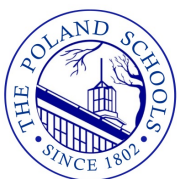




New Student Registration Packet



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: _____

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**

Previous School District or Preschool

Information:

School District Last Attended: _____

Building of Attendance: _____

City and State: _____

_____ **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**

Student was in the following special programs
at previous school:

_____ Title One _____ Gifted/Talented
_____ I.E.P _____ Fed Lunch Program
_____ 504 Plan _____ 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 ☐ Joint Custody ☐ Mother ONLY ☐ Father ONLY ☐ Guardian ☐ Foster Parent ☐ Grand Parent

Parents Are:

☐ Married ☐ Separated ☐ Divorced ☐ 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 / /
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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. _____	
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"/> YES , my child receives regular medical/health care for the following conditions:			<input type="checkbox"/> NO 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: 330.757.7000
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.

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>



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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.

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