (if applicable)

Preferred method of contact:

Parent/Guardian #2: Does student live with this guardian? YES NO Relationship to the enrolled student

Name:
Last Include Suffix if Junior, Senior, I,II, III etc. First Middle

Address Apt./Lot #
(must have a **PHYSICAL** address, not a PO Box) Zip Code City / State

Mailing Address (if different from physical)

Apt. / Lot #

HOME Phone # Zip Code City / State

Cell Phone # Would you like to receive text messages from the school at this cell number for emergency notifications, attendance, and other general messages?
YES NO

Place of Employment Employer Phone

Email Ext. (if applicable)

Preferred method of contact:

The Following Individuals Are NOT Allowed to Pick up This Student:

Emergency Contact #1

Name :

Relationship to student:

Phone #

Cell/Alternate Phone #:

Optional notes about this contact:

Emergency Contact #2

Name:

Relationship to student:

Phone #

Cell/Alternate Phone #:

Optional notes about this contact:

Emergency Contact #3

Name:

Relationship to student:

Phone #

Cell/Alternate Phone #

Optional notes about this contact:

Emergency Contact #4

Name:

Relationship to student:

Phone #:

Cell/Alternate Phone #:

Optional notes about this contact:

Non-discrimination Notice:

The Ballard County School district does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The District Title IX Coordinator will handle any inquiries regarding non-discrimination policies, and may be reached at 11 Vocational School Rd, Barlow, KY, 42024, or by phone at 270-665-8400, ext. 2000.

Section VII: Special Services

Is your child receiving special education services? YES NO Current IEP on file? YES NO

Does student currently have a 504 Plan? YES NO

Was student enrolled in a gifted/talented program? YES NO

If yes was selected, please explain below:

Does your child have a KY Medical Card or K-Chip? YES NO **If yes, Number on card:**

In our efforts to provide optimal services for students in the Ballard County School District, we have the opportunity to secure Medicaid benefits for some of our services. Medicaid is required to help the school system cover the cost of some services provided to your child such as speech therapy, occupational therapy, physical therapy, and other related services. We have confirmed that the benefits payable to the school system by Medicaid are separate from any personal entitlements for which a student's family is eligible. Authorizing the school system to seek reimbursement for services covered by Medicaid will assist the special education department in providing improved services to our student population.

If you will allow the school district to bill Medicaid for the IEP health evaluations and related services that your child is receiving in accordance with his/her IEP, check 'YES' in the following box and sign below. If you do not check 'YES', the school system will continue to provide IEP health evaluations and related services to your child at no cost to you, the parent/guardian. If you have any questions about this program, please contact **Terri Gentry at (270)665-8400; ext. 2101 or via email at terri.gentry@ballard.kyschools.us.**

Please select one of the following:

- YES** I give my consent for Ballard County School District to bill Medicaid regarding health evaluations and related services in my child's IEP file. I understand that I can revoke my consent at any time.
- NO** I do not give my consent for Ballard County School District to bill Medicaid regarding health evaluations and related services in my child's IEP file.
- Child DOES NOT have a medical card or has private insurance.

The information to be released may include:

- * Your child's name and Social Security Number;
- * Your child's date of birth;
- * Your child's referral and evaluation information and reports;
- * Dates and times that service is provided to child at school;
- * Your child's IEP goals that relate to these services; and
- * Reports of my child's progress, including progress notes and report cards.

Release is given to the following agencies or their designated representatives:

- * Kentucky Department for Medicaid Services (DMS)
- * Kentucky Department of Education (KDE)
- * Centers for Medicare and Medicaid Services (CMS)
- * Any agency commissioned to audit this program
- * Contractual Third-Party Billing Agency (agency performing billing and related services for the school district)

I hereby authorize the release of my child, _____, Medicaid related records for the purpose of processing Medicaid claims or for agency review of records. Review of records by Medicaid officials should not result in records actually being exchanged, but only records being examined for program audit purposes.

(student's name)

I understand that the records will remain confidential and will only be used for the purpose of billing the Kentucky Medicaid program for services provided through my child's IEP.

I understand that services provided by Ballard County Schools Special Education program will not count against limits for Medicaid programs.

Parent/Guardian Name *(Please print)* _____

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

2024-25 HOUSEHOLD AND INCOME FORM (HIF)

All Ballard County schools are participating in the Community Eligibility Provision (CEP) under the National School Lunch Program. Under CEP, **all** children in the school will receive a breakfast/lunch at no charge regardless of income or completion of this form. However, to determine your child(ren)'s eligibility for various additional state and federal program benefits, please complete, sign and return to school **a single application per household**.

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 the state welfare agency or court). If all children listed below are foster children, skip to Part 5 to sign this form.	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call Leslee Davis at 270-665- 8400, ext. 2014.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. If you provided a case number in Part 2, you do **not** need to provide income information. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

DECLINE TO PROVIDE INCOME – Check this box if you don't wish to provide your income information; your SES status will automatically be "Paid".

1. NAME (List only household members with income, including any students in the home who have income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public assistance, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, Social Security, SSI, VA benefits, All Other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

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: _____

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, gender identity, 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.

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, with auditors for program reviews, and with law enforcement officials to help them look into violations of program rules. Regardless, all students enrolled in a Community Eligibility Provision school will receive meals at no charge.

HOUSEHOLD 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 form?

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: _____

Categorical Eligibility: _____ SES Code: Free _____ Reduced _____ Paid _____

FRAM Coordinator: _____ Date: _____