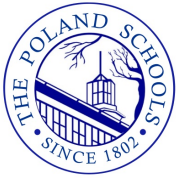


# New Student Registration Packet



## Registration Requirements - Poland Local School District

**Please note that only the residential parent can enroll a student and must present all required documents listed below at the time of enrollment. The residential parent must sign a record release at the time of enrollment to withdraw the student from their previous school and to request their academic records. Please not the following.**

- **All enrollment is done at the building level.**
  - **Secretaries are available by appointment only.**
  - **Secretaries are available one week after school is out and two weeks before school begins.**
  - **Please refer to the Poland Local Schools District Calendar for district start & end dates.**
- 
- Proof of Residency, this must include:
    - Lease Agreement/Rental Agreement/Purchase Agreement  
Please verify district residence with Mahoning County Auditors Office.  
<https://oh-mahoning-auditor.publicaccessnow.com/AddressSearch.aspx>
- AND** One of the following
- Driver License with current address
  - Utility Statement with current address
  - Credit Card Statement with current address
  - Bank Statement with current address
  - Pay stub with current address
- 
- Please Include All of the following:
    - Student's Birth Certificate
    - Student's Immunization Records & Health History
    - Most Recent Custody Papers (If Applicable)
      - Must have court stamp on front page.
      - Must have residential parent.
      - Must have a signed signature page if custody is pending.
      - Must have attorney letter stating proceedings have been started.
      - 60 day grace period given for enrollment.
    - If Student has an IEP, please bring a current copy of the IEP.
    - Name & Phone Number of previous school attended.
    - Registration Form. (Attached, two pages)
    - Home Language Survey.

# Poland Local Schools Registration Form

Information supplied on this form is required  
Under provisions of Ohio law and the Ohio  
Department of Education regulations.

**Building:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_  
**Grade Entering:** \_\_\_\_\_

## STUDENT INFORMATION

\_\_\_\_\_

First Name	Middle Name	Last Name	Preferred First Name
------------	-------------	-----------	----------------------

Date of Birth: \_\_\_\_\_ Birth Certificate Gender: \_\_\_\_\_ Gender Identity: \_\_\_\_\_  
(if applicable)

Ethnicity  Hispanic/Latino  
 Not Hispanic/Latino  
(Regardless of ethnicity, you MUST also  
Select one or more racial groups)

Race: (check ALL that apply)  
 White  Asian  
 Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  
 Black or African American

Birthplace City and State: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Address of Residence:

Mailing Address (if Different):

\_\_\_\_\_

Street Address	Lot/Apt #
----------------	-----------

\_\_\_\_\_

PO Box #
----------

\_\_\_\_\_

City/State/Zip
----------------

\*Phone Number \_\_\_\_\_  
Main Contact Number

**\*This # will be used for the ALL Call System**

**Active Duty**- Student is a dependent  
of a member of the active duty forces  
(Army, Navy, Air Force, Marines, or Coast Guard)  
 **National Guard** – Student is a depend-  
ant of a member of the Army or Air Force  
National Guard  
 **Reserves**

## Previous School District or Preschool

### Information:

School District Last Attended: \_\_\_\_\_

Building of Attendance: \_\_\_\_\_

City and State: \_\_\_\_\_

Student was in the following special programs  
at previous school:

<input type="checkbox"/> Title One	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> I.E.P	<input type="checkbox"/> Fed Lunch Program
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Other: _____

Has the student previously attended Poland Schools? Y N If yes, what grade level last attended? \_\_\_\_\_

# Contact Information:

Mother's Name: \_\_\_\_\_

Residential Parent? Y N

Address (if different from student) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_

Residential Parent? Y N

Address (if different from student) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Guardian/Agency or Caseworker's Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**Student lives with:** (check one)  Mother ONLY  Father ONLY  Mother/Father  Mother/Stepfather  Father/Stepmother  Grandparent(s)  Group Home  Legal Guardian  Other, Please Specify \_\_\_\_\_

**CUSTODY:**  Both Parents  Mother ONLY  Guardian  Grand Parent  Joint Custody  Father ONLY  Foster Parent

**Parents Are:**  Married  Divorced  Separated  Never Married

**Other Students Enrolled in Poland Schools:** \_\_\_\_\_ gr. \_\_\_\_\_ , \_\_\_\_\_ gr. \_\_\_\_\_

\_\_\_\_\_ gr. \_\_\_\_\_ , \_\_\_\_\_ gr. \_\_\_\_\_ , \_\_\_\_\_ gr. \_\_\_\_\_

**To the best of my knowledge, all of the above information is true. I certify that the student's name listed is his/her legal name, that I/We have legal custody and I/We reside within the Poland Local School District boundaries. I understand the Poland Local School District may use legal means to verify my residence.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /      /
----------------	--	---------------------------

**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History**     No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. <hr/>	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.  

---

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

# Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes     No    If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes     No    If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

---



---



---



---



---

Form completed by	Relationship to student	Date        /        /
-------------------	-------------------------	------------------------

EpiPen In School     YES     NO

Inhaler In School     YES     NO

Parent/guardian phone number: \_\_\_\_\_

**Poland Local School District**

Phone: 330.757.3000  
IRN 048348

**REQUEST FOR STUDENT RECORDS**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_\_ Last day attending former school: \_\_\_\_\_

\_\_\_\_\_  
Name of School District IRN Number

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

The above student has enrolled with PLSD. Please send an official transcript of grades earned (please include grades to date of withdrawal), test scores, health records, and **IEP** information if applicable.

\_\_\_\_\_  
Signature of PLSD Individual Requesting Date Requested PLSD Building

**AUTHORIZATION TO RELEASE STUDENT'S RECORDS**

I have enrolled my child \_\_\_\_\_ in the Poland Local School District and authorize you to release school records to this District.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**PLEASE SEND STUDENT'S RECORDS TO**

Circle one

**Poland Seminary High School**

Attention: Secretary  
3199 Dobbins Road.  
Poland, OH 44514  
Phone: 330-757-7018  
Fax: 330-757-2305

**Poland Middle School**

Attention: Secretary  
47 College Street  
Poland, OH 44514  
Phone: 330-757-7003  
Fax: 330-757-7007

**Poland McKinley Elementary School**

Attention: Secretary  
7 Elm Street  
Poland, OH 44514  
Phone: 330-757-7014  
Fax: 330-757-3630



## 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? _____	
<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.		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? _____	
<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? _____ 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	
<b>Additional Information</b> 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: <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>



By [Office of Superintendent of Public Instruction](#), licensed under a [Creative Commons Attribution 4.0 International License](#).

**\*\*\*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.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district