Student Registration Checklist of Requirements
Austintown Local Schools: 2020 - 2021

Student ID # _____

Student Name: _____ **Grade Level:** _____

Registration Appointment Date: _____ **Registration Appointment Time:** _____

Student Registration Notes

- ➔ All documentation must be provided on the date and time of the scheduled registration appointment.
- ➔ Failure to do so will result in the student not being registered until all required documentation is provided.

Student Registration Checklist of Requirements

_____ Student Immunization Records

_____ Parent/Legal Guardian Proof of Identity (Photo ID and/or Driver's License)

_____ Official Student Birth Certificate (Raised Seal and State Issued)
All immigrants must provide a current Passport and Visa/Green Card

_____ (If applicable): Proof of Custody Documentation; Most Recent Court Order; Foster Placed Paperwork
All documentation must be filed and time stamped with the court

Proof of Residency

- ➔ ONE (1) of the following is required in order to show documented proof of residency:

_____ Mortgage Documents/House Closing Papers

_____ Apartment/Home Rental Lease Agreement

_____ (If applicable): Verification of Residency Affidavit
A verification of residency affidavit is required when a parent/legal guardian resides with someone else who resides in the school district's boundary area. The parent/legal guardian must submit signed and notarized verification of residency documentation as well as lease or mortgage documentation of the person they are residing with.

Proof of Residency

- ➔ TWO (2) of the following are required ***with name of parent/legal guardian registering the student appearing on such documentation*** in order to show documented proof of residency:

_____ Current Utility Bill (gas, electric, water or sewer)

_____ Current Bank Statement

_____ Current Vehicle Registration

_____ Current Payroll Stub

_____ Current Automobile Insurance Statement

Educational Placement Records (if applicable):

- ➔ Please check mark any of the following that pertain to the student. Provide documentation of educational services at the scheduled registration meeting. ***Failure to provide such documentation will delay the registration process.***

_____ Special Education Services (IEP)

_____ Gifted Education Services (WEP)

_____ 504 Plan (Educational and/or Medical)

_____ English Learner Services (EL)

FOR ADMINISTRATIVE USE ONLY

Completed
_____ Student Registration Form
_____ Parental Information Form
_____ Consent for Release of Records

Notified
_____ School Nurse
_____ Special Education Department
_____ Transportation Department

Revised 12/6/19

Austintown Local School District
2020-2021 Student Registration Form
Please print as neatly as possible

Student Status (pick circle one): Resident of Austintown Open Enrollment (attending Austintown)
Open Enrollment Out (District Attending)_____ Other:_____

Student Name
(Legal Name)_____
First Middle Last

Parent/Guardian
Name:_____

Student Date of Birth:_____ Birthplace(City/State or Country):_____

Citizen of the U.S: Yes or No Active Military Parent: Yes or No

Gender: Male or Female Grade Level in 2020-2021____

Home Phone:_____ Cell Phone: _____

Home Address:_____Apt_____

City_____State_____Zip_____

Previous Information_____
Previous Address(if new to the district)_____
Last School Attended:_____City/State_____
Grade Level when left:_____
Has the student ever been enrolled in the Austintown Local School District: Yes or No
If Yes, Which building:_____ Date Left:_____
Has the Student attended Preschool? Yes or No If Yes, Name of Preschool:_____

Language and Ethnicity
*Native Language:(first language spoken by child)_____
*Main Language Spoken at home (by Student): _____
*Is the Student Hispanic/Latino? Yes or No
*Is the Student from one or more of the following (Circle all the apply).
*Race: Asian, Black, American Indian/Alaskan Native Native, Hawaiian/Other pacific Islander or White

Has the Student ever been
*Retained (repeated a grade):Yes or No If yes, Grade:_____
*Does the Student Currently Receive Special Services: yes or No If yes, please circle below:
Gifted(WEP) IEP Limited English(English Learner Plan) 504 Plan
*Suspended/Expelled from School? Yes or No
Do you plan on participating in interscholastic athletic programs in Grade 7-12(sports)? Yes or No

I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in which the student in not assigned, shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate school.

Parent/Guardian Signature_____**Date:**_____

Revised 12/6/19

Austintown Local School District Emergency Medical Form (School Year 2020-2021) **For School Use Only: Homeroom # _____**

The state of Ohio requires the Emergency Medical Form be updated annually

Student Information		
Student Name:	❑ **Male** ❑ **Female** **Date of Birth:**	**Grade:**
Student Address:	**City/State:**	**Zip**

Residential Parent/Guardian Information (please answer Questions A, B, & C)	
A. Student lives with (CIRCLE one): ___Both Parents ___Mother Only ___Father Only ___Other **Active Military**: Yes /No ___Mother ___Father ___Both ___Other	**B. Status of Biological Parents** ___Married ___Divorced ___Separated___ Never Married ___Widowed
C. Who has legal custody for child(ren) (CIRCLE one): ___Both Parents ___Mother Only ___Father Only ___Shared ___Other	**If separated or divorced, custody papers are required for student file. For shared custody, provide addresses of both parents below.**

Legal Parent/Guardian Information	**Legal Parent/Guardian Information**
Name:	**Name:**
Cell Number:	**Cell Number:**
Home Number:	**Home Number:**
Primary Email:	**Primary Email:**
Relationship to Student:	**Relationship to Student:**
Is your address the same as the student?(Circle one) Yes or No **If No, list your current Address, City, State , Zip:**	**Is your address the same as the student?(Circle one)** Yes or No **If No, list your current Address, City, State , Zip:**

Emergency/Alternate Contacts

In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.

Contact 1 (other than Parent/Guardian)	**Contact 2 (other than Parent/Guardian)**
Name:	**Name:**
Relationship:	**Relationship:**
Best Contact Number:	**Best Contact Number:**
Contact 3 (other than Parent/Guardian)	**Contact 4 (other than Parent/Guardian)**
Name:	**Name:**
Relationship:	**Relationship:**
Best Contact Number:	**Best Contact Number:**

Emergency Authorization

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 named doctor below, or in the event the designated 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.

Consent Given: ___Yes (if Yes, please list "Medical Contacts" below) ___No (if No, please complete "Consent Refusal Instructions" below)		
Doctor Name:	**Doctor Phone:**	
Dentist Name:	**Dentist Phone:**	
Hospital Name:	**Hospital Phone:**	**Branch:**
Consent Refusal Instructions:		

Parent/Guardian Signature: _____ Date: _____ ***TURN PAGE OVER

Austintown Local School District Health Information (School Year 2020-2021)

Student Name:_____ **Grade:**_____

Your child's health and education are very important to us. The information below will be used to facilitate your child's learning. Informing and educating staff about your child's needs will help promote his/her wellbeing. Confidentiality will be maintained and the information will be shared with those responsible for meeting the child's health care needs.

1. Peanut Allergy?	**Yes or No**	**Describe Reaction:**_____ _____ **Difficult breathing? Yes or No Emergency Medication? Yes or No** **Do you eliminate all peanut-containing food? Yes or No**
2. Other Food Allergy?	**Yes or No**	**Food?**_____ **Describe Reaction:**_____ **Difficult Breathing? Yes or No Emergency Medication? Yes or No**
3. Allergy?	**Yes or No**	**Medications, seasonal or environmental? List:**_____ _____ **Has allergy required emergency care in the past? Yes or No** **Comments:**_____
4. Sting Allergy?	**Yes or No**	**Bee/insect?** _____ **Describe reaction:**_____ **Difficult breathing? Yes or No Emergency Medication? Yes or No**
5. Diabetes?	**Yes or No**	**DIABETES MANAGEMENT PLAN FROM DR AND SUPPLIES MUST BE IN CLINIC BY THE FIRST DAY OF SCHOOL.**
6. Asthma?	**Yes or No**	**Inhaler? Yes or No Kept in Clinic? Yes or No Self-Carry? Yes or No**
7. Epilepsy/seizures?	**Yes or No**	**Emergency medication? Yes or No**
8. Heart Condition	**Yes or No**	**Describe:**_____ **Activity restrictions? Yes or No Describe:**_____ _____
9. Other? (any other health information you would like us to know about your child)	**Yes or No**	**Describe:**_____ _____ _____

Please check ALL that apply regarding your child's vision and hearing:

Eyes: ___Lazy Eye ___Crossed ___Difficulty Seeing ___Glasses ___Contacts

Ears: ___Frequent Infections ___Tubes ___Hearing Difficulty ___Hearing Aid for: ___Right Ear ___Left Ear

***Vision Screenings will be performed in grades K,1,3,5,7,9,11**

***Hearing Screenings will be performed in grades K,1,3,5,9,11**

Daily Medications Taken by Student

Requirements for Medications to be administered at school:

A. It is strongly recommended to parents, with their physician's counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.

B. If this is not possible, then the Medication Authorization Form must be filed with the respective building health clinic before the student will be allowed to take medication during school hours. This written and signed request form is to be submitted each school year.

Name of Medication:	**Reason for Taking:**	**Taken where?**
		Home and/or School
		Home and/or School

Does your student require special health care? Yes or No If yes, please explain:_____

_____

Circle Yes or No for the following questions:

1. The Austintown Local School District Nurses (or other trained personnel) may administer acetaminophen (Tylenol) for orthodontics, headaches, and menstrual cramps during this school year with signed parental permission, up to 3 doses then medicine needs to be provided from home (This applies to grades 4-12). **YES or NO**
2. The Austintown Local School District Nurses (or other trained personnel) may administer TUMS for complaints of heartburn, sour stomach, or acid indigestion with signed parental permission, up to 3 doses then medicine needs to be provided from home. (This applies to grades 4-12). **YES or NO**
3. The Austintown Local School District Nurses (or other trained personnel) may administer Benadryl for emergency reaction only during this school year with signed parental permission, do you give consent? **YES or NO**
4. The Austintown Local School District Nurses (or other trained personnel) may apply anti-itch lotion for skin irritations during this school year with signed parental permission, do you give consent? **YES or NO**
5. The Austintown Local School District Nurses (or other trained personnel) may apply sting relief antiseptic for insect bites during this school year with signed parental permission, do you give consent? **YES or NO**
6. May your 5th Grade student attend the boy's or girl's puberty education program presented by a District Registered Nurse? **YES or NO**

Parent/Guardian Signature: _____ **Date:** _____

Photo & Media Release Permission Form
Austintown Local Schools: 2020 - 2021

Student Name: _____ Grade Level: _____

During the course of the school year, there are always many occasions when the Austintown Local School District would like to honor and publicize student achievement. In an effort to simplify the process of obtaining your permission for your child's name and photo/video to be published in local printed media and/or the district website, we request that you review the following media communication examples and then respond with a "Yes"or "No" for each question at the bottom of this document.

News

- On different occasions, our schools may be visited by the media who will take photographs or film footage. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised news programs.

Print

- Includes school yearbook, school newspaper/newsletters, magazines, community publications e.g. Town Crier and/or The Vindicator. We may use these images in our schools prospectus or in other printed publications that we produce, as well as on our website or on project display boards at our school.

Video

- Anything that is taped during an event that could appear in community or local television. We may make video or webcam recordings for school-to-school conferences, monitoring or other educational use.

Website/Social Media

- May be used on district website, Falcon Nation page or district social media pages, e.g. Facebook, Instagram and/or Twitter.

Photo & Media Release Permission Form: Parent/Legal Guardian Response

1. News: Can your child be included in news media footage?

   Yes or No (please circle)

2. Print: May we use your child's photograph in the school prospectus and other printed publications that we produce for promotional purposes or on project display boards?

   Yes or No (please circle)

3. Video: May we record your child's image on video or webcam?

   Yes or No (please circle)

4. Website/Social Media: May we use your child's image on our website and social media pages?

   Yes or No (please circle)

_____

Parent/Legal Guardian Signature **Date**

Revised 12/6/19

Ohio | Department of Education

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: *(First Name and Last Name)*	**Student Date of Birth:** *(mm/dd/yyyy)*

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.	1. In what language(s) would your family prefer to communicate with the school? _____
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.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____
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.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? ⌋ Yes ∆ No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? ∆ Yes ∆ No If yes, when did your child first attend a school in the United States? _____ /_____/ _____ Month Day Year
Additional Information Please share additional information to help us understand your child's language experiences and educational background.	

Parent/Guardian First Name:_____ Parent/Guardian Last Name: _____

Parent/Guardian Signature:_____ Today's Date: *(mm/dd/yyyy)* _____

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

Ohio | Department of Education

(Appendix A, continued)

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

   - ☐ The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
   - ☐ The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
   - ☐ The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
   - ☐ For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
   - ☐ Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

Student's native language See Language Usage Survey Question 2. Report for all students in EMIS.	_____
Student's home language See Language Usage Survey Question 3. Report only for English learners in EMIS.	_____
Potential English learner See Language Usage Survey Questions 2-4.	☐ Yes. Assess the student's English proficiency. ☐ No. Do not assess the student's English proficiency.
Immigrant student status See Language Usage Survey Questions 5-7. Report for all students in EMIS.	☐ Yes, the student is an immigrant child. ☐ No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

_____ _____

Signature of validating school employee | Date (mm/dd/yyyy)

_____ _____

Printed name of validating school employee | Name of school or school district

Austintown Local School District

700 South Raccoon Road • Austintown, OH 44515
Phone: 330.797.3900

"We provide an inspiring education that strengthens and prepares our students for unlimited opportunities"

IMPORTANT INFORMATION PLEASE READ

I, _____, do hereby acknowledge that the information provided for admission to the Austintown Local School District is correct to the best of my knowledge.

I also understand the providing fraudulent information the the Austintown Local School District could result in criminal charges being filed against the party preparing these documents under section 2913.42.D4 of the Ohio Revised Code, (Tampering with Records), ***is a Felony of the Third Degree***, ***which carries a penalty range of 9 months to 5 years in prison.***

I also understand that providing fraudulent information of this enrollment form could result in ***Federal Prosecution*** for providing fraudulent information of a Government Document.

_____
Parent/Guardian Name (Print)

_____
Parent/Guardian Signature

_____
Today's Date

Revised 12/6/19

_____ 1st Request _____2nd Request _____3rd Request
Student's SSID#:_____(office use)

Austintown Local School District
IRN 048298

CONSENT FOR RELEASE OF RECORDS 2020-2021 School Year

To be completed by Parent/Guardian:

Student's Name **Grade Level** **Date of Birth**

Signature of Parent/Guardian **Date**

I hereby authorize: _____
Name of Prior School

School Address **City** **State** **Zip**

School Phone Number: **Fax Number:**

Please send the following documents:

- **ALL Discipline, Attendance, Attendance Intervention Information, Medical Records (including immunization records) Current Grades, Schedule, Report Card**
- **High School Students (9-12): Transcript, OGT Results**
- **Grades K-8: KRA (Kindergarten) OAA and TGRG Results**
- **Special Education Records: IEP, ETR**
- **All Students: 504, WEP, Home Language Usage Survey (EL Plan), Reading Diagnostics and RIMP Scores, Gifted**

Student is enrolling into Austintown School District via:

☐ Austintown Local School District Resident

☐ Court/Foster Placed into Austintown from _____.

☐ Attending Austintown Local School District as an open enrollment student

☐ Attending Austintown Local School District via Superintendent's Agreement

PLEASE RETURN RECORDS to the following building:

Fitch High School (Grades 9-12)	**Austintown Middle School (Grades 6-8)**	**Austintown Intermediate School (Grades 3-5)**
4560 Falcon Drive ☐ Austintown, OH 44515 330-797-3900 Fax: 330-797-3944	800 S Raccoon Road ☐ Austintown, OH 44515 330-797-3900 Fax: 330-792-9130	225 Idaho Road – Lloyd Loop ☐ Austintown, OH 44515 330-797-3901 Fax: 330-792-5750
Austintown Elementary School (Grades K-2)	**Austintown Special Education Department**	
245 Idaho Road – Lynn Kirk Loop ☐ Austintown, OH 44515 330-797-3901 Fax: 330-792-7124	800 S. Raccoon Rd. ☐ Austintown, OH 44515 330-797-3900 Ext.2124 Fax: 330-792-9046	

Austintown Local School District

700 South Raccoon Road • Austintown, OH 44515
Phone: 330.797.3900
www.austintownschools.org

2020-2021 FORM ACKNOWLEDGEMENTS

Student Name:_____ Grade: _____

(Please Print)

Austintown Local Schools Internet & Acceptable Use Policy
Please read and review the Austintown Local School District's Internet & Acceptable Use Policy. By signing below you are acknowledging that you agree to the terms of the agreement.

Parent Signature: _____ Student Signature:_____

Computer and Library Use: I am giving my permission for the above listed student to use the computers provided by the Austintown Local School District. I am also giving me consent for the above named student to participate in Library activities. I am aware that I will be responsible for any loss, stolen or damaged items.

Parent Signature: _____ Student Signature:_____

Student Handbook: Please review the Student Handbook for your building. All handbooks are available online at www.austintownschools.org on your building's page. By signing below you are acknowledging that you have reviewed the student handbook and ***ALL*** of its contents are aware of the Attendance Policy as well as other Policies, Code of Conduct and General School Information.

Parent Signature: _____ Student Signature:_____

Bullying: Harassment, bullying, and intimidation is defined by the Ohio Revised Code as an "**intentional** written, verbal, graphic, physical or electronic act that a student or group of students exhibited toward the alleged victim **more than once**; and the behavior both causes mental or physical harm to the other student, and is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment for the other student (ORC3313.666) and that false reports will result in disciplinary action pursuant to the Student Code of Conduct that may include, but not limited to: detention, suspension, and/or expulsion depending on the circumstances. If you have been the victim, or know of a victim, who is suffering from harassment, bullying or intimidation as defined above, please complete a Harassment/Bullying Incident Formal Report. Reports are available on the district website and in each school's main office and should be turned in to the grade level principal of the victim. If you wish to report anonymously, please use the form on the district website.

By signing below you acknowledge the above Bullying Policy:

Parent Signature: _____ Student Signature:_____