

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION – 9005.022-F**

**ENROLLMENT CHECKLIST
THIS FORM MUST BE COMPLETED FOR ANY NEW STUDENT**

STUDENT NAME _____ DATE OF ENROLLMENT _____

Proof of Residency (indicates documentation received and attach a copy) _____

Has your child been in any of the following special programs:

- _____ 1. Remedial Reading
- _____ 2. Remedial Math
- _____ 3. Speech Therapy
- _____ 4. Language Development
- _____ 5. Learning Disability
- _____ 6. Mild Mental Disability
- _____ 7. Functional Mental Disability
- _____ 8. Behavior Disorders
- _____ 9. Other Health Impairment
- _____ 10. English As A Second Language
- _____ 11. Gifted and Talented Education

Does your child:

- _____ 1. Wear glasses?
- _____ 2. Have any hearing or ear problems?
- _____ 3. Have any physical problems? If so, record the type of problem:

- _____ 4. Have attention/concentration problems? (Please explain)

Has your child been to any private agencies such as:

- _____ 1. Kentucky Association for Specific Learning Disabilities
- _____ 2. Meredith Dunn Learning Center
- _____ 3. Bingham Child Guidance Clinic
- _____ 4. Commission for Children With Special Health Care Needs
- _____ 5. Easter Seals Clinic
- _____ 6. Kosair Clinic
- _____ 7. Child Evaluation Center
- _____ 8. University of Louisville
- _____ 9. Private clinic or consultation
- _____ 10. Other: _____

Have there been any major changes in your child's environment due to divorce, death, additional family members, illness, etc. that may affect our child's learning? _____

If there is any information about your child's personality (strength/weakness) that you would like to share with the counselor or teacher, please note below: _____

A Release of Information Form should be signed by the parent so we can obtain the child's records from the private organization.

PARENT'S SIGNATURE _____