



Northern Local School District

Registration Form

Student Information

LEGAL Last Name:

LEGAL First Name:

LEGAL Middle Name:

Nickname:

Gender: Male Female

Date of Birth: / /

Social Security Number: - -

City and State of Birth:

Grade Level:

Special Education: Yes No

Previous School DISTRICT

Enrollment Information

District of Residence:

Race / Ethnicity (Please Check All That Apply)

Hispanic or Latino: Yes No

White:

Alaska Native:

African American:

Native Hawaiian:

American Indian:

Pacific Islander:

Asian:

Other

Reason for Attending Northern Local

Resident: Foster: Senior:

Open Enroll: Court Placed:

Other: _____
(Not Foster)

Household Information

Property Address:

Town:

ZIP Code:

County:

Are there multiple students / families living at this address?

Yes No

If Yes, list them here:

Mailing Address (if different from property address)

Address:

City:

State:

ZIP Code:

Parents / Guardians Information (For This Address)

Last Name:

First Name:

Last Name:

First Name:

Primary Phone (Home Phone): () -

Other Phone (if applicable): () -

E-Mail Address:

Relationship to Student:

Receive Mailings for Student: Yes No

Parent Portal Access for Student: Yes No

Additional Parent / Guardian Contact Information (For a Secondary Address)

Last Name:

First Name:

Relationship to Student:

Phone: () -

E-Mail Address:

Receive Mailings for Student: Yes No

Parent Portal Access for Student: Yes No

Mailing Address (if different from household address)

Address:

City:

State:

ZIP Code:

Office Use Only

Building: G S T M H E

Student Number:

Start Date: / /



Northern Local School District

Enrollment Documentation Checklist

Documentation Needed When Enrolling at Northern Local Schools

Check Each Item Provided

Documentation:

Please use the checklist to the right to ensure that all necessary documentation is available at the time of enrollment.

IF THE CONDITIONS OF RESIDENCY OR CUSTODY CANNOT BE MET ENROLLMENT IS NOT POSSIBLE

Birth Certificate:

Original or Certified Copy

Social Security Number:**Proof of Residency:**

See Residency Criteria Below

Health Records:**Court Ordered Custody Papers:**

(If Applicable)

Individualized Education Program

(IEP) and MFE (If Applicable) :

Student and Parent Information

Student Last Name:**Student First Name:****Custodial Parent Last Name:****Custodial Parent First Name:**

Custody Criteria

*** Criteria for Establishing custody if a divorce or separation has ever been involved:**

- 1.) Present the most recent court ordered journal entry that establishes custody.
- 2.) Provide the name and address of the non-custodial parent

Non-Custodial Parent Last Name:**Non-Custodial Parent First Name:****Address:****City:****State:****ZIP Code:**

Residency Criteria

*** Criteria for Establishing Residency**

- 1.) Where the parent sleeps the majority of the time.
- 2.) Where Mail is Received.
- 3.) Where parents are registered to vote.

NOTE: Proof of residency at a rental property:

- 1.) A signed lease agreement.
- 2.) A notarized statement from the landlord.
- 3.) A Utility Bill Documenting Provided Fixed Service (Ex: Gas Bill, Electric Bill)

Acknowledgement

I hereby acknowledge and affirm that I have legal court custody of the above student and that I reside at the address listed.

Parent's Signature:**Date:**

EMERGENCY MEDICAL AUTHORIZATION
Northern Local School District

5341 F1
1/30/2013

_____ Sheridan HS _____ Sheridan MS _____ Glenford _____ Somerset _____ Thornville

Students Name (on line above) _____ Date of Birth _____ Grade _____ Box No. (for mailing purposes) _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

Non-Residential Parent: _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

PURPOSE: To enable parent and guardian to authorize the provision of emergency treatment for children who become ill or injured, when the guardian cannot be reached. **This is a state requirement**

CONTACT INFO: MUST BE COMPLETED AND UPDATED WITH CHANGES (and for Student Pick-Up)

Mother's Name Step__ Foster__ Home Phone _____ Cell Phone _____ Workplace Phone _____

Mother's Email Address: _____

Father's Name Step__ Foster__ Home Phone _____ Cell Phone _____ Workplace Phone _____

Father's Email Address: _____

Please complete at least 2 more contacts if parent cannot be reached:

Name Relationship _____ Phone _____ Name Relationship _____ Phone _____

Name Relationship _____ Phone _____ Name Relationship _____ Phone _____

PART I-CONSENT FOR TREATMENT

After being unsuccessful in reaching a number above, **I hereby give my consent for:**

(1) administration of any treatment deemed necessary by _____ Preferred Physician _____ Phone _____

or by _____ Preferred Dentist _____ Phone _____ or by _____ Counseling Center/Counselor _____ Phone _____

or in event the designated preferred practitioner is not available, by another licensed physician or dentist and _____ Preferred Hospital _____ or any hospital reasonably accessible. This authorization does not

cover surgery unless the medical opinion of two(2) other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. This authorization also allows for transport per EMS services.

Note: This info needed for emergency personnel, please provide each school year.

<u>List Medication</u>	<u>List Allergies</u>	<u>Physical Impairments</u>	<u>Other</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

X

Parent or Guardian Signature (on line above) _____ **Date (on line above)** _____

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 illness or injury requiring treatment, I wish the school authorities to take no action or to:

1. _____
Parent or Guardian Signature _____ Date _____