

STUDENT REGISTRATION 2015/2016



Last Name _____ First Name _____ Middle Name _____
 (Legal Name as it appears on birth certificate)

Address _____ City _____ Zip Code _____ Gender M or F

Home Phone (____) _____ Unlisted? Y or N Grade _____ Birth City _____

Indicate Birth Country, if child was born outside of the United States: _____

Date of Birth: Month _____ Day _____ Year _____ Student SS # (optional) _____

Citizenship Status: U.S. Citizen Foreign Exchange Student Non-US Citizen/Immigrant (Immigrant students are age 3-21, were not born in the U.S., and have not attended one or more schools in any one or more states for more than three academic years.)

Mailing Address (if different from above): _____

Race/Ethnicity: Is the student of Hispanic/Latino heritage (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes or No (CIRCLE ONE)

Please CHECK ALL the racial groups that apply to the student: White Black/African American
 Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Multi-Racial

Is English the Language Spoken at home by Student _____ by Parent _____

<p>BIOLOGICAL MOTHER _____ Custodial Parent</p> <p>Last Name _____ First Name _____ Maiden Name _____ Address (if different than student's) _____ _____ Home Phone _____ Cell Phone _____ Employer _____ Work Phone _____</p>	<p>BIOLOGICAL FATHER _____ Custodial Parent</p> <p>Last Name _____ First Name _____ Address (if different than student's) _____ _____ Home Phone _____ Cell Phone _____ Employer _____ Work Phone _____</p>
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Were Biological Parents Ever Married? Yes _____ No _____ Currently Separated _____ Divorced _____

COURT ORDERED PLACEMENT
 (Proof of Legal Custody is REQUIRED Upon Enrollment)
 Guardian Foster Parent(s) Grandparent POA
 Other~Please Indicate Relationship _____

Last Name _____
 First Name _____
 Address _____
 Home Phone _____ Cell _____
 Employer _____ Work Phone _____

RESIDENCY: Student Lives With (Check One Only)
 Biological Mother Only Biological Father Only
 Biological Mother & Biological Father
 Biological Mother & Step-Father
 Biological Father & Step-Mother
 Foster Parent(s) Grandparent(s)
 Court Appointed Guardian(s)

Has this student been previously enrolled with us?
 Yes _____ or No _____

SPECIAL EDUCATION SERVICES
 Has your child received Special Education services? Yes No Do They Have a Current IEP? _____
 Does your child have a 504 Accommodation Plan? Yes No
 Has your child been identified as Gifted? Yes No If yes, did your child receive Gifted Services at prior school? Yes No If yes, date of placement in Gifted Program _____
 Has your child been in an ELL/LEP (English Language Learner/Limited English Proficiency) Program? Yes No
 If yes, did he/she test out of the ELL/LEP Program? Yes No

STUDENT REGISTRATION Continued

Please list other children in the family:

Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____
Name _____	Grade _____	School _____

The purpose of this following section is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority. We will attempt to contact the parent/guardian first. If no contact with the parent/guardian was made, we will attempt to make contact with the contacts listed below.

<p style="text-align: center;">ADD'L CONTACT</p> <p>Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Can pick up my child from school? Y or N</p> <p>Legal Guardian? Y or N</p>	<p style="text-align: center;">ADD'L CONTACT</p> <p>Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Can pick up my child from school? Y or N</p> <p>Legal Guardian? Y or N</p>
<p style="text-align: center;">ADD'L CONTACT</p> <p>Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Can pick up my child from school? Y or N</p> <p>Legal Guardian? Y or N</p>	<p style="text-align: center;">ADD'L CONTACT</p> <p>Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Can pick up my child from school? Y or N</p> <p>Legal Guardian? Y or N</p>

SCHOOL HISTORY:

Please list ALL schools previously attended:

Year	Grade	School Name	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISCIPLINARY STATUS:

Ohio House Bill 64, in effect since 1994, clearly states that a student currently under an expulsion order from another school district may NOT register in a new district until the expulsion expires. Therefore, please answer the following question:

Is the student currently under an expulsion order or suspension order from any other school district? Yes No

*Failure to provide accurate information will result in immediate dismissal.

Parent/Legal Guardian Signature: _____ Date _____

**Montgomery County Educational Service Center
EMERGENCY MEDICAL AUTHORIZATION**

School District _____

Student Name _____

Address _____

Telephone _____

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name _____

Daytime Phone _____

Father's Name _____

Daytime Phone _____

Other's Name _____

Daytime Phone _____

Name of Relative or Childcare Provider

Relationship _____

Address _____

Phone _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____

Phone _____

Dentist _____

Phone _____

Medical Specialist _____

Phone _____

Local Hospital _____

Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my 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.

This 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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____

Signature of Parent _____

Address _____

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: _____

Date _____

Signature of Parent _____

Address _____

SECTION 3313.712, OHIO REVISED CODE

(PURSUANT TO SUB H.B. NO. 639)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the boards jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: *(See reverse side)*

CURRENT HEALTH INFORMATION

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian _____ Home Phone _____ Teacher _____

Home Address _____ Work Phone _____ Cell Phone _____

Student I.D. Information: Height _____ Weight _____ Eye Color: _____ Hair Color: _____

If Parent/Guardian is not available in an emergency, please notify (must be completed): _____

1st Contact - Name _____ Relationship _____ Home Phone _____

2nd Contact - Name _____ Relationship _____ Home Phone _____

HEALTH HISTORY

	YES	NO		YES	NO		YES	NO
ADD/ADHD	_____	_____	Diabetes	_____	_____	Hearing problems	_____	_____
Anxiety disorder	_____	_____	Ear infections	_____	_____	Heart disease	_____	_____
Asthma	_____	_____	Environmental allergies	_____	_____	Hepatitis	_____	_____
Bedwetting	_____	_____	Fears/phobias	_____	_____	Mononucleosis	_____	_____
Bee sting allergy	_____	_____	Food allergies	_____	_____	Obsessive-Comp. Disorder	_____	_____
Chicken pox	_____	_____	Headache	_____	_____			
Depression	_____	_____				Oppositional-Defiant Disorder	_____	_____
						Panic Disorder	_____	_____
						Seizures	_____	_____
						Speech problems	_____	_____
						Vision problems	_____	_____

Other Health Conditions or Details of Above: _____

Operations or Serious Injuries (include dates): _____

If any of these health conditions change or develop during the year, please contact the school nurse.
 Information may be shared with staff as deemed necessary by the school nurse.
 MEDICATIONS

List prescription medication taken daily at home _____

List prescription medication taken daily at school _____

Please refer to student handbook for rules regarding prescription and non-prescription medication at school.

List any food and/or drug allergies, including reaction student has: _____

PARENT SIGNATURE _____ DATE: _____

Northridge Local Schools

2011 Timber Lane
Dayton, Ohio 45414
www.northridgeschools.org

Student Publication Release Form

During participation in the Northridge Local School District's activities and events, students and student products are sometimes photographed, videotaped, and/or audiotaped. The purpose of these materials is to showcase student accomplishment, work, and/or participation. They are published in educational, instructional, and program materials in order to inform the community and other interested parties about the Northridge Local School District. The materials may also be posted to the school website, or displayed on the Northridge Local Schools homepage. The goal is to positively recognize students and share the Northridge Local School District's experience.

In consideration of the above, I hereby give my consent for _____
and his/her work to be photographed, videotaped, audiotaped, and shown in school publications
and/or posted on our website.

I further authorize The Northridge Local School District to use the above mentioned material in
whole or part, in any manner that they deem appropriate, including any reproductions thereof, and
to **identify the student by his/her full name**.

I also waive any right I may have to inspect and/or approve the material, and release Northridge
Local Schools from any and all liability, which could result from its use. I understand that there
will be no financial or other remuneration for use of my child's work or photograph.

This form will remain on file and in effect for the duration of current school year participation. If a
signed form is not returned, student and student products will be used as described in the paragraphs
above.

I give permission I give permission for yearbook only

I do not give my permission

Student's Name: _____

Address: _____

Phone: _____

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Northridge Local Schools

2011 Timber Lane
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www.northridgeschools.org

ACCEPTABLE USE POLICY FOR COMPUTER NETWORK / INTERNET

The District recognizes that technology can greatly enhance the instructional program, as well as the efficiency of district and school administration. The District also realizes that careful planning is essential to insure the successful and cost-effective implementation of technology-based materials, equipment, systems and networks. Computers and use of the district network and/or on-line services educational network are to enhance instruction and to support student learning. It also is to assist in the administration of the District. All computers are to be used in a responsible, ethical and legal manner. Failure to adhere to this policy and the guidelines listed below will result in the loss of the user's access privileges. It may result in additional disciplinary actions and/or possible referral to the appropriate authorities.

Because our network provides Internet connections, users and parents and/or guardians of users, must understand that neither the school administration nor the District can control the content of the information available on these systems. Some of the information available is controversial, offensive, inaccurate, and may be considered harmful. The District has taken precautions to **restrict and filter access** to such materials. However, it is impossible to control all material.

Students, parents and/or guardians and school employees must be aware that computer privileges will be withdrawn from users who do not respect the rights of others or who do not follow the rules and regulations established by the District. A copy of all applicable rules and regulations are provided to all users as well as being available in student handbooks and on the District website. A signed Acceptable Use Policy Agreement form by the individual student user as well as the parent and/or guardian of the user indicate the acknowledgment of the risks and regulations for computer network / Internet use.

The following procedures and guidelines will be used by students, staff, community members, or others who are authorized to use the district's computers and/or on-line services:

- The administration reserves the right to monitor any computer activity and on-line communications.
- Do not reveal your personal information like your home address, phone number, account number(s), password(s) or any other personal information or that of other people.
- Do not use profanity, obscenity or other language which may be offensive to others. Use appropriate language only.
- Vandalism will result in the cancellation of user privileges. In addition, other disciplinary action, monetary charges for damages, and/or referral to appropriate authorities may result. Vandalism includes but is not limited to: uploading/downloading any inappropriate material, creating or spreading computer viruses and/or any malicious attempt to harm or destroy equipment, materials, or any data, physical destruction of equipment, etc.
- Users are expected to report any security problem or misuse of the computers and/or network to the teacher or other appropriate authority such as a teacher, media center staff member, principal, or technology staff member.
- Do not violate copyrights or commit plagiarism.
- The network should be used correctly and not to interfere with other's access to it.
- The user in whose name a network account is issued is responsible for its proper use at all times. They shall use this system only under their own username and password issued for them by the district. Improper use of account will result in the loss of access to the account.
- Users shall not use the system for any activity prohibited by law or District policy i.e.: sex, violence, the use of drugs, alcohol or tobacco.
- Users shall not access or transmit any material that is obscene, disruptive, sexually oriented, threatening, or that could be considered to be an insult to others based on their race, national origin, sex, sexual orientation, age, disability, religion, or political beliefs.
- All users shall not attempt to read, delete, copy, modify or forge other users' files.
- Staff users shall not read other users' mail or files. They shall not attempt to interfere with other users' ability to send or receive electronic mail, nor shall they attempt to read, delete, copy, modify or forge other users' mail or files.

The computer network / Internet shall be used only for purposes related to education or administration of the District. Do not use a district computer for personal financial gain, for commercial activity, or for any illegal activity. Commercial, political and/or personal use of the system is strictly prohibited.

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ACCEPTABLE USE POLICY AGREEMENT FORM

Access to the Northridge Local School District's computer network and Internet is a privilege, not a right. Use of district technology resources should be for educational purposes only. All users must follow established guidelines as stated in the district's Acceptable Use Policy.

Students will receive a copy of the Acceptable Use Policy and Agreement form at the start of each school year. Students and their parents/guardians must review the policy and return a signed agreement form in order to have access to technology based educational resources. Signing the form indicates that the student and parent/guardian have read and understand the expectations of the Northridge Local School District in relation to technology use. The policy will also be posted on the district website. With the exception of testing purposes, students without a signed agreement form will not have access to district technology resources.

I have read, understand, and will abide by the district's ACCEPTABLE USE POLICY FOR THE COMPUTER NETWORK / INTERNET. I further understand that violation may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

Print Student Name: _____

Student Signature: _____ Date: _____

As the parent/guardian of this student, I have read and understand the district's ACCEPTABLE USE POLICY FOR THE COMPUTER NETWORK / INTERNET and hereby give permission for my daughter/son/ward (listed above), to use technology based resources. While precautions have been taken to restrict access to controversial material, I also recognize that it is impossible for personnel of the Northridge Local School District to prevent all purposeful or accidental access to such. I will not hold any employee nor the Northridge Local Schools responsible for materials accessed by my daughter/son/ward on the Internet. I also understand that any violation by my daughter/son/ward will result in disciplinary action as determined by the school administration. I have discussed the importance of full compliance with this policy with my daughter/son/ward.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THIS TO THE SCHOOL OFFICE IMMEDIATELY