

Enrollment for 2020/2021

The following items ***must*** be provided at time of registration, your student(s) cannot be enrolled without these items.

- 1. Completed registration packet**
- 2. A copy of 2 proofs of residency. Please see attached explanation of acceptable proof**
- 3. Copy of photo identification of custodial parent (license)**
- 4. Original birth certificate**
- 5. Copy of up-to-date immunizations**
- 6. Copy of Custody order (if applicable)**

**Call Mrs. Otis to schedule a registration appointment
AFTER June 1, 2020, (937) 275-7469 EXT. 2125**

Enrollment Information

All of the following must be presented at the time of registration:

- Completed student enrollment forms

- Certified student birth certificate
 - Certified birth certificates can be obtained through the public health department in the city or county where your child was born or by contacting the office of Vital Statistics in the Ohio Department of Health (937) 225-5700

- Photo identification of the parent/custodial parent/legal guardian
 - Photo identification must be a driver's license or state-issued photo identification.

- Immunization Record
 - The documentation must include immunizations your child has received or is in the process of receiving.

- Individualized education plan (IEP) or 504 plan
 - If your child has an IEP or is on a 504 Plan from their previous school, you will need to provide a copy of the IEP or 504 Plan upon enrollment. Please note that the scheduling of a student, eligible for special education services, may possibly be delayed until or adjusted after the receipt of the most current/valid IEP or 504 Plan.

- Proof of custody
 - In the event of a legal separation or divorce, the parent who has legal custody must provide a complete copy of the court-ordered custody agreement that indicates the parent is the residential custodial parent of the child for school purposes.
 - If the parent's last name is different from the student's, a copy of the marriage certificate or proof of name change must be submitted.

- 2 Proofs of residency
 - If you **own**/are purchasing your home, documentation can be obtained from the Montgomery County Recorder's office (937) 225-4275. Recent purchases may require proof using sale closing documents if the purchase has not been recorded at the time of enrollment.
 - If you are **renting**, a lease/rental agreement that is signed by tenant and landlord must be presented. The agreement must list renter's name, rental property address, landlord's name, address, and telephone number.
 - If you are **living with** another person or subleasing (without a formal lease agreement), you will need the property owner or legal representative to complete a Residency Affidavit (available from the Enrollment Office). This is then subject to review and approval by the district Attendance Administrator.
 - Additional documentation in the form of a **current** (within 30 days) phone, utility, or water bill, etc.

Student Name _____ Grade Enrolling _____
Last First Middle

Social Security Number _____ Birthdate _____
(optional) Month/Day/Year

Primary Phone (Will be used for One Calls) (_____) _____

Student Home Address _____ Apt# _____
Number Street City Zip

Has this student ever attended Northridge before? Yes No
 If "yes" where? _____

Gender Male Female
 Is this student Hispanic/Latino? Yes No

Race (choose one or more)

- White
- Black (African American)
- Multiracial
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander

Citizen State of Student: U.S. Citizen Non-U.S. Citizen Exchange Student

Native Language English Other _____

Language spoken at home by parent _____ by student _____

SPECIAL SERVICES

Has your child been identified or received services for any of the following?

DOES THE STUDENT HAVE AN IEP? Yes No

504 Individualized Accommodation Plan? Yes No

Is the student in gifted or Advanced Placement Yes No

English as Second Language ESL Yes No

Is the student currently expelled or under suspension from any other school district? Yes No

Disciplinary Status: Ohio House Bill 64, in effect since 1964, 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. Failure to provide accurate information will result in immediate dismissal.

Mother's

Birthplace _____ Maiden _____
 Name _____
City State

Student resides with:

- Both Parents Mother Only Father Only Shared Parenting Guardian/Foster/Host
- Grandparent Mother/Stepfather Father/Stepmother Parent/Partner Self/Over 18 yrs. old

If the parents are divorced or legally separated, you are required to submit a certified copy and any modifications of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of the child (Ohio Revised Code 3313.67.2).

Parent email? _____

MOTHER Single Married Divorced Separated Remarried Deceased

FATHER Single Married Divorced Separated Remarried Deceased

Name _____ Can Pick up From School? Yes No

Home Phone (____) _____ Cell Phone (____) _____

Home Address _____

(If different from student) Number Street City State Zip

GUARDIAN/FOSTER/HOST

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

What district did the natural parent(s) reside in at the time you received custody _____

Foster Agency _____

Case Worker _____

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Ext _____ Cell Phone (____) _____

Can pick up from school? Yes No

EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone (____) _____ Work Phone (____) _____ Ext _____ Cell Phone (____) _____

Can pick up from school? Yes No

Previous Schools Attended:

Grade _____ Name of School _____ City/State _____

Grade _____ Name of School _____ City/State _____

Grade _____ Name of School _____ City/State _____

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

NAME	GRADE	GENDER	RELATIONSHIP TO STUDENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify, under penalty of perjury, that all of the information I have given is correct in all respects to the best of my knowledge.

Signature of Parent/Legal Guardian

Date _____ or Independent Student _____

Printed Name _____

Northridge Local Schools

Military Status

The Ohio Department of Education is requiring all school districts to collect limited information regarding military families.

Student Name _____

Is a parent/guardian of the above listed student currently serving in a branch of the U.S. Military? Yes _____ No _____

If you answered yes, please place an "X" on the line next to the appropriate status and branch:

Status: _____ Active Duty _____ National Guard _____ Reserves (deployed)

Branch: _____ Air Force _____ Army _____ Coast Guard _____ Marines _____ Navy

Thank you for your cooperation.

Parent/Guardian Signature: _____ Date: _____

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p> <p>_____</p>	
<p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first?</p> <p>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>4. What languages are used in your home?</p> <p>_____</p>	
<p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when did your child first attend a school in the United States?</p> <p>_____/_____/_____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
<p>Parent/Guardian First Name: _____</p>		<p>Parent/Guardian Last Name: _____</p>
<p>Parent/Guardian Signature: _____</p>		<p>Today's Date: <i>(mm/dd/yyyy)</i> _____</p>

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



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: _____

SECTION 3313.712, OHIO REVISED CODE

(Pursuant to Am. H.B.1175)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, have provided to the parent or legal guardian of every pupil enrolled in schools under the board's 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 the parent or legal guardian of such pupil 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 or guardian, authorities of the school in which the pupil is enrolled may permit such parent or guardian to make changes in a previously filed form, or to file a new form.

If a parent or guardian 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 or guardian 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 extra curricular activity authorized by the appropriate school authorities, the authorities of the school in which the pupil is enrolled shall make reasonable attempts to contact the parent or guardian before the treatment is given. The school shall present the pupils 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)*.

EMERGENCY MEDICAL AUTHORIZATION

Please complete form in black or blue ink

Please check box if the following information contains a change in home address or phone number made in the last six months.

Student Name _____	Current Grade _____
Student's Home (Street) Address _____	School District _____
Student's Date of Birth _____	► Please indicate bus even if student drives: Bus # AM _____
City, State & Zip _____	Bus # PM _____
Mother's Name _____	Student's Home Phone _____
Father's Name _____	Address (if different from student's) _____
Guardian (if applicable) _____	Daytime Phone: _____
*Name of Relative or Childcare Provider: _____	Phone: _____ Relationship: _____
Address: _____	

**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.*

Doctor: _____	Phone: _____
Dentist: _____	Phone: _____
Medical Specialist: _____	Phone: _____
Local Hospital: _____	Phone: _____

PART I OR PART II MUST BE COMPLETED

PART I – TO GRANT CONSENT:

In the event reasonable attempts to contact me, other parent or guardian have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the listed doctor, dentist, or medical specialist, or, in the event the designated preferred practitioner is not available, by a licensed physician or dentist; and (2) the transfer of the child to the above hospital or 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: _____

Signature of Parent or Guardian: _____ Date: _____

PART II – REFUSAL TO CONSENT: (DO NOT COMPLETE IF YOU COMPLETED PART I)

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: _____

Signature of Parent or Guardian: _____ Date: _____