

# LOWELLVILLE LOCAL SCHOOL ENROLLMENT FORM

DATE ENTERED \_\_\_\_\_ (Office staff to complete)

STUDENT'S FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street Number/Name) (City) (State) (Zip Code)

PRIMARY PHONE \_\_\_\_\_

BIRTHPLACE(City/State) \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

SEX \_\_\_\_\_ RACE \_\_\_\_\_ (W-WHITE, B-BLACK, A-ASIAN, H-HISPANIC, M- MULTIRACIAL,  
I-AMERICAN INDIAN/ALASKAN NATIVE, P- NATIVE HAWAIIAN)

NAME AND PHONE NUMBER OF LAST SCHOOL ATTENDED \_\_\_\_\_

ADDRESS OF LAST SCHOOL ATTENDED \_\_\_\_\_

PLEASE LIST ANY SPECIAL CLASSES/ACCOMODATIONS IN FORMER SCHOOL (IEP/ETR, SPEECH,  
READING CENTER, RESOURCE ROOM, 504 PLAN, ETC.) \_\_\_\_\_

NAME/GRADE OF SIBLING(S) CURRENTLY ATTENDING LOWELLVILLE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

MOTHER'S PHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

FATHER'S PHONE \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD RESIDES WITH (please check one): MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ BOTH \_\_\_\_\_ GUARDIAN \_\_\_\_\_

*\*If custody papers exist, please provide the name of the person or school district designated responsible for educational purposes:* \_\_\_\_\_

NAME OF GUARDIAN (IF APPLICABLE) \_\_\_\_\_ PHONE \_\_\_\_\_

IN AN EMERGENCY CALL \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

TRANSPORTED BY BUS (Lowellville Residents Only) YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> 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? _____		
	2. What language did your child learn first? _____		
<b>Language Background</b> 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.	3. What language does your child use the most at home? _____		
	4. What languages are used in your home? _____		
<b>Prior Education</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____		
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	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		
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><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> 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><b>Immigrant student status</b> 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.

<p>_____ Signature of validating school employee</p>	<p>_____ Date (mm/dd/yyyy)</p>
<p>_____ Printed name of validating school employee</p>	<p>_____ Name of school or school district</p>

LOWELLVILLE K-12 SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.

Part 1: ETHNICITY

Is the student Hispanic/Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race) \_\_\_\_ Yes \_\_\_\_ No

Regardless of whether you answer is Yes or No to Part 1; you must also select 1 or more racial groups in Part 2.

Part 2: RACIAL GROUP

Is the student from one or more of the following racial groups (check all that apply)

\_\_\_\_ (W) White

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ (B) Black or African American

Persons having origins in any of the black racial groups in Africa

\_\_\_\_ (A) Asian

Persons having origins in any of the original peoples of the Far East, Southeast Asia or The Indian subcontinent. This area includes, for example, Cambodia, China, India, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ (I) American Indian or Alaskan Native

Persons having origins in any of the original peoples of the North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_\_ (P) Native Hawaiian or Other Pacific Islander

Persons having origins in any of the Original Peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE

School District's determination of child's ethnicity based on observation:

\_\_\_\_ Hispanic/Latino \_\_\_\_ White \_\_\_\_ Black or African American
\_\_\_\_ Asian \_\_\_\_ American Indian or Alaskan Native
\_\_\_\_ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_