

Student Name _____ Current Grade _____

Last

First

Middle

Social Security

Number _____ Birthdate _____

(optional)

Month/Day/Year

Primary Phone (Will be used for One Calls) (_____) Email Address: _____

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?

- No
 Yes

Race (choose one or more)

- Asian American Indian or
 Black/African American Alaskan Native
 White Native Hawaiian or
 Multiracial other 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 No504 Individualized Accommodation Plan? Yes NoIs the student in gifted or Advanced Placement Yes NoEnglish 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.

Birthplace _____ Mother's

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/Emergency Contact 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

FATHER/Emergency Contact 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 (Other than parent/guardian)

Name _____ Relationship _____

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

Can pick up from school? Yes No

EMERGENCY CONTACT (Other than parent/guardian)

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 _____

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	_____	_____	_____	_____	_____	_____
Anxiety disorder	_____	_____	_____	_____	_____	_____
Asthma	_____	_____	_____	_____	_____	_____
Bedwetting	_____	_____	_____	_____	_____	_____
Bee sting allergy	_____	_____	_____	_____	_____	_____
Chicken pox	_____	_____	_____	_____	_____	_____
Depression	_____	_____	_____	_____	_____	_____
			Hearing problems	_____	_____	_____
		Diabetes	_____	_____	_____	_____
		Ear infections	_____	_____	_____	_____
		Environmental allergies	_____	_____	_____	_____
		Fears/phobias	_____	_____	_____	_____
		Food allergies	_____	_____	_____	_____
		Headache	_____	_____	_____	_____
			Heart disease	_____	_____	_____
			Hepatitis	_____	_____	_____
			Mononucleosis	_____	_____	_____
			Obsessive-Comp. Disorder	_____	_____	_____
			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

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: _____