

Elida Local Schools Registration Form

Student's name _____ Grade _____

Race/Ethnicity: *(Please see back)* Sex: (Circle One) Male Female

Social Security # _____ Birth date: _____ Birth City _____

Home address _____
(Street / Apt. #) (City) (Zip Code)

Home phone _____ Home e-mail address _____

Student is living with:

____ Both parents; ____ Father; ____ Mother; ____ Guardian; ____ Step parent; ____ Foster parent; ____ Grandparent(s)

If parents are divorced, who is residential (custodial) parent? _____

Mother's maiden name _____ Student's native language _____

Mother's name _____ Father's name _____

Mother's address _____ Father's address _____

Mother's employer _____ Father's employer _____

Mother's cell phone _____ Father's cell phone _____

Mother's work phone _____ Father's work phone _____

Mother's work e-mail _____ Father's work e-mail _____

Has the student been expelled from the previous school? ____ Yes ____ No; Dates: _____

Name of the school the student is entering from: _____

Has the student ever received special educational services? ____ Yes ____ No

If yes, please describe the program _____

Is there a restraining order pertaining to this student? ____ Yes ____ No; (If yes, a copy is required)

In case of illness, injury, or other emergency situations involving the above student, the school will attempt to contact the parent(s) or legal guardian. If unable to reach a parent or guardian, list two other persons who may be contacted:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Student Name: _____

1.) Local Ethnic Category

Valid Options (Please check one)

- A = *Asian*
- B = *Black, Non-Hispanic*
- H = *Hispanic*
- I = *Indian/Alaskan*
- M = *Multiracial*
- P = *Pacific Islander*
- W = *White*

2) Is the student of Hispanic/Latino heritage? (*Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.*)

- No
- Yes

3) Summative Race/Ethnic Group

Valid Options (Check those that apply)

- W = *White, Non-Hispanic*
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B = *Black or African American(Non-Hispanic)*
Persons having origins in any of the black racial groups in Africa.
- A = *Asian*
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- I = *American Indian or 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.
- P = *Native Hawaiian or Other Pacific Islander*
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

3.) I certify the information I have stated above is true to the best of my knowledge as the custodial parent/guardian of the named student.

Custodial Parent/Guardian Signature: _____
Date: _____

ELIDA LOCAL SCHOOLS

Custody/Residential Information Disclosure

Ohio law (3313.64 and 712.3321.01, .02) requires that public school officials verify custody and residency status of all students enrolling in school.

Residency Status: The parent/guardian for all enrollees must provide proof that they are permanent residents of the Elida Local School District. Please check the item below that describes your residential status:

_____ I am a full time resident of the Elida Local School District.

_____ I am a full time resident of the _____ School District and have applied for open enrollment into the Elida Local School District.

_____ I am living with other people in the district and will complete the residency affidavit process.

Custody Status:

_____ Student lives with both natural/adoptive parents. Parents are not divorced or separated.
Document: Birth certificate.

_____ Student lives with divorced natural/adoptive parent.
Documents: Birth certificate and most recent court custody document.

_____ Student lives with natural parent never married to other natural parent.
Document: Mother – birth certificate, Father – father’s name on birth certificate or court custody document.

_____ Student lives with court appointed guardian.
Documents: Birth Certificate, court custody document and address of parents at the time of the court hearing.

_____ Student lives with foster parent.
Documents: Birth Certificate, placement letter, court custody document, including district tuition responsibility.

_____ Other, please explain _____

Parent or Guardian MUST provide a State photo ID and one document from below:

_____ Current purchase agreement, deed, mortgage statement, or proof from the State Auditors web site

_____ Current rental contract/lease with the parent/guardian’s name and the name **and phone number of the landlord.**

My signature acknowledges that as the Parent/Guardian, I understand that I am obligated to notify Elida Schools immediately if there is a change in any of the above information. I also understand that if any investigation reveals that I do not reside full-time at the above address, my child(ren) shall be immediately withdrawn from the school district and I will be charged a tuition penalty, Ohio Revised Code 2151.011 and 3313.64.

Signature of parent/guardian

Date

ELIDA LOCAL SCHOOLS
Residency Affidavit

This form must be completed, in the presence of the staff member enrolling the student, whenever a parent cannot verify that s/he owns or rents a residence in the District.

It is understood, that for the purpose of this document the term "legal residence" means that residence where the custodial parent/guardian in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

_____ Student's Name _____ Parent's Name _____

Although I do not own or rent a residence in the Elida Local School District, this is to certify that I am the custodial parent of my child named above and our current permanent residence is:

_____ Street Address _____ City _____ State _____ Zip _____

We are living as guests of: _____ Telephone: _____

Who: () own () rent this residence.

******Custodial parent/guardian must provide a copy of a valid Ohio driver license or a valid Ohio photo ID indicating this address.**

Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the District. I promise to notify the school immediately if my residence changes.

NOTICE - READ CAREFULLY: Knowingly falsifying this document is a violation of the Ohio Revised Code: Section 2921.13(A) (6) which is a First Degree Misdemeanor punishable by a prison term of six (6) months and/or a fine up to \$1,000.00. Further, the affiant will be billed (and prosecuted in court, if necessary) to collect all back tuition which may be due.

Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from the Elida Local School District.

_____ Parent Signature _____ School District Witness _____ Date _____

I certify that the above information is correct and the above named student(s) currently reside in my home.

_____ Signature of Residence Owner/Renter _____ Date _____

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 200__.

_____ Notary Public _____ Date _____

HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT: _____

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
 Month Day Year City State Country

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

FOR PARENTS/GUARDIANS:

Please answer the following questions:

What language did your son/daughter speak when s/he first learned to talk?

What language does your son/daughter use most frequently at home?

What language do you use most frequently when communicating with your son or daughter?

What language do the adults at home most often speak?

How long has your son/daughter attended school in the United States?

FOR SCHOOL DISTRICT PERSONNEL:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (4.1.1.18), and proceed to assess the student's English language proficiency.

ENGLISH LANGUAGE ASSESSMENT

Communication Skill

Proficiency Level

Listening: _____	Pre-Functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Speaking: _____	Pre-Functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Reading: _____	Pre-Functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient
Writing: _____	Pre-Functional	_____	Beginning	_____	Intermediate	_____	Advanced	_____	Proficient

Assessment instrument(s) used: _____

Student is LEP? Yes _____ No _____

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (4.1.1.19)

If student has been in U.S. schools for less than three (3) years, is the student eligible for extended accommodations for Statewide academic assessment? _____ Yes _____ No _____

Signature of District Personnel

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Copies:
Records Officer
Custodian of Records
Parent

CONSENT FOR STUDENT RECORD RELEASE

STUDENT: _____

ADDRESS: _____

AGE: _____ BIRTHDATE: _____ DATE: _____

A. You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

Name

Address

City State Zip

B. Specific Data to be released: (Please check)

- _____ All personally-identifiable data on file.
- _____ The following records only: (specify)
 - _____ Pre-School Information Form
 - _____ All personally identifiable data on file
 - _____ Test Scores/Prof./Standardized
 - _____ Current Grades/Copy of grade card
 - _____ Attendance Record
 - _____ Health/Immunization Record
 - _____ Multifactorial Evaluations/Psychological Evaluation
 - _____ IEP if applicable

C. Reason for request: (Please check)

- _____ To aid in present and future educational decisions.
- _____ Other: (specify)

Date (Signature of parent/guardian/student*)
(*Student must be 18 years old or older)
Address: _____

FOR OFFICE USE ONLY

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)