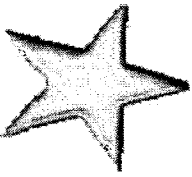


Registrations for all grades are completed at the Orrville Board of Education office, 815 North Ella Street, Orrville, OH 44667, 330-682-5811. Please do not mail registration materials to the school.

Kindergarten registration and screening for next year's kindergarten class will be held in the spring. The following information is required for all registration:

- Your child's birth certificate
- Your child's immunization record
- Custody paperwork (if applicable)
- Proof of residency (example: phone bill, utility bill, cable bill, rental agreement)

- Additional information high school registration:
 - Last grade card
 - Transcript



Orrville City Schools

Registration Form

Student Information:

Office use only:	
School _____	Student # _____
Homeroom Teacher: _____	Birth Certificate: _____
First day of Attendance: _____	Social Security Card: _____
	Immunizations: _____
	Custody Paperwork: _____
	Proof of residency _____

Student Name: _____ / _____
Full First Name (legal) Full Middle Name (legal) Full Last Name (legal) Nickname

Residence Address: _____ / _____
House Number Street Name Apartment No.

_____ / _____
City State Zip Code

Telephone #'s: _____ Listed _____
Home Phone # Unlisted Parental Cell Phone #

Mother's Maiden Name: _____ **Child's Gender:** Male
 Female

Child's Birthdate: _____ **Citizenship:** US Citizen **Birthplace:** _____
Month Day Year Other (please specify _____) City, State, and Country

Native Language: _____
Language Spoken by Student Language Spoken by Child in Home

Grade: _____ **Has your child previously attended Orrville Schools?** Yes No

Registration Reason: Moved into district Kindergarten Regis. Open enrollment Other _____

Homeless Status: Please let us know if any of these situations pertain to your family: Living in Shelter Unsheltered (living in car, etc.)
 Doubled Up (living with another family due to economic hardship, loss of home, or other similar situation)
 Living in Hotel/Motel

Names & ages of Brothers and Sisters: _____

Previous School Information:

Did your child receive special services? No Yes If yes, please check which type IEP 504 Plan

Has your child ever been retained? No Yes If yes, which grade? _____

Does your child attend a special program at school? Gifted ESL Reading Intervention Other _____

Name of Previous School Attended: _____

Address: _____

Phone #: _____

Emergency Contact Information: List two neighbors or relatives who will assume care of your child if you cannot be reached. Those designated below, other than parents, are authorized to pick up my child from school in an emergency (list in order of preference):

Mother: _____ Father: _____

Emergency Number Mom: _____ Emergency Phone Dad: _____

Contact 1: _____

Address: _____

Daytime phone _____ Cell _____

Relationship to child _____

Contact 2: _____

Address: _____

Daytime phone _____ Cell _____

Relationship to Child: _____

Over

Student's Family Data:

Who has legal custody of this child?

- Both parents
- Mother only
- Father only
- Foster Care
- Step Parent
- Grandparent
- Other _____

Who is student living with?

- Both parents
- Mother
- Father
- Step Parent _____
- Grandparent: _____
- Guardian: _____
- Other: _____

Marital Status of parents?

- Married
- Separated
- Divorced
- Widowed
- Never married

Type of Custody:

- Full Custody
- Shared/Joint Custody
- Grandparent Legislation

A complete set of custody and/or guardianship papers must be on file with the school.

Name of Father/Legal Guardian:		Name of Mother/Legal Guardian	
Address if different than student's address		Address if different than student's address	
Father's Employer		Mother's Employer	
Daytime Phone #		Daytime Phone #	
Cell Phone #		Cell Phone #	
Father's e-mail address:		Mother's E-mail address	

If parents do not live together, should a copy of correspondence be sent to non-residential parent? Yes No

Parents or guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if any court orders are in effect restricting noncustodial parents or others from contact with this child. Do not release my child to: _____

I hereby state the information provided on this document is true and current. I am the legal guardian or custodian of this child.

Parent/Guardian Signature _____

Date _____

Emergency Medical Authorization: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.

My child has the following allergies or medical condition(s) and may/may not need medication(s) for treatment:

*ALLERGIES: (specify) _____ EPIPEN Yes or No *SEIZURES: _____ diastat Yes or No

*ASTHMA: _____ Inhaler Yes or No * ADD/ADHD: _____ Medication Yes or No *DIABETES: _____ insulin or oral meds

*SKIN CONDITIONS (list): _____ OTHER (specify): _____

Current Medications (list): _____

To ensure the health and safety of my child at school, I authorize the information listed above to be shared with necessary staff members. Yes _____ No _____

Part I – To Grant Consent: I hereby give consent for the following medical care providers and local hospital to be called.

Preferred Doctor: _____ Address: _____ Phone _____

Preferred Dentist: _____ Address: _____ Phone _____

Preferred Hospital _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Part II - Refusal to Consent: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action as they are reasonably able to do so:

Signature of Parent/Guardian: _____ Date: _____

Ethnicity

Student Name: _____ Date of Birth: _____

Because of changing reporting requirements at the Ohio Department of Education, we must gather new ethnicity information for all our students and new enrollments. Please answer **BOTH** questions:

1. **My child is of Hispanic/Latino Heritage ?** _____ Yes _____ No
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

2. Please choose your child's Ethnic Code

_____ **Asian** (Origins of the Far East, Southeast Asia, or Indian subcontinent -- The area includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

_____ **Black or African American – Non-Hispanic** (Persons having origins in any of the black racial group in Africa.)

_____ **American Indian/Alaskan Native** (Persons having origins in any of the original peoples of North and South America – including Central America – and who maintain tribal affiliation or community attachment.)

_____ **Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Soma or other Pacific Islands.)

_____ **White -Non-Hispanic** (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.)

_____ **Hispanic** – (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.) **(MUST CHOOSE one of the following categories also – use definitions above.)**

- _____ Asian
- _____ Black or African American
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

_____ **Multi-Racial:** (Choose all that apply – use definitions above)

- _____ Asian
- _____ Black or African American
- _____ American Indian/Alaskan Native
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Parental Signature: _____ Date: _____

School District Home Language Survey

As required by Federal Law, this form must be completed for all students at the time of enrollment.
Title VI Compliance Issues 9/91

Date: _____ Person helping parent with this form and their title: _____

School District: _____

School Building: _____

Name of Student: _____
Student's First Name Middle Initial Last Name(s)

Birthdate: _____ Birthplace: _____
Month/Day/Year City State Country

Name of Male Parent/Guardian: _____
Father's First Name Father's Last Name(s)

Name of Female Parent/Guardian: _____
Mother's First Name Mother's Last Name(s)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Circle your child's dietary needs: No Restrictions Vegetarian No Pork Products

List Food Allergies: _____

For Parent/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when s/he first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently with your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

ORC Law requires this form to be placed in the student's cumulative folder and remain there until graduation.

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by

Relationship to student

Date

/ /

Aside from information already included in the registration forms, are there any other details you feel important to share about your child?

We will confidentially share this information with the building principal. The principal will decide which school personnel will benefit being aware of the information (limited to your child's teacher(s), guidance counselor or secretary). If the principal has any questions regarding the information, he/she may contact you.

Student _____ Grade _____

Signed _____ Date _____

**Orrville City Schools
815 North Ella Street
Orrville, OH 44667**

Release of Information Permission Form

_____ has my permission, as parent/guardian of
Previous School Name

_____, _____, to release the
Student Name Date of Birth

records and copies of documents listed below to:

**Orrville City Schools
815 North Ella Street
Orrville, OH 44667
330-682-5811 (phone)
330-682-0073 (fax)**

**Orrville High School
841 North Ella Street
Orrville, OH 44667
330 682-4661 (phone)
330-682-4662 (fax)**

Student has _____ moved into district. _____ been accepted for Open Enrollment
_____ been court or foster placed. _____ Other _____.

This permission expires 90 days from signature date.

Signature of Guardian

Date

.....
____ Official administrative record (name, address, birth date, grade level completed,
grades, class standing, attendance record)

____ All Achievement/OGT Test results and Standardized Achievement Test scores

____ Reading Improvement Monitoring Plan/Diagnostic Testing (Grades K-3)

____ Psychological Reports/MFE Reports/Evaluation Team Reports

____ Personality and Interest Test scores

____ Teacher and Counseling observations and ratings

____ Record of co-curricular activities

____ Family background data

____ Immunization records

____ Any current IEP's and special program placement permission information/current
Progress Reports associated with the IEP

____ Any additional information pertinent to the student's education

NEW STUDENT ENROLLMENT INFORMATION

FOR 2013

ONLY

Orrville High School
841 N. Ella Street
Orrville, OH 44667

330.682.4661 (H.S. School #)
330.682.4448 (Guidance #)



See Check List Below Of Items We Need To Enroll Your Child at O.H.S.

- 1) Must Withdraw from previous/present school "prior" to enrolling in Orrville High School. Sign a Release for Records information. Past FEES MUST be Paid before previous school will release credits earned! _____
- 2) Must obtain and present a copy of Report Card & Transcript of Grades (I.E.P., MFE, etc) which will assist in your child's new schedule at O.H.S. _____
- 3) Birth Certificate _____
- 4) Proof of Custody (If Applicable - or court docket # if in process) _____
- 5) Proof of Residency (18 & living on own, or with friends)
Example: pay stubs, lease agreement, utility bill in your name. _____
- 6) **CALL** to set up appointment to come in with your child to enroll them at: 330.682.4448 (Guidance Office); or 330.682.4661 (Main H.S. Office) _____
- 7) Your Contact Information if we have questions?
Phone #'s: _____; _____
Address: _____

O.H.S. - Guidance Counselor: Laurier Likens