



Student Registration Checklist of Requirements
Austintown Local Schools: 2024-2025

Student ID # _____

Student Name: _____ Grade Level: _____

Registration Appointment Date: _____ Registration Appointment Time: _____

Student Registration Notes

- All documentation must be provided on the date and time of the scheduled registration appointment.
- Failure to do so will result in the student not being registered until all required documentation is provided.

Student Registration Checklist of Requirements

- _____ Student Immunization Records
- _____ Parent/Legal Guardian Proof of Identity (Photo ID and/or Driver's License)
- _____ Official Student Birth Certificate (Raised Seal and State Issued)
All immigrants must provide a current Passport and Visa/Green Card
- _____ (If applicable): Proof of Custody Documentation; Most Recent Court Order; Foster Placed Paperwork
All documentation must be filed and time-stamped with the court

Proof of Residency

- ONE (1) of the following is required to show documented proof of residency:

- _____ Mortgage Documents/House Closing Papers/Deed
- _____ Apartment/Home Rental Lease Agreement
- _____ (If applicable): Verification of Residency Affidavit

Verification of residency affidavit is required when a parent/legal guardian resides with someone else who resides in the school district's boundary area. The parent/legal guardian must submit signed and notarized verification of residency documentation as well as lease or mortgage documentation of the person they are residing with.

Proof of Residency

- TWO (2) of the following are required **with the name of the parent/legal guardian registering the student appearing on such documentation** to show documented proof of residency:

- | | |
|---|--|
| _____ Current Utility Bill (gas, electric, water, or sewer) | _____ Current Payroll Stub |
| _____ Current Bank Statement | _____ Current Automobile Insurance Statement |
| _____ Current Vehicle Registration with address | _____ Job&Family Services/Gov. Letter |

Educational Placement Records (if applicable):

- Please check mark any of the following that pertain to the student. Provide documentation of educational services at the scheduled registration meeting. **Failure to provide such documentation will delay the registration process.**

- | | |
|--|---|
| _____ Special Education Services (IEP) | _____ 504 Plan (Educational and/or Medical) |
| _____ Gifted Education Services (WEP) | _____ English Learner Services (EL) |

FOR ADMINISTRATIVE USE ONLY

Completed
_____ Student Registration Form
_____ Consent for Release of Records

Notified
_____ School Nurse
_____ Special Education Department

Revised 12/6/2023



Austintown Local School District
2024-2025 Student Registration Form
Please print as neatly as possible

Student Status (circle one): Resident of Austintown; Open Enrollment IN(attending Austintown)
Open Enrollment OUT(District Attending) _____; Other: _____

Student Name
(Legal Name) First _____ Middle _____ Last _____

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

Citizen of the U.S: YES or NO Active Military Parent: YES or NO Gender: Male or Female

Grade level in 2024-2025 _____ Custody(circle): Both Parents Mom Only Dad Only Other

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Apt _____

City _____ State _____ Zip _____

Parent/Guardian email address: _____

If busing is available, do you need it: YES or NO

Name of siblings in the District: _____ Grade of siblings in the District: _____

Previous Information

Last School Attended: _____ City/State _____

Grade level when left: _____

Has the student ever been enrolled in the Austintown Local School District: YES or NO

If Yes, Which building: _____ Date Left: _____

Ethnicity

*Is the Student Hispanic/Latino? YES or NO

*Local Ethnic Category/Race (Circle ALL that apply): Asian, Black/African American,
American Indian/Alaskan Native, Multiracial, Hawaiian/Pacific Islander, White

Has the Student ever been

*Retained (repeated a grade): YES or NO If YES, Grade: _____

*Does the Student Currently Receive Special Services: YES or NO If YES, please circle below:
Gifted(WEP) IEP Limited English(English Learner Plan) 504 Plan

*Suspended/Expelled from School? YES or NO

I understand that students whose parents are found, after appropriate investigation, to have submitted fraudulent information in an effort to enroll a student in which the student is not assigned, shall be immediately withdrawn by the school and the parent must enroll the student in the appropriate school.

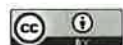
Parent/Guardian Signature _____ Date: _____

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> _____
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.	1. In what language(s) would your family prefer to communicate with the school? _____	
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.	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? _____	
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.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? ☐ Yes ☐ 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? ☐ Yes ☐ No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information 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>





____ 1st Request ____ 2nd Request ____ 3rd Request
Student's SSID#: _____ (office use)

Austintown Local School District IRN 048298

CONSENT FOR RELEASE OF RECORDS 2024-2025 School Year

To be completed by Parent/Guardian:

Student's Name	Grade Level	Date of Birth	
Signature of Parent/Guardian		Date	
I hereby authorize:			
Name of Prior School			
School Address	City	State	Zip
School Phone Number		Fax Number	

Please send the following documents:

- ALL Discipline, Attendance, Attendance Intervention Information, Medical Records (including immunization records) Current Grades, Schedule, Report Card
- High School Students (9-12): Transcript, OGT Results
- Grades K-8: KRA (Kindergarten) OAA and TGRG Results
- Special Education Records: IEP, ETR
- All Students: 504, WEP, Home Language Usage Survey (EL Plan), Reading Diagnostics and RIMP Scores, Gifted

Student is enrolling into Austintown School District via:

☐ Austintown Local School District Resident

☐ Attending Austintown Local School District as an open enrollment student

☐ Court/Foster Placed into Austintown from

☐ Attending Austintown Local School District via Superintendent's Agreement

PLEASE RETURN RECORDS to the following building:

Fitch High School (Grades 9-12)	Austintown Middle School (Grades 6-8)	Austintown Intermediate School (Grades 3-5)
4560 Falcon Drive Austintown, OH 44515 330-797-3900 Fax: 330-797-3944	800 S Raccoon Road Austintown, OH 44515 330-797-3900 Fax: 330-792-9130	225 Idaho Road – Lloyd Loop Austintown, OH 44515 330-797-3901 Fax: 330-792-5750
Austintown Elementary School (Grades K-2)	Austintown Special Education Department	
245 Idaho Road – Lynn Kirk Loop Austintown, OH 44515 330-797-3901 Fax: 330-792-7124	800 S. Raccoon Rd. Austintown, OH 44515 330-797-3900 Ext.2124 Fax: 330-792-9046	



Austintown Local School District

700 South Raccoon Road • Austintown, OH 44515
Phone: 330.797.3900

"We provide an inspiring education that strengthens and prepares our students for unlimited opportunities"

IMPORTANT INFORMATION PLEASE READ

I, _____, do hereby acknowledge that the information provided for admission to the Austintown Local School District is correct to the best of my knowledge.

I also understand that providing fraudulent information to the Austintown Local School District could result in criminal charges being filed against the party preparing these documents under section 2913.42.D4 of the Ohio Revised Code, (Tampering with Records), **is a Felony of the Third Degree, which carries a penalty range of 9 months to 5 years in prison.**

I also understand that providing fraudulent information on this enrollment form could result in **Federal Prosecution** for providing fraudulent information of a Government Document.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian email

Today's Date

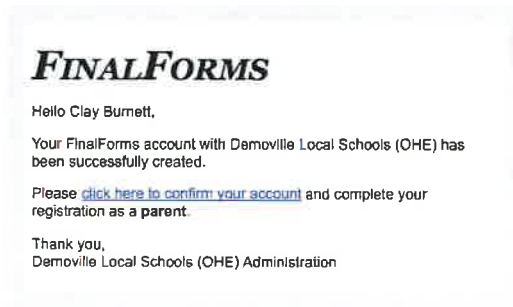


FinalForms

Parent registration

How do I get started?

1. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.



2. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
3. Your account will be confirmed and you will be logged in.

Please proceed to the next page!



FinalForms

Registering a student

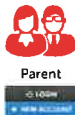
What information will I need?

Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to: <https://austintown-oh.finalforms.com>
2. Click **LOGIN** under the Parent Icon, and login.



3. Locate and click the **INCOMPLETE FORMS** button for the student you wish to register.
4. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.
5. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature:

Your signature MUST match your name: Clayton Burnett

Student Signature:

Student must log in to sign

Submit Form

[Skip this form](#)

6. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt form your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.

Message from the Austintown Transportation Department

BUS #S AND TIMES WILL BE AVAILABLE AUGUST 21

We also suggest that you check again over the weekend in case there are any last minute changes.

There are 2 different applications for parents and students to use to view your student's bus information and track the bus online.

We DO NOT call with or mail out this information.

1. **Versatrans E-Link Parent Portal** - this portal gives you the most up-to-date bus information for your child including bus stop location and scheduled pick up times. You will access this portal to get your students bus route information for the first day of school.

Versatrans E-Link Parent Portal

<http://208.64.235.237/Austintown/elinkep/login.aspx?j=vms>

2. **Versatrans My Stop** - this is bus tracking information for use on your Android or iPhone. This is an app that can be downloaded from your smartphone's app store. You can track the bus in real time with this app to see when it will be arriving at your scheduled stop.

If I do not have an iPhone or Android Phone can I still access the My Stop?

Yes. Parents may also access My Stop on a computer by typing this in the URL bar:

<https://vtweb.tylertech.com/Austintown/onscreen/Login.aspx>

LOG IN FOR BOTH APPLICATIONS:

Log in using the student name and date of birth in the following format:

- Username = student first name.student last name (example: jane.smith)
- Password= student's date of birth entered as 2 digit month, 2 digit day and 4 digit year (example: 01012014)

Please note: These links and other necessary transportation related forms can be accessed by going to the Austintown Schools website. From the blue bar go to Departments > Transportation. The information for both apps is in the middle of the page and additional forms are in blue on the right side of the page.

FOLLOW US ON SOCIAL MEDIA



Facebook: Austintown Local Schools

Twitter: @AFalconFacts



**STAY UP TO DATE ON THE LATEST SCHOOL
NEWS AND EVENT INFORMATION.**