

FOR OFFICE USE ONLY: SY _____
STUDENT NAME _____
SCHOOL _____ GRADE _____

**STRUTHERS CITY SCHOOLS - REGISTRATION PACKET
OPEN ENROLLMENT**

Welcome to the Struthers City Schools!

The Struthers City School District in cooperation with family and community founded on tradition, recognize our role as a catalyst for change to enhance student achievement and develop good character as we create appropriate academic, technological, and vocational opportunities for all students.

Based on the needs of our students, we are dedicated to providing a diversified, integrated, and flexible curriculum that develops independent and responsible citizens capable of making critical decisions.

As a primary partner in providing educational leadership, we will create links with family, business, and community agencies to ensure the continuous improvement of teaching and learning.

Please complete the forms listed below and return them to board of education office. You will also need to supply the board office with the other documentation listed.

- _____ Registration Form
- _____ Consent to Release and Exchange Information
- _____ Language Usage Survey
- _____ Emergency Medical Authorization
- _____ Health and Social History

- _____ 3 proofs of residency from your current address (see back side for details)

Do you have any other children registered in our school district? If so, please complete the following:

Child's Name _____	Grade _____
Child's Name _____	Grade _____

PROOF OF RESIDENCE

Must provide TWO (2) of the following:

- Current gas, electric, water bill
- Current payroll stub with address
- Mahoning County real estate tax bill
- Current credit card statement
- Current bank account statement - the statement must be a bank-issued document and include the parent's name and full address
- Written confirmation from the Department of Jobs and Family Services of the parent(s) current address - this document must be signed and dated on department letterhead. If an e-mail is submitted, the transmission must be identifiable as the agency's internal e-mail account.

AND

Must provide ONE (1) of the following:

- Proof of mortgage - if you own your home, a signed purchase contract that bears your name and address must be presented (e.g., deed, final purchase agreement, promissory note, mortgage closing bank statements). If a house is being built, a statement from the builder confirming that the house is under construction for the parent at the location stated by the parent and a statement from the parent giving the location of the house, intention to reside there when the house is finished and anticipated move in date.
- Apartment / Home Rental Lease Agreement - if you rent or lease your place of residence, submit a legal lease/rental agreement that bears the parent/guardian's name and address, as well as the landlord's or rental/leasing agency's name and contract number. *Struthers City Schools bears that right to contact the leasing agency and/or landlord to verify.*

If you do not have all proofs of residency at the time of enrollment, you will be granted 30 days to provide them. These must be turned into the appropriate building secretary. Failure to do so will result in immediate withdrawal of your child/children from the Struthers City Schools.

NOTICE OF LEGAL OBLIGATION

Parents/Guardian of all students are required by the Ohio Revised Code (ORC) to inform school officials of any of the changed listed below.

1. **Change of Address:** You must, within 10 calendar days of your move, bring proof of your new residence to the building secretary.
2. **Change of Phone Numbers:** Notify the secretary of the school your child attends.
3. **Change of Legal Custody or Guardianship:** Any and all current court orders from Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody, guardianship or residence of the children as per Ohio Revised Code 3313.672 must be included with this package.
4. **All Temporary Restraining Orders and Protection Orders involving school premises.**
5. **Student expulsion or exclusion from any school pursuant to Ohio Revised Code 3301.121 and 3313.662.**



Struthers City School District

Registration Form

Student (Legal Name): _____
First Middle Last

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

Citizen of U.S. Yes No Date of Entry into U.S. _____ (if applicable)

Gender: Male Female Current Grade Level: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Last Attended: _____ City/State: _____

Grade Level when left: _____

Has student ever been enrolled in the Struthers City School District before: Yes No

If Yes, which building: _____ Date Left: _____

Has the student attended Preschool? Yes No If yes, Name of Preschool _____

Native Language: _____

Is a language other than English used in the home? Yes No Language Used: _____

Does the student most frequently speak a language other than English? Yes No

Language Spoken: _____

Is the student Hispanic/Latino? Yes No

Is the student from one or more races using the following (choose ALL that apply):

Race: A B AM/IND HAW/PI W
(Asian) (Black) (American Indian/Alaskan Native) (Native Hawaiian/other Pacific Islander) (White)

Has the student ever been:

- Retained (repeated a grade) Yes No If yes, Grade _____
- Received special services: Yes No If yes, please specify below:
Gifted **IEP** **Limited English (LEP)** **Speech** **504 Plan**
- Suspended/Expelled from school? Yes No
Student placement into Struthers City Schools will not be finalized until there is confirmation that no disciplinary action is pending at the previous school district.

Military Student: _____ Not Applicable

_____ A – Active Duty – student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

_____ B – National Guard – student is a dependent of a member of the National Guard (Army National guard or Air National Guard)

_____ C – Reserve Duty

Do you plan on participating in interscholastic athletic programs in Grades 9 – 12 (Sports)? Yes No

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Information

FATHER

First	Last	Phone
Current or last known address		Cell Phone
Birthdate	Birth City	Deceased: Y N
Occupation	Employer	Work Phone
E-mail		
Step-Mother (if applicable)	Work Phone	Cell Phone

MOTHER

First	Last	Phone
Current or last known address		Cell Phone
Birthdate	Birth City	Deceased: Y N
Occupation	Employer	Work Phone
E-mail		
Step-Father (if applicable)	Work Phone	Cell Phone

CUSTODIAL GUARDIAN (if applicable)

First	Last	Phone
Current or last known address		Cell Phone
Occupation	Employer	Work Phone
E-mail		

Status of biological parents (circle one): Married Divorced Separated Widowed Never Married

Who has legal custody? Mother only Father only Shared If shared, who is residential? _____
Other: _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____

Other siblings in the district:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____



STRUTHERS CITY SCHOOLS
District IRN 044859
Consent to Release and Exchange Information

(Name of Previous School)	(Phone)	
(Address/City/State/Zip)	(Fax)	
(Student Name)	(Date of Birth)	(Current Grade Level)

The above mentioned agency is hereby granted my permission to release and exchange information with:

PLEASE RETURN RECORDS to the following:

Struthers Elementary School _____ 520 Ninth Street Struthers, OH 44471 330-750-1065 Fax: 330-750-1489	Struthers Middle School _____ 800 Fifth Street Struthers, OH 44471 330-750-1064 Fax: 330-755-4749	Struthers High School _____ 111 Euclid Ave. Struthers, OH 44471 330-750-1062 Fax: 330-755-4525
Struthers Special Services Dept. _____ 111 Euclid Ave. Struthers, OH 44471 330-755-3354 Fax: 330-755-5421	Struthers Board of Education _____ 99 Euclid Ave. Struthers, OH 44471 330-750-1061 Fax: 330-750-5516	

WITHDRAWING SCHOOL - Please provide student SSID: _____

Please send the following documents:

- **ALL Attendance, Attendance Intervention Information, Schedule and Report Card, Gifted Information**
- **Birth Certificate, Immunization and Health Records**
- **Cumulative Records to include grades and all test scores (Please include KRA, Reading Diagnostic, Lexia, DIBELS, NWEA Map, OST,OLEPA) RIMPS**
- **High School Students (9-12): Official Transcript**
- **Special Education Records, including most recent IEP, MFE, IAT, 504 Plan and ELP**
- **K-3 ONLY: Third Grade Guarantee Information - Assessment Used _____**
On Track _____ Not on Track _____

_____ Struthers City School District resident

_____ Attending Struthers City Schools as an open enrollment student

_____ Court/Foster Placed into Struthers from _____.

I grant permission for the Release of Information concerning my child:

Parent/Guardian _____ 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>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>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</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 If yes, how many years/months? _____ 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 If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p>	
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

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>



(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.

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

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

Struthers City Schools Emergency Medical Form School Year 20____ - 20____

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

Student Information			
Student Name:	<input type="checkbox"/> Male		
	<input type="checkbox"/> Female	Date of Birth:	Grade:
Student Address:	City/State:	Zip:	

Residential Parent/Guardian Information (please answer questions A, B, & C)	
A. Student lives with (please X one): Both Parents ___ Mother Only ___ Father Only ___ Other: ___	B. Status of Biological Parents (please X one): ___ Married ___ Divorced ___ Separated ___ Never Married ___ Widowed
C. Who has legal custody for child(ren)(please X one): ___ Both Parents ___ Mother Only ___ Father Only ___ Shared Other: ___	<i>If separated or divorced, Custody papers are required for student file. For shared custody, please provide addresses of both parents below.</i>

Legal Parent/Guardian Information	Legal Parent/Guardian Information
Name:	Name:
Cell Number:	Cell Number:
Home Number:	Home Number:
Email:	Email:
Relationship to Student:	Relationship to Student:
Is your address the same as the student? ___ Yes ___ No If NO, list your current address, city, state, & zip code:	Is your address the same as the student? ___ Yes ___ No If NO, list your current address, city, state, & zip code:

Emergency/Alternate Contacts	
<i>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.</i>	
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	
<i>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 the 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.</i>	
Consent Given: ___ YES (if YES, please list "Medical Contacts" below) ___ NO (if NO, please give "Consent Refusal Instructions" below)	
Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Medical Specialist:	Medical Specialist Phone:
Hospital Name:	Hospital Phone:
Facts concerning the child's history including allergies, medications being taken, and any physical impairments such as heart conditions, diabetes, epilepsy, etc., to which a physician or school staff should be alerted:	
Consent Refusal Instructions:	

Parent/Guardian Signature: _____ Date: _____

Struthers City Schools Health Information (School Year 20____ - 20____)

Student Name: _____ Grade: _____

Your child's health and education are very important to us. The information provided 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 only with those responsible for meeting the child's health care needs.

1. Peanut Allergy?	___ Yes ___ No	Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No Do you eliminate all peanut-containing food? ___ Yes ___ No
2. Other Food Allergy?	___ Yes ___ No	Food: _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
3. Allergy?	___ Yes ___ No	Medications, seasonal or environmental? Please list: _____ Has allergy required emergency care in the past? ___ Yes ___ No Comments: _____
4. Sting Allergy?	___ Yes ___ No	Bee/Insect? _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
5. Diabetes?	___ Yes ___ No	DIABETES MANAGEMENT PLAN FROM DOCTOR AND SUPPLIES MUST BE IN THE NURSE'S OFFICE BY THE FIRST DAY OF SCHOOL.
6. Asthma?	___ Yes ___ No	Inhaler? ___ Yes ___ No <i>*If yes, inhaler must be kept in the nurse's office.</i>
7. Epilepsy/seizures?	___ Yes ___ No	Emergency Medication? ___ Yes ___ No
8. Heart Condition?	___ Yes ___ No	Describe: _____ Activity restrictions? ___ Yes ___ No Describe: _____
9. Other? (Any other health information you would like us to know about your child.)	___ Yes ___ 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

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 nurse's office 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
		Home and/or School

Any additional information regarding your child's health that should be brought to our staff's attention: _____

Parent/Guardian Signature: _____ Date: _____

Struthers City Schools

Child's Name _____ Birthdate _____

Educational History

Previous schools or programs attended – dates:

Grades Repeated: _____ Advanced to Grades: _____

Past or Present Services Received

_____ Previous Psychological Evaluation	_____ Private Tutoring
_____ Attendance Officer	_____ Remedial Reading
_____ Health Department	_____ Private Physician
_____ Counseling	_____ Physician's Name _____
_____ Mental Health Center	_____ Children's Services Agency
_____ Juvenile Court	_____ Name _____
_____ Special Education Class	_____ Speech Therapy
_____ LD Tutoring	_____ Other _____

Family Information

Siblings: _____ Age _____ Grade _____

_____ Age _____ Grade _____

_____ Age _____ Grade _____

Is this student adopted or stepchild? _____ Age at adoption _____

Is this student a foster child? _____

Is this student only living with one parent? _____ Which parent? _____

Has there been a recent crisis or a continuing major problem in the family? _____ Yes _____ No

If yes, please describe: _____

Current Health Status

General Health: Excellent _____ Fair _____ Poor _____

Date of most recent examinations: Physical _____ Vision _____

Hearing _____ Other _____

Significant Results _____

Allergies _____

Medication received on a long-term basis (what kind of medication, how long) _____

Have other family members had learning or behavior problems? If so, please describe

Does your child have or has your child had:

- Asthma
- Frequent Ear Infections
- Frequent cold/sinus infections
- Heart Disorder
- Diabetes
- Bladder disorder/bed wetting

- Hay Fever
- Hearing Problems
- Convulsions/Seizures
- Kidney Disorder
- Visual Problems (specify) _____