



T K Stone Middle School PreRegistration Packet for school year 2020/2021

You must be a resident of the Elizabethtown Independent School District to enroll. If you are not sure if your address is in the district boundaries ([click to view the list of district streets](#)), please call the school at 270-769-6343 and the office staff will answer any questions you may have. If you reside outside the district, please contact the school for the procedure to follow.

Please complete and return the following pages to T K Stone Middle School in order to be pre-enrolled for 2020/2021:

- 2 page PreRegistration Form – please accurately complete all areas of the form. It must have a signature in order to be processed.
- Home Language Survey – must have a signature.
- Military Connected Parent/Guardian Form – must have a signature.
- Request for Educational Records – must have signature.
- Transfer Student Statement of Expulsion/Conviction – must have signature.
- Consent to Publish – must have signature.

The following documents are to be completed and returned to the school prior to the first day of school:

- Preventative Health Care Examination Form (2 pages) for all incoming 6th graders
- Up-to-date KY Immunization Certificate for all incoming 6th graders

The school calendar is included in this packet.

Please call T K Stone Middle School (270-769-6343) with any questions you may have.

We will contact you if we need further information or clarification.

The completed forms can be hand-delivered to T K Stone Middle School at 323 Morningside Drive OR mailed to T K Stone Middle School; ATTN PreRegistration; 323 Morningside Dr Elizabethtown, KY 42701 OR emailed to jaime.billings@etown.kyschools.us

Thank you and we are looking forward to meeting you!

ELIZABETHTOWN INDEPENDENT SCHOOL DISTRICT - SCHOOL YEAR: 2020/2021

PREREGISTRATION FORM: SCHOOL: T K STONE MIDDLE SCHOOL DATE: _____

(Please print. Complete this page for each student you are enrolling in the District.)

Grade for

Student Legal Name: _____ **2020/2021:** _____

Last Name Suffix (Jr, etc.) First Name Middle Name

Date of Birth: ____/____/____ **Birthplace:** _____
 Month Day Year County State City Country

Gender: ___ Male ___ Female **Student Nickname:** _____ **SSN (optional):** _____

Mother's Maiden Name: _____

Ethnicity - Is the student Hispanic/Latino? ___Yes ___No

Race - Is the student from one or more of the following? Please check all that apply: ___ American Indian/Alaskan Native

___Asian ___Black or African American ___Native Hawaiian or Other Pacific Islander ___White

Please check any of the following services that apply to your student: ___ IEP ___ 504 Plan ___ Speech IEP

___ Gifted Plan ___ PSP (for LEP/ELL/ESL students)

Name and address of last school attended: _____

Is this the first time this student has been enrolled in a KY public school (preschool not included)? ___ Yes ___ No

Was the student previously enrolled in the Elizabethtown School District? ___ Yes ___ No If "yes", when? _____

Which school in the Elizabethtown School District? _____

Transportation Information – please check ✓ the appropriate choice below:

Code Description

- _____ T1 For the majority of school days, the student will ride the bus to and from school more than one (1) mile each way.
- _____ T2 For the majority of school days, the student will ride the bus to and from school less than one (1) mile each way.
- _____ T3 The student is considered to be a part-time bus rider who lives more than one (1) mile from school.
- _____ T4 The student is considered to be a part-time bus rider who lives less than one (1) mile from school.
- _____ T5 The student is specially transported by bus according to his/her IEP.
- _____ NT The student does not require bus transportation and either walks or rides to and from school most of the time.

If child is to travel to/from an address different than the physical address listed, please indicate details below:

Student lives with (check all that apply): ___Both parents ___Mother ___Father ___Stepparent

___Joint Custody ___Foster parent(s) ___Other (specify): _____

Student's Physical Address: _____

House # and Street City State/Zip

Student's Mailing Address: _____

(if different from physical address) House # and Street City State/Zip

Primary Phone Number (will be used for the One Call notifications). Include area code:

(_____) _____

PARENT(S)/GUARDIAN(S) LIVING IN SAME HOUSEHOLD AS STUDENT:

Parent/Guardian 1 (living at indicated physical address): Relationship to Student: _____

Last Name _____ First Name _____ Middle Initial ____ Suffix _____

Gender: Male Female Cell Phone (include area code): (____) _____

E-mail address: _____

Place of Employment: _____ Work # (include area code): (____) _____

If military, indicate Branch _____ Rank _____ Unit _____

Parent/Guardian 2 (living at indicated physical address): Relationship to Student: _____

Last Name _____ First Name _____ Middle Initial ____ Suffix _____

Gender: Male Female Cell Phone (include area code): (____) _____

E-mail address: _____

Place of Employment: _____ Work # (include area code): (____) _____

If military, indicate Branch _____ Rank _____ Unit _____

SIBLING(S) LIVING IN SAME HOUSEHOLD AS STUDENT:

LEGAL NAME	GENDER	DOB	SCHOOL	GRADE
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PARENT/GUARDIAN LIVING AT A DIFFERENT PHYSICAL ADDRESS

Parent/Guardian (living at different physical address): Relationship to Student: _____

Last Name _____ First Name _____ Middle Initial ____ Suffix _____

Gender: Male Female Primary Phone (include area code): (____) _____

E-mail address: _____

Physical Address: _____

Place of Employment: _____ Work # (include area code): (____) _____

Does this parent/guardian have joint custody? ___ Yes ___ No **Is this parent/guardian an emergency contact ?** ___ Yes ___ No

Is this parent/guardian to receive mailings, emails, and access to the Parent Portal? ___ Yes ___ No

Is there a court order restricting this parent/guardian access to the student? ___ Yes (must provide a copy of the court order) ___ No

EMERGENCY CONTACTS – These are the people to whom we may release your child in the event of an illness or emergency when we are unable to contact you. Please include area code.

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Signature of person completing form and verifying data accuracy: _____

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:

A. Native American Indian

C. Native Pacific Islander

B. Alaska Native

D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

10. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	



**ELIZABETHTOWN INDEPENDENT SCHOOL DISTRICT
MILITARY CONNECTED PARENT/GUARDIAN FORM**

Student Name: _____

Grade: _____ **School:** EHS TKS MES HHES PA VVEC

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**.
Name: _____ Start Date: _____ Branch: _____
- Yes, a parent/guardian is a current **full-time member of the National Guard**.
Name: _____ Start Date: _____ Branch: _____
- No Response/Refuse to State.

Printed Parent/Guardian Name completing this form: _____

Parent/Guardian Signature: _____ Date: _____

Thank you for your assistance!

Request for Educational Records – PreRegistration

T K Stone Middle School

THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.

Date _____

School Last Attended _____

Address _____

The following student(s) has/have enrolled in our school for the **2020/2021 school year:**

Student Name	Grade	DOB	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We are requesting that you release the following educational records on the student(s) listed above:

Please MAIL the records to T K Stone Middle School, ATTN: Records, 323 Morningside Dr, Elizabethtown, KY 42701 or FAX to 270-769 - 6749 or scan and email to jaime.billings@etown.kyschools.us

- Grades (past and current)/Transcript of credits and grading scale
- Test scores (district, state, national, etc.)
- Medical records (immunization, physicals, screenings, etc.)
- Attendance records
- Special Education Records (IEP, evaluation results, etc.)
- Section 504 Records
- Disciplinary records with regards to suspension and expulsion
- Any other pertinent information

Thank you for your prompt attention in forwarding this information.

Sincerely,

Dawne Swank, Principal Kelly Fisher, Counselor Jaime Billings, Attendance Specialist

Parent/guardian signature for those schools requiring signature

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

ELIZABETHTOWN INDEPENDENT SCHOOLS CALENDAR for 2020-2021

July 27-30, Monday-Friday	Professional Development for Teachers
August 3, Monday	Planning Day for Teachers
August 4, Tuesday	Opening Day for Teachers
August 5, Wednesday	First Day for Students – FULL DAY OF INSTRUCTION
August 20, Thursday	PreSchool First Day
<i>September 3, Thursday</i>	<i>Midway of first grading period</i>
September 7, Monday	Labor Day Holiday - SCHOOL DISMISSED
<i>September 8, Tuesday</i>	<i>Progress Reports distributed (based on 22 days; Aug 5 – Sep 3)</i>
October 5- 9, Monday – Friday	Fall Break - SCHOOL DISMISSED
October 12, Monday	Planning Day for Teachers
<i>October 13, Tuesday</i>	<i>End of first grading period (43 days; Aug 5 – Oct 13)</i>
<i>October 20, Tuesday</i>	<i>Report Card Day (first grading period)</i>
November 2, Monday	SCHOOL DISMISSED (FDEA)
November 3, Tuesday	SCHOOL DISMISSED
<i>November 16, Wednesday</i>	<i>Midway of second grading period</i>
<i>November 18, Wednesday</i>	<i>Progress Reports distributed (based on 22 days; Oct 14 – Nov 16)</i>
November 25, Wednesday	Thanksgiving Break - SCHOOL DISMISSED
November 26, Thursday	Thanksgiving Holiday - SCHOOL DISMISSED
November 27, Friday	Thanksgiving Break - SCHOOL DISMISSED
<i>December 18, Friday</i>	<i>End of second grading period (43 days; Oct 14 – Dec 18); End of First Semester (86 days)</i>
December 21 – Jan 1	Christmas Break - SCHOOL DISMISSED
January 4 , Monday	Students return to school after Christmas Break
<i>January 11, Monday</i>	<i>Report Card Day (second grading period)</i>
January 18, Monday	Martin Luther King Day Holiday - SCHOOL DISMISSED
<i>February 3, Wednesday</i>	<i>Midway of third grading period</i>
<i>February 5, Friday</i>	<i>Progress Reports distributed (based on 22 days; Jan 4 – Feb 3)</i>
February 15, Monday	SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY
March 5, Friday	SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY
<i>March 9, Tuesday</i>	<i>End of third grading period (44 days; Jan 4 – Mar 9)</i>
March 12, Friday	SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY
<i>March 16, Tuesday</i>	<i>Report Card Day (third grading period)</i>
March 19, Friday	Planning Day for Teachers – Power Pact Day – STUDENTS DISMISSED
April 5-9, Monday - Friday	Spring Break/KEA – SCHOOL DISMISSED
<i>April 19, Monday</i>	<i>Midway of fourth grading period</i>
<i>April 21, Wednesday</i>	<i>Progress Reports distributed (based on 22 days; Mar 10 – Apr 19)</i>
April 30, Friday	SCHOOL DISMISSED
May 10, Monday	*PreSchool Last Day
May 20, Thursday	*Last Day for Students – FULL DAY OF INSTRUCTION
	*End of 4 th grading period (44 days; Mar 10 – May 20); End of second semester (88 days)
	*Report Card Day (fourth grading period)
	*Closing Day for Teachers
May 21, Friday	SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAYS
May 24-28	

*PLEASE NOTE - KPREP Testing Window is the last 14 instructional days.
AP Testing for EHS will be administered the first 2 week in May.*

*Dates are subject to change due to unforeseen circumstances.
Dates of Progress Reports and Report Cards are subject to change due to printing and/or technology issues.
Only if make-up days are not needed to meet state requirements.

Transfer Student Statement of Expulsion/Conviction

KRS 158.000 requires that a parent/guardian of a child who has been adjudicated guilty or previously expelled 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.

Date Enrollment Requested: _____

_____ The above statement *does not* pertain to my child. Therefore, I do not need to complete this form.

Parent/guardian Signature

Student Name

_____ My child is guilty of one or more of the above, and I will complete this form.

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of _____, who was expelled and/or adjudicated guilty/convicted as noted below.

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school, within five (5) working days of the time when the student requests enrollment in the new school.

Check the reason(s) that apply:

- Homicide
- Assault
- Sex offense
- Violation of Law Relating to Weapons
- Violation of School Regulation Relating to Weapons
- Violation of Law Relating to Alcohol
- Violation of Law Relating to Drugs
- Violation of School Regulation Relating to Alcohol
- Violation of School Regulation Relating to Drugs
- Any violent offense that resulted in death or serious physical injury to victim

My child was expelled from _____

Name of School

School Address

County

State

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed): _____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.

Parent/guardian Signature _____ Date _____

Witness Signature _____ Date _____

Review/Revised:7/19/04

Consent to Publish

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes.

Beyond the release of “directory information”, this form (09.14 AP.251) covers permission for the District to record and use the recorded image, voice, or work of the student, whether audio or video taped, photographed, filmed, or digitally recorded) for public awareness purposes, including publication on the school and/or District’s web site and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child’s enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of _____, I/we give the
Student’s Name

Elizabethtown Independent School District permission to release my/our child’s name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Student: _____

Name of Parent(s)/Guardian(s) (Please print.) _____

Parent/Guardian’s Signature

Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: _____ Gender: M F Grade: _____

Date of Birth: _____ Age: _____ yrs _____ months Preferred Language: _____

Parent or Guardian Name: _____

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _____

Current Prescribed Medications to be taken daily at school: _____

Significant Historical Information: _____

SCREENING RESULTS:

Height: _____ ft _____ inches Weight _____ BMI: _____ BMI% _____ B/P: _____

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: _____ Lead: _____ Urinalysis: _____

- Gross dental (teeth and gums) Normal Abnormal _____ Refer/Tx: _____
- Head/scalp/skin Normal Abnormal _____ Refer/Tx: _____
- Eyes/Ears/Nose/Throat Normal Abnormal _____ Refer/Tx: _____
- Chest/Lungs/Heart Normal Abnormal _____ Refer/Tx: _____
- Abdomen Normal Abnormal _____ Refer/Tx: _____
- Scoliosis assessment Normal Abnormal _____ Refer/Tx: _____

This child has the following problems that may impact the educational experience:

- Vision
 Hearing
 Speech/Language
 Physical
 Social/Behavioral
 Cognitive

Specify: _____

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

ANTICIPATORY GUIDELINES

Discussed and/or handout given

SCHOOL READINESS

- Establish routines
- After-school care/activities
- Friends
- Bullying
- Communicate with teachers

MENTAL HEALTH

- Family time
- Anger management
- Discipline for teaching not punishment
- Limit TV, computer

NUTRITION AND PHYSICAL ACTIVITY

- Healthy weight
- Well-balanced diet, including breakfast
- Fruits, vegetables, whole grains, dairy

- 60 minutes of exercise/day

ORAL HEALTH

- Regular dentist visits
- Brushing/Flossing
- Fluoride

SAFETY

- Sexual safety
- Pedestrian safety
- Safety helmets
- Swimming safety
- Fire escape plan
- Smoke/carbon monoxide detectors
- Guns
- Sun
- Appropriately restrained in all vehicles

Additional comments or recommendations: _____

Signed: _____ Date: _____
 Physician/APRN/PA/EPSTDT Provider

Address: _____ Telephone: _____