

Attach photo here
and complete form in
BLACK INK.

**Current photo taken within
the last 12 months**



APPLICATION FOR ADMISSION
Oneida Baptist Institute
P.O. Box 67
11 Mulberry Street
Oneida, Kentucky 40972
(606) 847-4111

Date _____

Filling out this application form does not insure admission, nor does it obligate the applicant before actual enrollment in school. This form should be sent to the school before the applicant desires to enter, and a **non-refundable** application fee of \$35 must be sent before the application will be considered. Please call the Admissions Office (ext. 233) to check the status of your application. **FILL IN ALL BLANKS. HAVE NOTARIZED WHERE INDICATED.**

Student's name in full _____ Sex: M F
First Middle Last

Student's address _____
Street City State Zip
(Billing statements and report cards will be sent to above address)

Student's Birthdate _____ Place _____
City State Country

Race _____ Social Security # _____ Home Phone (____) _____

Father's
Check one: Stepfather's Name _____ Age _____
(living with student)
 Guardian's (Relationship to student _____)

Occupation _____ Firm or Employer _____

Work Phone _____ Pager/Cell Phone _____

Mother's
Check one: Stepmother's Name _____ Age _____
(living with student)
 Guardian's (Relationship to student _____)

Occupation _____ Firm or Employer _____

Work Phone _____ Pager/Cell Phone _____

Parents are: Living together ___ Divorced ___ Separated ___ How many children (including applicant) live at home? ___

Father's/Stepfather's or Mother's/Stepmother's or
Guardian's gross monthly salary _____ Guardian's gross monthly salary _____

Amount and source of other monthly income _____

If you cannot be contacted in an emergency, give the name, number, and relationship of the person you want contacted.

Emergency Contact's Name _____ Relationship _____

Emergency Contact's Phone Number _____ Pager/Cell Phone Number _____

Is student a Christian? _____ Church member? _____ Where? _____

Name of last school attended _____

Please provide COMPLETE school address _____

Street City County State Zip

What grade do you expect student to enter, if accepted? _____

When do you plan to enroll student? _____

(1) Has student ever been suspended or expelled from school? _____ If yes, please explain below.

(2) Has student ever been in any trouble with law enforcement? _____ If yes, please explain below.

Any falsification of information on this application may result in the application being rejected, or the student being dismissed, if discovered after acceptance.

AGREEMENT OF RESPONSIBILITY

I agree to pay \$ _____ annual entrance fee and \$ _____ monthly for the 20__ - 20__ school year. I agree to repay any loans made to this student, to pay any medical bills, and to pay for any damage that may be done to school property by the above student. I understand what I am agreeing to pay is a fraction of the actual cost. I also agree that there will be a modest increase each year in room and board. **I understand and agree that the entrance fee and first month's room and board are non-refundable and must be paid in CASH, MONEY ORDER or CASHIER'S CHECK.** I understand and further agree that no transcripts or other records will be sent to another school or to anyone for the above enrolled student until all my financial obligations with the Oneida Institute have been met. If I do not meet my financial obligations herein agreed to, I understand and agree that my child may be asked to leave the school anytime after being thirty (30) days in arrears. **After the first month I may pay by personal check. If my check does not clear the bank, I understand I must make the check good with cashier's check, certified check or money order within five (5) days, or my child may be asked to leave. Billing date is the 15th of each month. I understand OBI has the absolute and final authority to dismiss my child, and I agree to have my child off the campus within 24 hours of being notified of dismissal for whatever reason, financial or otherwise.**

All material sent to us to be considered for the enrollment of your child becomes the property of Oneida Baptist Institute and will not be released to parent/guardian or others.

SIGNATURE OF PARENT OR GUARDIAN _____



Oneida Baptist Institute
 P.O. Box 67
 11 Mulberry Street
 Oneida, Kentucky 40972
 (606) 847-4111
 Fax: (606) 847-4496

TRANSCRIPTS/RECORDS RELEASE

To the Parent: Please complete this form and take it to the guidance office at the student's current school.

I hereby authorize _____
School Name

Address _____

City _____ State _____ Zip _____ Phone (____) _____

to release the following information on:

Student's name _____

to the Admissions Director at Oneida Baptist Institute.

Parent's signature Date

TO THE GUIDANCE OFFICE: The above-named student has applied to Oneida Baptist Institute. As requested by the parent, please release the following information to the Office of Admissions at OBI:

- A complete transcript of grades and standardized test results, most recent grade report.
- Special education information (psychological records, psychoeducational evaluation, etc.)
- Detailed discipline records for the past two years, including office referrals for in-school suspensions, out-of-school suspensions, and detentions and/or expulsions. If there are no discipline records, please send a statement to that effect.
- Health and immunization records.

Please send all applicable information listed above to: Admissions Director
 Oneida Baptist Institute
 PO Box 67
 Oneida, Kentucky 40972 Or fax to 606-847-4496

If you have questions, please call the admissions office at 606-847-4111, extension 233.



Oneida Baptist Institute
 P.O. Box 67
 11 Mulberry Street
 Oneida, Kentucky 40972
 (606) 847-4111
 Fax: (606) 847-4496

COUNSELING/PSYCHIATRIC RELEASE

To the Parent: Please complete this form and take it to any counselor/therapist/psychiatrist your child has seen in the last 24 months.

I hereby authorize _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

to release the following information on:

Student's name _____

to the Admissions Director at Oneida Baptist Institute.

Parent's signature
Date

We are requesting information that will allow us to evaluate the student's psychological and emotional fitness to attend our boarding school. Because we are not a hospital or inpatient facility and since we have no psychiatric staff or treatment available, it is crucial that we be able to assess whether or not the student is appropriate for our environment.

We need documentation that will provide us with informations relating to:

1. when and why the student began counseling
2. history of the problem(s)
3. psychiatric diagnosis
4. symptoms/behaviors addressed
5. progress made
6. recommendations
7. prognosis
8. intake and discharge summaries

Please send all applicable information listed above to: Admissions Director
 Oneida Baptist Institute
 PO Box 67
 Oneida, Kentucky 40972 Or fax to 606-847-4496

If you have questions, please call the admissions office at 606-847-4111, extension 233.



ONEIDA BAPTIST INSTITUTE
General Permission Form

Date _____

Name of student _____
First Middle Last

Birthdate _____ Social Security Number _____

I understand that my signature grants permission to travel by school vehicle, private vehicle, or public transportation, in or out of state. **All permissions are subject to the regulations of the school and approval by the Dean of Girls/Boys or Principal.** These may include, but are not limited to the following:

- To go home at scheduled times or because of expulsion.
- To attend off-campus educational, athletic, social, or religious functions, of whatever duration, sponsored by the school.
- To shop, visit, attend entertainment, etc. with faculty/staff.
- To visit the homes of relatives or family friends for a weekend or other appropriate time. These must be listed on the "Authorization for Student Sign-Out Form."
- To visit other students' homes for a weekend or other appropriate time. These must have permission from the parent/guardian.

Medical Insurance

Medical Insurance Company _____

Policy Number _____ Group Number _____

Address _____

Name of Policy Holder _____

Birthdate of Policy Holder _____ Social Security No. of Policyholder _____

Name of Employer _____

Address of Employer _____

Business Phone of Employer (_____) _____

Mother's maiden name: _____ Mother's date of birth: _____

 INCLUDE A COPY OF THE FRONT AND BACK OF YOUR MEDICAL INSURANCE CARD.

 INCLUDE A COPY OF A CURRENT IMMUNIZATION CERTIFICATE FROM A DOCTOR'S OFFICE OR STATE HEALTH DEPARTMENT

Medications:

List all medications, prescription and over-the-counter, currently taken by the student and the schedule for dispensing. Any variation of prescription instructions must be in writing from prescribing physician.

THIS PERMISSION FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH YEAR.

Health Statement:

Is the student diabetic? Yes No If "Yes," is the student insulin-dependent? Yes No

Special Instructions _____

List all allergies (including food, medicines, vaccines, environmental, etc.): None

You are required to provide items necessary for emergency care, such as an inhaler or epi-pen.

Special instructions if exposed to allergen: _____

List any other medical problems (include details on a separate sheet if necessary):

In the event that my child needs to receive medical attention (including emergency, surgical, hospitalization, prescriptions, etc.) I authorize that he/she be given the attention needed and that the bill be sent to me. I also accept the privacy practices established and provided by the health care facility.

PRINT Parent/Guardian's Name _____

Parent/Guardian's SIGNATURE _____

Parent/Guardian Social Security # _____

Home Phone # _____

Cell Phone # _____

Street Address _____

City _____

State _____

Zip _____

If you cannot be contacted in an emergency, please designate who to contact next.

Emergency Contact _____

Home Phone # _____

Cell Phone # _____

Relationship _____

Any falsification of information on this application may result in the application being rejected or the student being dismissed, if discovered after acceptance.

Sworn to and subscribed before me the _____ day of _____, _____.

NOTARY PUBLIC - STATE AT LARGE _____

(SEAL)

My commission expires: _____.

THIS PERMISSION FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND MUST BE RENEWED EACH YEAR.

GENERAL STUDENT REGULATIONS



A student breaking any of the following regulations is subject to immediate expulsion:

- 1) The highest Christian character is desired by Oneida Institute, and it is understood that every student who enters Oneida thereby pledges to abide by the spirit and letter of all rules and regulations that may be prescribed. Propagation of any tenet or any activity fundamentally contrary to the Christian faith is forbidden and subjects one to dismissal, including any form of Satanic worship, black magic, and witchcraft.
- 2) All students are required to attend the following religious services: chapel each school day and Sunday morning and evening worship services. They are invited to attend Sunday School and Wednesday evening worship service, but are not required to do so. Students are not excused to attend worship services anywhere else during the time of the required scheduled services held at Oneida, except with permission of Dean of Girls, Dean of Boys or Principal.
- 3) All dormitory students are required to work one and a half hours each day and four hours on weekends. Also, extra hours of work may be used as a disciplinary measure, in an emergency, or a time of special need.
- 4) Use of tobacco products is prohibited except with parent's/guardian's written permission and only in designated areas.
- 5) Intoxicants and illicit drugs are prohibited.
- 6) All required prescription medication must be taken as prescribed. All medication (prescription and over-the-counter drugs including Benadryl, Tylenol, vitamins, herbs, etc.) must be kept in the dormitory office.
- 7) Students may not leave campus without permission (considered running away) at any time.
- 8) Weapons of any type (including pocketknives) are strictly prohibited.
- 9) Physical and sexual abuse or acts of violence of any kind are not tolerated.
- 10) Sexual and racial harassment are not tolerated.
- 11) Tattooing, piercing, or cutting any body area is not permitted.
- 12) Students are not allowed to sell, buy, trade, borrow, or loan anything to or from other students.
- 13) Students may receive day passes (Saturday or Sunday only with 12:00 p.m. pick-up and return same day by 10:00 p.m.), plus overnight/weekend passes (pick up Friday after 3:30 p.m., return Sunday 6:00 p.m.), according to the following schedule:
 - One day and one overnight/weekend between the start of school and fall break
 - Two day and two overnight/weekend between fall break and Christmas break
 - Two day and two overnight/weekend between Christmas break and spring break
 - Two day and two overnight/weekend between spring break and the end of the school year*(If involved with a sport, choir, or other activity, you must fulfill that commitment before permission will be given to leave.)*
- 14) Oneida students are expected to conduct themselves by Oneida standards throughout the school year including times when off campus, for example, while riding public transportation to and from school.
- 15) Methods felt necessary for the preservation of proper discipline of students are used, ie. being grounded, hours, essays, paddling, suspension, etc. Paddling is permitted under the school's prescribed guidelines when it is felt that it may help a student. Paddling is done by authorized personnel only. Generally a student will not receive more than two (2) swats per day.
- 16) Dormitory rooms and personal belongings are subject to inspection/search at anytime including during admission.
- 17) No visitors are allowed during the first 30 days of enrollment, including parents, relatives and friends. Parents and other visitors must always check in with the houseparent before going anywhere in the dorms.
- 18) Parents/guardians are responsible for providing a place for the child(ren) to stay during the fall, Christmas, spring, and mid-summer breaks, when the dorms are closed. Every student must leave campus within 12 hours of the start of a required break. Dorms reopen at 9:00 a.m. at the end of each break. Students may not return early.
- 19) Students are responsible for their own clothing and other possessions at all times, including taking **EVERYTHING** with them when they cease to be students. This is NOT a staff responsibility. It is NOT the responsibility of staff to search for, ask about, mail or ship articles after the student leaves. Oneida does not assume responsibility for the loss or damage to personal property. Parents or guardians should be certain that the child's property is covered by a homeowner's policy or other personal insurance.

20) Inappropriate conduct between students, such as a boy and girl being together without adult supervision, being sexually involved with any other student, inappropriate touching, and writing about or talking about immoral behavior between two or more students is not permitted.

21) The use of textbooks is included in the annual entrance fee. However, parents/guardians are responsible to pay for damage to or loss of textbooks and library books.

22) Parents/guardians are responsible to pay for all medical bills, prescriptions, transportation to and from doctor/hospital, and transportation to and from airport and/or bus station for non-required breaks, workbook charges for class work, ACT and PLAN tests and the graduation fee for seniors.

AUTHORIZATION FOR RELEASE OF ALL CLAIMS

I, the undersigned, do for myself, my heirs, executors, administrators, successors and assigns hereby release from all claims and forever hold harmless the directors, officers, agents and employees of the Oneida Baptist Institute, from any and all claims and demands for personal injury resulting from, but not limited to, horseback riding, canoeing, hiking, backpacking, fishing, ect., including sickness and death, as well as property damage and expenses, of any nature incurred by my child under 18 years of age.

PARTICIPANT MODEL RELEASE

By signing this document the participant hereby gives the Oneida Baptist Institute, its licensees, successors, legal representatives and assigns, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of being enrolled as a student, and after the student may leave Oneida Baptist Institute, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose and/or approve the finished product or products or the edited promotional or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The participant discharges and agrees to save harmless the Oneida Baptist Institute, its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

DRUG TESTING POLICY

We are very much aware of the effects drugs/alcohol have on today's youth. Many young people who currently use drugs/alcohol really do not want to, but seem powerless when they are in and with the wrong peer group. Because of our concern for the destruction drugs/alcohol can bring in the lives of young people, all students will be subject to drug/alcohol testing. Any student who is asked to be tested and refuses, will be expelled. The purpose of this testing is two-fold; many of those students who may have been using drugs/alcohol in the past, have told us it would give them **more courage to say "No"** if they could tell their peer group, "I may get tested for drugs/alcohol and I can't afford to get expelled." Secondly, for those who enroll in our school who have had a history of using drugs/alcohol but have promised not to use drugs/alcohol in the future, this will help motivate them to stay off drugs/alcohol. It will also help us to eliminate those students who refuse to stop using drugs/alcohol. We have no desire to exclude students from the opportunities Oneida Baptist Institute has to offer. Neither do we desire to ignore the drug/alcohol problems facing our youth and the vast majority of all schools. We hope this policy will encourage students to avoid the consequences of drug/alcohol use.

I have read the above regulations and agree to abide by them, and any and all rules prescribed by OBI, and understand that I may be asked to withdraw for any infraction thereof.

Student's Signature

I agree to pay up to \$75.00 accessory/equipment fee (for cleats, caps, warm-up suits, team shoes, etc.) for each sports season (possible three) if my child chooses to participate in the athletic program.

I agree for my child to be governed by the above regulations, and any other regulations that may be necessary, as determined by the Oneida staff, to maintain the quality and sustain the Christian atmosphere of Oneida Institute. **I understand OBI has the absolute and final authority to dismiss my child, and I agree to have my child off the campus within 24 hours of being notified of dismissal for whatever reason, financial or otherwise.**

Parent's/Guardian's Signature _____ Date _____

OBI normally accepts students in grades 6-12 who are mentally, physically, and emotionally able to be away from their families, are capable of living harmoniously with other students their age, and have a sincere desire to attend OBI and follow its regulations. Enrollment will not be affected by race, nationality, or religious preference--except as stated in rule one on reverse.

WORK/FARM PROGRAM EQUIPMENT PERMISSION



Oneida's program is one that prepares young people to live life, not just receive a diploma. That involves comprehensive academic preparation, athletics, cocurricular activities, and daily worship. Learning to work, developing good work habits, and taking pride in doing a job well are also important in a young person's training.

Therefore, I give my consent for (Student's name) _____ to participate in Oneida's work program. I understand that students average one and one half hours of chores per day, four hours on weekends, and they may be asked to work some extra hours in an emergency or time of special need. I understand that "in-school suspension" means that my child will have chores to do during those hours he or she would normally be in class and may also work if staying on campus during scheduled homegoings. During "suspension" that involves missing class, I understand it is my child's responsibility to make-up his or her class work missed while serving suspension.

Depending on the chore to be done, I understand work may involve the use of brooms, mops, shovels, ladders, sickles, lawn mowers, weed eaters, hand tools, power tools, various kitchen appliances, and various other pieces of equipment. I understand my child may be riding on trailers, wagons, etc. or in a farm truck. I give my permission for my child to work with same and a variety of other tools.

Additionally, I understand my child may be instructed in the operation, or assist in the operation of tractors, combines, mowers of all types and other power and non-power tools and mechanized equipment that is used in the farming of lands of the Oneida Baptist Institute.

I also grant permission, under the same terms, for the above named student to operate, use and assist in the operation of tractors, mowers, bush-hogs, and other mechanized and/or power tools as a part of the Oneida Baptist Institute Work Program.

I also grant permission for the above named student to be instructed to work with the various classes of livestock that may be found on the Oneida Baptist Institute farm.

To operate mechanized farm equipment such as tractors, according to school policy, a student must meet the following criteria:

- 1. Be eighteen (18) years of age, in which case a valid driver's permit or driver's license is not required.
- or
- 2. Be sixteen (16) years of age and possess a valid driver's permit or driver's license.

I do testify by this instrument that I will not hold the Oneida Baptist Institute nor its employees responsible for accidents or liabilities incurred in the afore-mentioned operations and that I am the legal parent/guardian for the above named student.

Parent's or Guardian's **Signature** _____

Date _____

Sworn to and subscribed before me the _____ day of _____, _____. _____ NOTARY PUBLIC - STATE AT LARGE My commission expires: _____	(SEAL)
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ONEIDA BAPTIST INSTITUTE



The Oneida Baptist Institute provides numerous health services for students as well as employees. One of these services is pest control. A recent change in state regulations now requires school personnel to provide a twenty-four (24) hour notice prior to any pest control application made on school property. This information is available to all parents and employees requesting it. This is to advise you that at the beginning of each school year there will be an opportunity for all parents and employees to be placed on a calling/ mailing list for notification of pest control applications. If you wish to receive this notification, please complete the following information and return it to Oneida Baptist Institute.

Pest Control Notification Request

_____ **YES**, I want 24 hours notice each time you're going to use pest control products.

_____ **NO**, I do not wish to be notified each time you're going to use pest control products.

Student's name:

Parent/Guardian's name:

Mailing address:

Telephone number:

Date:

Parent/Guardian's signature:



Authorization for Student Sign-Out

Student's Name _____

Date _____

The following is a list of authorized people who may pick up the above listed student for an approved homegoing, scheduled break, weekend visit, emergency, social event, or for reasons of expulsion. To keep this information updated, this form ***must be completed each year*** when the student is re-enrolled.

Please include each parent, step-parent, grandparent, etc. who may have an occasion to pick up the student. ***Every time*** this list is updated, ***all*** the information requested must be included on each person listed. Forms from the previous year will ***not*** be used.

This information is just one more way to help Oneida protect students. At the time this student is signed out, OBI may ask for picture identification. Please make everyone who is on this list aware of OBI's procedure to avoid confusion.

I hereby authorize any of the listed names to pick up my child from Oneida Baptist Institute. I understand I will ***not*** be contacted at the time my child is signed out. I also understand that my signature on the "General Permission Form" gives OBI personnel permission to sign out my child with the approval of the Dean of Students.

Parent/Guardian Signature _____

1. Father/Guardian _____ Relationship _____

Address _____

Driver's License # _____ Phone # _____

E-mail address _____

2. Mother/Guardian _____ Relationship _____

Address _____

Driver's License # _____ Phone # _____

E-mail address _____

3. Name _____ Relationship _____

Address _____

Driver's License # _____ Phone # _____

Please list additional names and information on the back of this form.

4. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

5. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

6. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

7. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

8. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

9. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

10. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____

11. Name _____ Relationship _____
Address _____
Driver's License # _____ Phone # _____



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
 2280 Executive Drive, Lexington, Kentucky 40505
 Athletic Participation/Physical Examination Form/Consent and Release
PART I - ATHLETE INFORMATION
(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

- Baseball Basketball Cross Country Football Golf Soccer Fast Pitch Softball
 Swimming Tennis Track and Field Volleyball Wrestling Cheerleading Other

PART II - MEDICAL HISTORY

This part must be completed by parent and student and presented to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:.....YES NO

1. Have you ever been hospitalized? YES NO
2. Have you ever had surgery of any kind (e.g., tonsillectomy)..... YES NO
3. Are you presently taking any medications or pills? YES NO
4. Do you have any allergies (medicine, bees, or other insects)? YES NO
5. Have you ever passed out during exercise? YES NO
6. Have you ever been dizzy during or after exercise? YES NO
7. Have you ever had chest pain during or after exercise? YES NO
8. Have you ever had high blood pressure? YES NO
9. Have you ever been told you have a heart murmur?..... YES NO
10. Have you ever had racing of your heart? YES NO
11. Has anyone in your family died of heart problems before 50?..... YES NO
12. Do you have any skin problems? (itching, rashes, acne) YES NO
13. Have you ever had a head injury? YES NO
14. Have you ever been knocked out or unconscious? YES NO
15. Have you ever had a seizure or suffer from epilepsy? YES NO
16. Have you ever had a stinger, burner or pinched nerve? YES NO
17. Have you ever had heat related problems? YES NO
18. Have you ever been dizzy or passed out in the heat? YES NO
19. Do you cough heavily, or breath heavily during activity? YES NO
20. Do you use any special equipment (e.g., knee brace)?..... YES NO
21. Have you had any problems with your eyes or vision?..... YES NO
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones? YES NO
23. Are you missing one of any paired organs (e.g., eyes) YES NO
24. Have you ever been diagnosed with any form of asthma? YES NO
25. Are you using an inhaler for asthma? YES NO
26. Are you diabetic? YES NO
27. Do you administer insulin to yourself? YES NO
28. Are you presently using tobacco in any form? YES NO
29. Do you have a history of sickle-cell anemia in your family? YES NO
30. Have you had any other medical problems? YES NO
31. Have you had a medical problem or injury within the last year?..... YES NO
32. Can you swim? YES NO
33. When was your last tetanus shot? _____

Please explain any YES answers from questions 1-31 on page 1. _____

PART III - PHYSICAL EXAMINATION

This part must be completed by the authorized health care provider named in Bylaw 2.

PATIENT NAME: _____
 HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____ Date: _____	Provider's Name (please print)	_____
	Address:	_____
	City/State/Zip	_____
	Phone	_____

This Physical Examination is valid for one year from date administered.

PART IV - EMERGENCY PERMISSION FORM

(This part must be completed by student and custodial parent / guardian)

STUDENT NAME _____
SOCIAL SECURITY NUMBER _____
ADDRESS _____
CITY/STATE/ZIP _____
SCHOOL _____
BIRTH DATE _____
PHONE _____

PERSON TO CONTACT IN CASE OF MEDICAL EMERGENCY:

NAME _____
RELATION _____
ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE _____
EVENING PHONE _____

Please list any health problems/concerns your child may have, including allergies (medications / others) and any medications presently being used: _____

Students desiring to participate in Wrestling must also complete KHSAA Form WR101 and required attachments between October 15 and the first contest.

This form must be reproduced in order for a copy to travel with respective athlete.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have received, read and understood the document entitled *KHSAA Eligibility Rules and Parental Permission Form Bylaw References as of April 30, 2008*. **Please be aware that a student is subject to the one year period of ineligibility in Bylaw 6, Section 1, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.**

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

PART V – CONSENT TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE (continued)

*The student and parents/guardian must read this statement carefully. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics.*

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student’s demographic information and participation statistics and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student’s education records including, but not limited to, academic, financial and health care information, to third parties including, but not limited to, school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including, but not limited to, making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

Students’ Name (please print)	School
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Student and Parent/Guardian Address	
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Signature of Student	Date
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Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)	Emergency Phone Number
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Signature of Parent(s)/Guardian(s) who has/have custody of this student	Date
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Insurance Carrier	Policy Number
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HOUSEHOLD APPLICATION FOR FREE OR REDUCED-PRICED MEALS

To apply for free or reduced price meals and other school benefits for your children, carefully complete, sign and return this application to the school. If you need help with the application, please call

Part 1 – Student Information					FOSTER CHILD INFO. ONLY	
NAME OF CHILDREN ENROLLED (First Name, Last Name)	Social Security Number	GRADE	SCHOOL ATTENDING	K-TAP or Food Stamp Case Number (If you receive both, list K-TAP Case Number)	Foster Child (X)	Child's Personal use Income
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

ALL OTHER HOUSEHOLDS

PART 2 – LIST ALL HOUSEHOLD MEMBERS	GROSS MONTHLY INCOME BEFORE DEDUCTIONS <small>If you did not write a Food Stamp or K-TAP number for all children in Part 1, complete this Part, listing everyone in your household (including children in Part 1), and sign the application</small>			
NAME	Earnings from work (before deductions)	Welfare Payments, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income Received
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PART 3 - SIGNATURE: I certify that all of the above information is true and correct, that all income is reported and/or the food stamp or K-TAP case number is reported correctly. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

✍ X _____ SIGNATURE OF ADULT HOUSEHOLD MEMBER	✍ X _____ Social Security Number
_____ Printed Name of Adult Household Member	✍ X _____ Date Signed
✍ X _____ Mailing Address/Apt. Number	_____ Home Telephone # / Work Telephone #
_____ City/State/Zip Code	_____ City/State/Zip Code

PART 4 – Medicaid or K-CHIP Benefits – This section does not need to be completed to receive free or reduced price meals.

We may share your information with Medicaid or the Kentucky Children's Health Insurance Program (K-CHIP), unless you tell us not to. The information, if you choose to let us share it, may be used to determine if your children would qualify for Medicaid or K-CHIP benefits and officials from those programs may contact you with additional information. If you do not want us to share the information for that purpose, please check the box and put your signature and the date on the line below. NO

✍ X _____ SIGNATURE OF PARENT/GUARDIAN	✍ X _____ DATE
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