



Tri-Valley Local Schools
 36 East Muskingum Avenue
 Dresden, OH 43821
 Telephone: (740)754-1442 Fax: (740)754-6400
www.tvschools.org

Confidential Family Custody Information

The information requested in this form is required in order to plan for placement and to enroll your child.

Student's Name: _____ Date of Birth: _____

Custody: Both Parents Mother Only Father Only Court Appointed Relative _____

Parents: Married Separated Divorced Never Married If divorced, who has residential custody?: Mother Father

If divorced, certified full copy of the order or decree must be provided. If student lives with appointed legal guardian or foster parent, current legal court documents must be provided per state law.

Student lives with: **(Please check every box that applies)**

- Both Biological Parents Mother Only Father Only Foster Parent Legal Guardian
- Mother & Stepfather Father & Stepmother Grandparents Court Appointed
- Others in the Household **(If others living in the household, please specify below)**

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is someone else designated as Legal Guardian for this child who is not living in the home? No Yes If yes,

Name _____ Relationship to Student _____

LEGAL COURT PLACEMENT-Court documents are required to enroll a student

If the student is foster placed, please provide foster agency and biological parents' information in this section below:

Name of Placement Agency: _____	Biological Parent(s)' Name: _____
Case Worker's Name: _____	Biological Parent(s)' Phone Number: _____
Case Worker's Phone Number: _____	Biological Parent(s)' Address: _____
School District to Bear Cost for Education (on judgement entry from courts): _____	

I state the information provided is true and correct. I am aware that Tri-Valley Preschool may use any legal means to verify my residence. I understand that falsification of information may be cause for withdrawal of my child from Tri-Valley Preschool and subject me to the applicable civil and criminal penalties.

 Legal Parent/Guardian Signature Date

 Legal Parent/Guardian Signature Date

 Enrolling Personnel Signature Date



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Medical and Developmental History

Does your child have any medical diagnoses or conditions? Yes No

If yes, explain: _____

Does your child have any **life threatening** allergies or dietary restrictions? Yes No

If yes, explain: _____

Does your child have any health care needs? Yes No

If yes, explain: _____

Do you anticipate your child will need to take any medication at school? Yes No

If yes, explain: _____

Have there been any major life changes that may be affecting your child's development? Yes No

If yes, explain: _____

Transportation

If you should move to another address, it is very important that you notify us immediately.

Student's Name: _____ Date of Birth: _____

Parent/Legal Guardian Name(s): _____

My child will be personally transported by vehicle. Yes No

My child will be riding the bus. Yes No **(If yes, please complete information below)**

All pick up and drop off points must be in your school district.

Bus Pick-Up Address: _____

Bus Drop-Off Address: _____

Will your child be attending a child care facility/daycare before or after preschool? Yes No If yes, how many hours per week? _____

If yes, where does your child attend? _____

I understand that transportation provided by my school district is a privilege and dependent on school policy. I understand transportation may or may not be offered by a district to typical peers at the preschool level. I further understand that the district develops bus routes in August. I agree to follow the rules and regulations as outlined by my district if my child is eligible for transportation. I assure that there will be an adult present prior to my child boarding the bus as well as when my child is dropped off. I will assist the bus driver as necessary by helping my child on/off the bus. If I am unable to be present, I assure that another responsible adult will be assigned to meet these requirements.

Signature of Understanding Regarding Transportation: _____ Date: _____



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Affidavit of Current Residency

1. My name is _____

I am the Guardian/Parent of _____

2. My current home address is _____

Street City State Zip

My current home address is within the Tri-Valley Local School District: (please check) Yes _____ No _____

3. My home phone number is _____ My cell phone number is _____

4. My county of residence is _____

Please mark the following statements as True or False.

- | True | False | |
|-----------------------------|--------------------------|--|
| 5. <input type="checkbox"/> | <input type="checkbox"/> | The above address is where I eat and sleep overnight a majority of the time. |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | The above address is where my child/children eat and sleep overnight a majority of the time. |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | The above address is the center of our family activities and recreation time. |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | There is no other address where I sleep overnight on a regular basis. |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | There is no other address where my child/children sleep overnight on a regular basis. |

If you marked "False" on any of the above statements, please explain below:

Signature

Date

NOTICE OF PLACEMENT OPTIONS

I give permission for my child _____ to be placed as a "peer model" in classrooms where some of the children may have a disability. (Maximum class size: 16 children (8 students with a disability, 8 peer model students) with at least two adults in the general education class and 12 children (8 students with a disability, 4 peer model students) with at least 3 adults in special education class.

Do you give permission for your child to be placed in the general education class? Yes _____ No _____

Do you give permission for your child to be placed in the special education class as a peer model? Yes _____ No _____

Signature

Date