



Proof of Residency

Student's Name _____ Birth Date _____ Grade _____ Sex _____

LEGAL ADDRESS

Number Street _____ Telephone/Work _____

City _____ State _____ Zip _____ Telephone/Work _____

I certify that I, the parent/guardian of the above student are residents of the Jackson-Milton Local School District or for open enrollment in an adjacent school district, and we reside at the address indicated. Residency is defined as the location at which you and the child sleep and eat most meals. **IT IS A CRIMINAL OFFENSE SUBJECT TO FRAUD CHARGES TO FALSIFY RESIDENCY.**

Signature of Parent/Guardian _____ Date _____

ADDITIONAL INFORMATIONAL/MATERIALS REQUIRED BY STATE LAW

1. Birth certificate of child being enrolled
2. Proof of grade placement – current report card or school records
3. Proof of Child Custody or guardianship (if applicable)
4. Proof of Immunization

Please circle and attach photocopies of appropriate documentations – one from each column

Column 1

1. House Closing Papers
2. Deed
3. Mortgage Documents
4. Building Permit
5. Rental Agreement/Lease
6. Notarized Parent Residency Affidavit (on back)

Column 2

1. Two current utility bills
2. Two current charge statements
3. Drivers License
4. Tax Statement

FOR OFFICIAL USE – TO BE COMPLETED BY SCHOOL ADMINISTRATOR

APPROVED FOR ENROLLMENT _____ TEMPORARY APPROVAL _____

School _____ Signature of Administrator _____ Date _____

State of Ohio)
) :ss
County of Mahoning)

I, _____, having been duly sworn and
deposed, hereby, state and affirm the following:

1. I am the parent of _____
2. I have legal custody of my above-named child, and s/he presently resides with me
3. My "legal residence" (address) is

(Street Number and Street) (City) (State) (Zip Code)

4. For purpose of Affidavit, I intend the term "legal residence" to refer to the location where I eat my meals, sleep on a regular basis, receive my mail, and, if applicable, where I am registered to vote.
5. I am the owner/lessee of the address specified above.
6. The address specified above is within the Jackson-Milton Local School District

FURTHER AFFFIANT SAYETH NAUGHT:

_____, Affiant

Sworn to before me and subscribed in my presence this _____ day of _____,
20_____.

Notary Public

NOTICE: READ CAREFULLY – Knowingly falsifying this document is a violation of Ohio Revised Code Section 2921.13(A) which is a FIRST DEGREE MISDEMEANOR punishable by a prison term of six (6) months and/or a fine of up to \$1000.00. Further the Affiant will be charged (and prosecuted in court, if necessary) to collect all back tuition to the Jackson-Milton Local Schools for all days my child(ren) illegally attended school.



Jackson-Milton Local Schools

RETURN THIS FORM IMMEDIATELY
Students risk exclusion for failure to return this form

Date: _____ Grade: _____
Teacher: _____

Student Name: _____ Male _____ Female _____
Address: _____ City _____ Zip: _____
Home Phone: _____ Date of Birth: _____ Age: _____

Military Student: _____ Not Applicable _____ A – Active Duty – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) _____ B – National Guard – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard) _____ C – Reserves – Reserve Duty

Primary Contact & Relationship

*Please notify office of any change in address and/or custody

Name: _____ Name: _____
Address: _____ Address: _____
City, Zip _____ City, Zip: _____
Phone Number: _____ Phone Number: _____
Email Address: _____ Email Address: _____
Relationship to Student: _____ Relationship to Student: _____
Daycare/Other: _____ Phone: _____
Siblings' Name & Date of Birth: 1. _____ 3. _____
2. _____ 4. _____

If Parents Are Separated Or Divorced Who Has Custody?

Custodial Parent/Guardian: _____
Address: _____ Phone: _____

If Parents Are Not Available, In Case Of Emergency Call:

(The individual listed will be permitted to sign this student out of school when parent can't be contacted)

1. Name: _____ 3. Name: _____
Phone: _____ Phone: _____
Relationship to Student: _____ Relationship to Student: _____
2. Name: _____ 4. Name: _____
Phone: _____ Phone: _____
Relationship to Student: _____ Relationship to Student: _____

In Case Of Emergency Dismissal, My Child Should Go To This Local Address:

**OVER
SIDE 2 MUST BE COMPLETED**

Please describe medical conditions your child has including instructions for school or hospital staff to follow in the event of an emergency: (please note that every effort possible will be made to contact individuals listed on this form first; however realize that it may not always be possible to reach those listed! Give information accordingly. Please list such things as allergies and medical conditions, etc.) This information will be provided to hospital staff (if necessary) or school staff unless instructed otherwise.

Dentist: _____ Phone: _____

Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Permission to contact child's doctor if necessary: Yes _____ No _____

Health Insurance: _____ Policy # _____ Group # _____

Insured Name: _____

Preferred Hospital: _____

Medications: _____

PLEASE SIGN ONLY ONE LINE BELOW INDICATING YOUR WISHES:

Part I – To Grant Consent:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above named doctor, 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 physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed above.

Signature of Parent/Guardian

Date

Part II – Refusal to Consent:

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

Signature of Parent/Guardian

Date



JACKSON-MILTON LOCAL SCHOOLS REGISTRATION FORM

ADMISSION DATE: _____ GRADE: _____ TEACHER: _____ BUS: _____

First Name: _____ Middle Name: _____ Last Name: _____ Male Female

Address of Residence: _____ City: _____ Zip: _____

Mailing Address: _____ Home Phone Number: _____

Parent Broadcast Phone Number (only 1 number will be used): _____

Birth Date: _____ Birth City: _____

Ethnicity: White Black Asian Hispanic/Latino Am. Indian Multiracial

Military Student: Not Applicable A-Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) B - National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard) C - Reserves - Reserve Duty

Mother's Name: _____ Maiden Name: _____

Mother's Email Address: _____

Father's Name: _____

Father's Email Address: _____

If another adult is living in the home, please fill in name and relationship: _____

Number of brothers: No. of older _____ No. of younger _____ Number of sisters: No. of older _____ No. of younger _____

Other children living in the household (step children etc.) _____

Has the student ever attended the JM school district before? Yes No If yes, last grade attended: _____

School district last attended: _____

Does student receive IEP services or have a 504 Plan? Yes No Special Education 504

Does the student receive Title One Services? Yes No Math Reading

Has the student been identified as Gifted? Yes No

Are there any other special needs which the school should be aware of concerning your child? (i.e., guidance counselor, OT, PT, behavior plan, etc.) _____

Emergency Phone Number and Name of a Relative or Neighbor (Do **NOT** leave this blank..the school **MUST** have this information).

- 1. _____
- 2. _____
- 3. _____

* Over *
Side 2 **MUST** be completed and signed

Information regarding student parents: (Please check all that apply)

	Living at	Legally	Legally	Never	Legal	Married	Guardian	Deceased
		Married	Home	Separated	Divorced			
Mother:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child lives with:

- | | |
|---|---|
| <input type="checkbox"/> both natural parents | <input type="checkbox"/> only father |
| <input type="checkbox"/> natural mother, step/adoptive father | <input type="checkbox"/> grandparents (legal custody) |
| <input type="checkbox"/> natural father, step/adoptive mother | <input type="checkbox"/> other (explain) _____ |
| <input type="checkbox"/> only mother | |

Part I.

Has the custody of this child ever been altered since the child's birth? (Divorce, foster, etc.)

- No ** If No, please sign this form*. Do NOT complete Part II.
- Yes * If Yes, please complete Part II and sign this form*.

Part II. Enrollment Information is to be completed by Parent/Guardian, or Representative from Agency of Custody if there has ever been a change of custody.

I hereby certify that the information contained on this form is complete and accurate. I understand that incorrect information regarding custody and residence will result in a violation of Section 3313.64 of the Ohio Revised Code.

Does the non-residential parent have visitation rights? _____ Explain: _____

Is there a court decision that states that the non-residential parent should **NOT** receive school information or attend school activities?

Yes No

Please attach a certified copy of the page of the court decision bearing the case numbers and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date for registration of the child in this school. It is also the responsibility of the parents to inform the school office/principal of any subsequent modifications during the child's tenure at the school.

Parent/Guardian signature

Date

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>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

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

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? <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		
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>





Student Name _____ Birth Date ____/____/____

Per United States Department of Education requirements, when collecting race/ethnicity information district 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 or origin, regardless of race) _____ Yes _____ No

Regardless of whether your 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, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

____(I) American Indian or Alaskan Native

Persons having origins in any of 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 REFUSED 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

Name of School District employee determining child's ethnicity (Please Print)_____

Employee Signature _____ Date ____/____/____

