



Andy Beshear Governor Julie M. Campbell **Executive Director**

1049 US HWY 127 Annex #2 • Frankfort, KY 40601 • (502)-564-4262 • www.KBC.ky.gov

Enrollment Correction Application

Enrollment Correction Fee: \$ 15.00 (Name change due to marriage/divorce while enrolled does not require fee)

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| Field to Be Correc | cted: | | | | | | | | | |
| Name | Social Security Number | Photo (attached) | Birth Date | Gender | | | | | | |
| Copy of verifying document(s) must be submitted with this application. | | | | | | | | | | |
| Student Name: | First | Middle/Maiden | Las | | | | | | | |
| | FIISL | wilddie/walden | Las | 51 | | | | | | |
| Social Security Nu | ımber: | Birthdat | | | | | | | | |
| Permit Number: _ | | Gender: | Female | Male | | | | | | |
| School Name: | | School License Number: | | | | | | | | |
| Document(s) Used | d for Verification: | | | | | | | | | |
| Why is Correction | Needed? | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of So | chool Representative | _ | | | | | | | | |
| Signature of S | School Representative | | Date | _ | | | | | | |
| | | | | | | | | | | |
| or KBC Use Only: | | | | | | | | | | |
| ate Received: | Enrollment Date: | Date of Corre | ction: | Initials: | | | | | | |