



WCS ENROLLMENT CENTER
OhioHealth Medical Building

Student ID# _____

Private/Home Education School Student Residency Verification Form
2024-25 School Year

Student Information ONLY

Last Name: _____ First Name: _____ Middle Name: _____

2024-25 Grade Level: _____ Primary Phone: (_____) _____ Unlisted? (circle one) Yes No

Street Address: _____

City & Zip: _____ If there is a lease at this address, Lease Expiration Date: _____

Date of Birth: _____ Gender (circle one) Male Female

Birthplace City, State: _____ Country of Birth: _____

If not U.S., please specify date of entry into the U.S.: _____ Date first enrolled in U.S. Schools: _____

Please continue to answer the following to indicate what you consider your race to be:

What is the student's race? (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native (I) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (P) |
| <input type="checkbox"/> Asian (A) | <input type="checkbox"/> White (W) |
| <input type="checkbox"/> Black or African American (B) | |

Assigned Westerville City School for 2024-25 _____

School Address _____

Name of Last School Attended _____

Complete Address of Last School Attended _____

Has your child ever been enrolled in any public or private school within the last twelve (12) months? _____ Yes _____ No

If yes, please provide the name of that school(s): _____

Is your student currently expelled from any public or private school district? _____ Yes _____ No

FOR EC OFFICE USE ONLY

Registration Date: _____ Time: _____ AM / PM

Enrollment Date: _____ Bldg: _____

Registrar: _____

ES: _____ MS: _____ HS: _____ SUB: _____

Parent/Legal Guardian Information ONLY

Parent/Legal Guardian 1:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____ Employer Name: _____

Parent/Legal Guardian 2:

First Name: _____ Last Name: _____

Relationship to Student: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Street Address: _____ Apt #: _____

City: _____ State: _____ ZIP: _____ Employer Name: _____

Is student court-placed or in foster care? (circle one): Yes No (if yes, please provide documentation)

At the time of the birth of this child, biological parents were: ___ single ___ married ___ separated ___ divorced ___ other

Current marital status of biological parents: ___ single ___ married ___ separated ___ divorced

(Section 3313.672 of the Ohio Revised Code requires, at the time of admission of a student to a public school district whose parents are divorced or the subject of a dissolution, that the "residential parent" file a certified copy of the divorce or dissolution decree or order allocating parental rights and responsibilities and designating a residential parent and legal custodian. A certified copy may be obtained from the clerk of the court that issued the decree or order. The residential parent and legal custodian also must file any modification of any order or decree affecting the allocation of parental rights or the designation of residential parent and legal custodian.)

Signature of Parent/Guardian: _____ **Date:** _____

WESTERVILLE CITY SCHOOL DISTRICT

2024-2025 EMERGENCY MEDICAL AUTHORIZATION FORM

This form must be completed for each student's year in school. Athletic medical participation forms will be required.

Student Name (LAST)(FIRST)(MIDDLE) Student ID #

Address (STREET)(CITY)(ZIP)

MEDICAL ALERT FOR SCHOOL PERSONNEL OR CONSULTING PHYSICIAN

ALLERGIES

CURRENT MEDICATIONS

MEDICAL ISSUES

EPI-PEN PRESCRIBED? YES NO

In the event of a medical emergency, during school events, school personnel will attempt to contact the adults, noted below, in the order provided. These adults should be able to pick up an ill student from school. A copy of this form is kept in the school clinic and accompanies students on field trips.

PLEASE NUMBER IN ORDER OF CONTACT PREFERENCE - LEGAL GUARDIANS AND OTHER EMERGENCY CONTACTS:

(Legal Guardian #1) Relationship to Student
Home Phone Cell Phone Work Phone
Preferred? Home Cell Work E-mail Address
Home Address

(Legal Guardian #2) Relationship to Student Mother
Home Phone Cell Phone Work Phone
Preferred? Home Cell Work E-mail Address
Home Address

(In Case of Emergency) Relationship to Student
Home Phone Cell Phone Work Phone
Preferred? Home Cell Work Is this person allowed to pick-up the Student? Yes No

(In Case of Emergency) Relationship to Student
Home Phone Cell Phone Work Phone
Preferred? Home Cell Work Is this person allowed to pick-up the Student? Yes No

(In Case of Emergency) Relationship to Student
Home Phone Cell Phone Work Phone
Preferred? Home Cell Work Is this person allowed to pick-up the Student? Yes No

VERIFICATION OF LEGAL CUSTODY AND OF CURRENT ADDRESS MUST BE INCLUDED IN THE STUDENT CUMULATIVE FILE

I verify that there have been no changes in marital or custody status during the previous year. If changes have occurred, please mark accordingly below.

Marital status of biological parents/ legal guardian: Married Divorced Separated Never Married Other

Student Currently Living With: Both Parents Mother Father Other (Relationship:)

School Placement/ Residential Parent: Both Parents Mother Father N/ A

In case of unscheduled early dismissal, my child should go home? YES NO

*If no, please provide Name/Phone Number/Address of alternative location:

PART I --OR-- PART II Must Be Completed *ORC 3313.712 Emergency Medical Authorization*

The purpose of this section: When legally responsible adults cannot be reached, please indicate below the authorization of emergency treatment for child who comes ill or injured while under school authority.

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) the administration of any treatment deemed necessary by the doctor named below, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
- 2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners concur in the necessity for such surgery and are obtained prior to the performance of such surgery. Signing this form authorizes employees of the Westerville City School District to share this information on a need-to-know basis.

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Hospital _____ Phone _____

Part I Signature of Parent/Guardian _____ Date _____

----- **OR** -----

PART II: REFUSAL OF CONSENT

I do NOT give consent for emergency medical treatment of this child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take the following action:

Part II Signature of Parent/Guardian _____ Date _____

Student Name: _____

Student ID#: _____ Grade Level: _____

**2024-2025
WESTERVILLE CITY SCHOOLS
PUBLICITY CONSENT FORM**

The Publicity Consent Form allows the district to release information that personally identifies students as part of the district's efforts to promote students' achievements through various means of communication, including news releases, newsletters, programs, websites, social media and other mass media.

Regarding the use of student information online, at no time shall any student's home address, telephone number, e-mail address, birth date, social security number or information made confidential by state or federal law appear on the district Website or any other online source managed by the district and viewable by the general public:

- A.) Websites may not include any scheduling information that provides the physical location of individual students at a particular time. This does not apply to district's student information system or the unavoidable inferences that can be made from athletic or other general event schedules.
- B.) The Web site will not include photographs of students unless permission has been granted by the student's parents or legal guardians or if the student(s) cannot be individually identified in the photographs, such as in large groups. At no time will students' full names be used to identify them in a photograph on the Web site without confirming parental permission, either through the publicity consent form or other means.
- C.) In the event that a photograph accompanies a story in which students are identified by first and last name, one of the following measures will be taken:
 - 1.) Change the story to include only students' first names and last initials;
 - 2.) Do not include the photo with the story;
 - 3.) Contact the parents of the pictured student(s) to obtain special, express written permission to include students' full names as part of the photo caption or, if the photo will not include a caption, as part of the story.

Please check one box only:

I consent to the **publication*** and other use of **photographs, video** or **quotes** by my children for the current school year. I understand that this may lead to republication on-line or in the general media and consent to the same.

I DO NOT CONSENT to the publication* and other use of **photographs, video** or **quotes** by my children for the current school year.

* **Publication** refers to the use of student information, including but not limited to Directory Information, by Westerville Schools personnel for press releases, print and electronic newsletters, recognition purposes and other efforts to promote students' achievements and activities through various means of communication, including the district website, other on-line tools and mass media. Consenting to the publication of your child's achievements and activities may also include the use of a photo, video footage, audio, or quotes from your student should they be involved in an interview conducted by a district employee or by a reporter (professional or student). **Please note that the identification of students in a photo used on the district website will be restricted to first name and last initial only.**

SIGNATURE REQUIRED ON REVERSE SIDE

Student Name: _____

Student ID#: _____ Grade Level: _____

2024-2025

WALKING FIELD TRIPS

During the school year, classes may take walking field trips to various areas around the school for curricular studies.

The trips will avoid crossing major highways or other hazardous areas, but the trips are critical to our programs. Students will be supervised by a teacher and, when available, parent volunteers.

If you have any questions or concerns, please contact your student's teacher or the building principal.

I understand the walking field trips are part of the curricular program and:

I Give Permission for _____ to participate in walking field trips during the 2024-2025 school year.

I Do Not Give Permission for _____ to participate in walking field trips during the 2024-2025 school year.

2024-2025

**NOTICE OF RECEIPT
CODE OF STUDENT CONDUCT/HANDBOOK**

By signing below, I (student/parent), acknowledge the following information regarding the 2024-2025 Code of Student Conduct/Handbook:

- This handbook has been prepared to answer questions regarding Westerville City Schools and the state laws, policies and procedures under which the district operates; and,
- It is the responsibility of the parent/legal guardian and student to become familiar with the contents and follow this code; and,
- Copies are located in the main office and Media Center of my school; and, on the district's/school's website at www.wcsoh.org (click on Parent/Guardian tab, then Code of Conduct); and,
- If I choose to participate in school-sponsored extracurricular activities, I shall read/abide by the district's Extracurricular Code of Conduct regarding:

- I. NO USE, ABUSE, PURCHASE, OR POSSESSION OF DRUGS OR ALCOHOL;
- II. NO TRANSMISSION OR SALE OR DRUGS OR ALCOHOL;
- III. NO USE, POSSESSION, OR TRANSMISSION OF TOBACCO IN ANY FORM

Student Signature

Date

Parent/Guardian Signature

Date