

FOR OFFICE USE ONLY:	SY _____
STUDENT NAME	_____
SCHOOL	_____ GRADE _____
DASL	_____

STRUTHERS CITY SCHOOLS REGISTRATION PACKET

Please complete the forms listed below and return them to board of education office.

- _____ Registration Form
- _____ **Notarized** Dual Residency Form
(To be completed when living with another homeowner or renter. Person owning the home or holding the lease must present proof of residency.)
- _____ **Notarized** Residency Affidavit
- _____ Important Notice
- _____ Consent to Release and Exchange Information
- _____ Language Usage Survey
- _____ Emergency Medical Authorization
- _____ Health and Social History

Please provide the following:

- _____ Birth Certificate
- _____ Immunization Record
- _____ Proof of Custody Documentation/most recent court order/foster placed paperwork (if applicable). A certified copy of a judgement entry, court order, or decree signed by a judge and filed with the Clerk of Courts must be presented allocating custody or guardianship. The full copy is needed.
- _____ Three (3) Proofs of Residency (see reverse side) (Additional Proofs needed _____)
- _____ Parent/Guardian's Drivers License/State ID
- _____ Special Education I.E.P., ETR, 504 Plan, Intervention Plan (if applicable) (Copy Sent _____)
- _____ Most recent report card, schedule and transcript

PROOF OF RESIDENCE

Must provide TWO (2) of the following:

- Current gas, electric, water bill
- Current payroll stub with address
- Mahoning County real estate tax bill
- Current credit card statement
- Current bank account statement - the statement must be a bank-issued document and include the parent's name and full address
- Written confirmation from the Department of Jobs and Family Services of the parent(s) current address - this document must be signed and dated on department letterhead. If an e-mail is submitted, the transmission must be identifiable as the agency's internal e-mail account.

AND

Must provide ONE (1) of the following:

- Proof of mortgage - if you own your home, a signed purchase contract that bears your name and address must be presented (e.g., deed, final purchase agreement, promissory note, mortgage closing bank statements). **If a house is being built**, a statement from the builder confirming that the house is under construction for the parent at the location stated by the parent and a statement from the parent giving the location of the house, intention to reside there when the house is finished and anticipated move in date.
- Apartment / Home Rental Lease Agreement - if you rent or lease your place of residence, submit a legal lease/rental agreement that bears the parent/guardian's name and address, as well as the landlord's or rental/leasing agency's name and contract number. ***Struthers City Schools bears that right to contact the leasing agency and/or landlord to verify.***
- **Notarized** Verification of Dual Residency (if applicable):

A VERIFICATION OF DUAL RESIDENCY FORM IS REQUIRED WHEN TWO FAMILIES RESIDE TOGETHER WITHIN IN THE STRUTHERS CITY SCHOOL DISTRICT:

If you do not have all proofs of residency at the time of enrollment, you will be granted 30 days to provide them. **These must be turned into the appropriate building secretary. Failure to do so will result in immediate withdrawal of your child/children from the Struthers City Schools.**

NOTICE OF LEGAL OBLIGATION

Parents/Guardian of all students are required by the Ohio Revised Code (ORC) to inform school officials of any of the changed listed below.

1. **Change of Address:** You must, within 10 calendar days of your move, bring proof of your new residence to the building secretary.
2. **Change of Phone Numbers:** Notify the secretary of the school your child attends.
3. **Change of Legal Custody or Guardianship:** Any and all current court orders from Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody, guardianship or residence of the children as per Ohio Revised Code 3313.672 must be included with this package.
4. **All Temporary Restraining Orders and Protection Orders involving school premises.**
5. **Student expulsion or exclusion from any school pursuant to Ohio Revised Code 3301.121 and 3313.662.**



Struthers City School District

Registration Form

Student (Legal Name): _____
First Middle Last

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

Citizen of U.S. ____ Yes ____ No Date of Entry into U.S. _____ (if applicable)

Gender: ____ Male ____ Female Current Grade Level: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School Last Attended: _____ City/State: _____

Grade Level when left: _____

Has student ever been enrolled in the Struthers City School District before: ____ Yes ____ No

If Yes, which building: _____ Date Left: _____

Has the student attended Preschool? ____ Yes ____ No If yes, Name of Preschool _____

Native Language: _____

Is a language other than English used in the home? ____ Yes ____ No Language Used: _____

Does the student most frequently speak a language other than English? ____ Yes ____ No

Language Spoken: _____

Is the student Hispanic/Latino? ____ Yes ____ No

Is the student from one or more races using the following (choose ALL that apply):

Race: A ____ B ____ AM/IND ____ HAW/PI ____ W ____
(Asian) (Black) (American Indian/Alaskan Native) (Native Hawaiian/other Pacific Islander) (White)

Has the student ever been:

- Retained (repeated a grade) ____ Yes ____ No If yes, Grade _____
- Received special services: ____ Yes ____ No If yes, please specify below:
Gifted ____ **IEP** ____ **Limited English (LEP)** ____ **Speech** ____ **504 Plan** ____
- Suspended/Expelled from school? ____ Yes ____ No

Student placement into Struthers City Schools will not be finalized until there is confirmation that no disciplinary action is pending at the previous school district.

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 – Reserve Duty

Do you plan on participating in interscholastic athletic programs in Grades 9 – 12 (Sports)? ____ Yes ____ No

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Information

FATHER

First	Last	Phone
Current or last known address		Cell Phone
Birthdate	Birth City	Deceased: Y N
Occupation	Employer	Work Phone
E-mail		
Step-Mother (if applicable)	Work Phone	Cell Phone

MOTHER

First	Last	Phone
Current or last known address		Cell Phone
Birthdate	Birth City	Deceased: Y N
Occupation	Employer	Work Phone
E-mail		
Step-Father (if applicable)	Work Phone	Cell Phone

CUSTODIAL GUARDIAN (if applicable)

First	Last	Phone
Current or last known address		Cell Phone
Occupation	Employer	Work Phone
E-mail		

Status of biological parents (circle one): Married Divorced Separated Widowed Never Married

Who has legal custody? Mother only Father only Shared If shared, who is residential? _____
Other: _____

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? _____

Other siblings in the district:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Struthers City Schools

Notarized Verification of Dual Residency Form

This form is used if the parent/guardian is residing with a friend/relative living in the Struthers City School District.

The lessee/property owner must submit:

- Two current utility bills (gas, water, electric only)
AND
- A lease in his/her name for that residence or
- A deed in his/her name for that property or proof of mortgage (current monthly statement or payment coupon)

Signature of the lessee/property owner must match the name that appears on submitted documents.

TO BE COMPLETED BY THE PARENT/GUARDIAN: (Please print)

Former Address

New Address

Street

Street

City/State/Zip

City/State/Zip

Phone

Phone

Student Name	Birth Date	Grade	Former School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is unlawful to misrepresent or otherwise falsify residence in order to obtain a child's tuition free admission to the Struthers City School District. Persons and/or landlords who knowingly falsify this information are subject to payment of tuition for each student listed above while illegally attending the Struthers City School District. I understand immediate withdrawal will occur. I am aware that the Struthers City School District may use legal means to verify my residence.

TO BE COMPLETED BY THE LESSEE/PROPERTY OWNER AND PARENT:

Signed: _____

LESSEE/PROPERTY OWNER SIGNATURE
(MUST be the same signature as appears on the documents above)

PARENT/GUARDIAN SIGNATURE

Please PRINT name signed above

Please PRINT name signed above

Sworn to and ascribed before me, a Notary Public, this _____ day of _____ 20 _____.

Stamp or Seal

Notary Public

IMPORTANT RESIDENCY NOTICE

Student Name: _____

Grade: _____ Building: _____

Our "legal residence" (address) is:

Street Number and Name	City	State	Zip Code
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**Legal residence refers to the location where the child and I eat our meals, sleep on a regular basis, receive mail, and if applicable, where I am registered to vote. The address specified above is within the Struthers City Schools District.*

All residents may be subject to random residency checks by our Struthers Police School Resource officer.

Knowingly falsifying any of the documents included in the Struthers City School District's enrollment process is a violation of Ohio Revised Code Section 3313.64 and will, by law, result in the following:

Immediate withdrawal of your child from Struthers City Schools and a tuition assessment at the current daily rate from the date of enrollment. The rate will be in excess of \$40.00 per day as calculated by the State of Ohio Department of Education.

Section 3313.64 also provides for the recovery of attorney's fees in a civil action regarding residency.

Parent/Guardian Signature

Date



STRUTHERS CITY SCHOOLS
District IRN 044859
Consent to Release and Exchange Information

(Name of Previous School)	(Phone)	
(Address/City/State/Zip)	(Fax)	
(Student Name)	(Date of Birth)	(Current Grade Level)

The above mentioned agency is hereby granted my permission to release and exchange information with:

PLEASE RETURN RECORDS to the following:

Struthers Elementary School _____ 520 Ninth Street Struthers, OH 44471 330-750-1065 Fax: 330-750-1489	Struthers Middle School _____ 800 Fifth Street Struthers, OH 44471 330-750-1064 Fax: 330-755-4749	Struthers High School _____ 111 Euclid Ave. Struthers, OH 44471 330-750-1062 Fax: 330-755-4525
Struthers Special Services Dept. _____ 111 Euclid Ave. Struthers, OH 44471 330-755-3354 Fax: 330-755-5421	Struthers Board of Education _____ 99 Euclid Ave. Struthers, OH 44471 330-750-1061 Fax: 330-750-5516	

WITHDRAWING SCHOOL - Please provide student SSID: _____

Please send the following documents:

- ***ALL Attendance, Attendance Intervention Information, Schedule and Report Card***
- ***Birth Certificate, Immunization and Health Records***
- ***Cumulative Records to include grades and all test scores (Please include KRA, Reading Diagnostic, Lexia, DIBELS, NWEA Map, OST) RIMPS***
- ***High School Students (9-12): Official Transcript***
- ***Special Education Records, including most recent IEP, MFE, IAT, 504 Plan and ELP***
- ***K-3 ONLY: Third Grade Guarantee Information - Assessment Used*** _____
On Track ____ ***Not on Track*** ____

_____ Struthers City School District resident

_____ Attending Struthers City Schools as an open enrollment student

_____ Court/Foster Placed into Struthers from _____.

I grant permission for the Release of Information concerning my child:

Parent/Guardian _____ Date _____

Language Usage Survey

Parents and Guardians: Ohio schools, in accordance with [The Every Student Succeeds Act](#), request all families complete a language usage survey when they enroll their student in school. This information will help school staff understand your child’s language background and your family’s preferred language communications to best support your child’s learning. The information is not used to identify immigration status.

Student name (First and Last):

Student date of birth (mm/dd/yyyy):

<p>Communication Preferences Indicate your language preference so an interpreter or translations may be provided at no cost.</p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p>
<p>Language Background Information about your child’s language background is needed to identify whether students are screened for English learner status.</p>	<p>2. What language did your child learn first? 3. What language does your child use the most? 4. What languages are used in your home?</p>
<p>Prior Education. Responses about your child’s birth country and previous education provide information about the knowledge and skills your child is bringing to school.</p>	<p>5. In what country was your child born? 6. Has your child ever studied or received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, how many years/months? b. 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 a. If yes, when did your child first attend school in the United States? (mm/dd/yyyy):</p>
<p>Additional Information. Share any information to better understand your child’s language experiences and background.</p>	

Parent/Guardian name (First and Last):

Parent/Guardian Signature:

Today’s Date: (mm/dd/yyyy):

Struthers City Schools Emergency Medical Form School Year 20____ - 20____

The State of Ohio requires the Emergency Medical Form be updated annually

Student Information		
Student Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: Grade:
Student Address:	City/State:	Zip:

Residential Parent/Guardian Information (please answer questions A, B, & C)	
A. Student lives with (please X one): ___ Both Parents ___ Mother Only ___ Father Only ___ Other: _____	B. Status of Biological Parents (please X one): ___ Married ___ Divorced ___ Separated ___ Never Married ___ Widowed
C. Who has legal custody for child(ren)(please X one): ___ Both Parents ___ Mother Only ___ Father Only ___ Shared ___ Other: _____	<i>If separated or divorced, Custody papers are required for student file. For shared custody, please provide addresses of both parents below.</i>

Legal Parent/Guardian Information	Legal Parent/Guardian Information
Name:	Name:
Cell Number:	Cell Number:
Home Number:	Home Number:
Email:	Email:
Relationship to Student:	Relationship to Student:
Is your address the same as the student? ___ Yes ___ No If NO, list your current address, city, state, & zip code:	Is your address the same as the student? ___ Yes ___ No If NO, list your current address, city, state, & zip code:

Emergency/Alternate Contacts	
In the event you are unable to contact me at the above numbers, you have my permission to contact the following alternates. They have my permission to receive health care information regarding my child and can take my child home during school hours if needed.	
Contact 1 (Other than Parent/Guardian)	Contact 2 (Other than Parent/Guardian)
Name:	Name:
Relationship:	Relationship:
Best Contact Number:	Best Contact Number:
Contact 3 (Other than Parent/Guardian)	Contact 4 (Other than Parent/Guardian)
Name:	Name:
Relationship:	Relationship:
Best Contact Number:	Best Contact Number:

Emergency Authorization	
<i>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 named doctor below, or in the event the designated 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 dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</i>	
Consent Given: ___ YES (if YES, please list "Medical Contacts" below) ___ NO (if NO, please give "Consent Refusal Instructions" below)	
Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Medical Specialist:	Medical Specialist Phone:
Hospital Name:	Hospital Phone:
Facts concerning the child's history including allergies, medications being taken, and any physical impairments such as heart conditions, diabetes, epilepsy, etc., to which a physician or school staff should be alerted:	
Consent Refusal Instructions:	

Parent/Guardian Signature: _____ Date: _____

Struthers City Schools Health Information (School Year 20____ - 20____)

Student Name: _____ Grade: _____

Your child's health and education are very important to us. The information provided below will be used to facilitate your child's learning. Informing and educating staff about your child's needs will help promote his/her wellbeing. Confidentiality will be maintained and the information will be shared only with those responsible for meeting the child's health care needs.

1. Peanut Allergy?	___ Yes ___ No	Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No Do you eliminate all peanut-containing food? ___ Yes ___ No
2. Other Food Allergy?	___ Yes ___ No	Food: _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
3. Allergy?	___ Yes ___ No	Medications, seasonal or environmental? Please list: _____ Has allergy required emergency care in the past? ___ Yes ___ No Comments: _____
4. Sting Allergy?	___ Yes ___ No	Bee/insect? _____ Describe reaction: _____ Difficulty breathing? ___ Yes ___ No Emergency medication? ___ Yes ___ No
5. Diabetes?	___ Yes ___ No	DIABETES MANAGEMENT PLAN FROM DOCTOR AND SUPPLIES MUST BE IN THE NURSE'S OFFICE BY THE FIRST DAY OF SCHOOL.
6. Asthma?	___ Yes ___ No	Inhaler? ___ Yes ___ No <i>*If yes, inhaler must be kept in the nurse's office.</i>
7. Epilepsy/seizures?	___ Yes ___ No	Emergency Medication? ___ Yes ___ No
8. Heart Condition?	___ Yes ___ No	Describe: _____ Activity restrictions? ___ Yes ___ No Describe: _____ _____
9. Other? (Any other health information you would like us to know about your child.)	___ Yes ___ No	Describe: _____ _____ _____

Please check ALL that apply regarding your child's vision and hearing:

Eyes: ___ Lazy Eye ___ Crossed ___ Difficulty Seeing ___ Glasses ___ Contacts
Ears: ___ Frequent Infections ___ Tubes ___ Hearing Difficulty ___ Hearing Aid for: ___ Right Ear ___ Left Ear

Daily Medications Taken by Student

<p>Requirements for Medications to be administered at school:</p> <p>A. It is strongly recommended to parents, with their physician's counsel, that the medication schedule should be adjusted to avoid administering medication during school hours.</p> <p>B. If this is not possible, then the Medication Authorization Form must be filed with the respective building nurse's office before the student will be allowed to take medication during school hours. This written and signed request form is to be submitted each school year.</p>		
Name of Medication:	Reason for Taking:	Taken Where?
		Home and/or School
		Home and/or School
		Home and/or School

Any additional information regarding your child's health that should be brought to our staff's attention: _____

Parent/Guardian Signature: _____ Date: _____

Struthers City Schools

Child's Name _____ Birthdate _____

Educational History

Previous schools or programs attended – dates:

Grades Repeated: _____ Advanced to Grades: _____

Past or Present Services Received

_____ Previous Psychological Evaluation	_____ Private Tutoring
_____ Attendance Officer	_____ Remedial Reading
_____ Health Department	_____ Private Physician
_____ Counseling	_____ Physician's Name _____
_____ Mental Health Center	_____ Children's Services Agency
_____ Juvenile Court	_____ Name _____
_____ Special Education Class	_____ Speech Therapy
_____ LD Tutoring	_____ Other _____

Family Information

Siblings: _____ Age _____ Grade _____
_____ Age _____ Grade _____
_____ Age _____ Grade _____

Is this student adopted or stepchild? _____ Age at adoption _____

Is this student a foster child? _____

Is this student only living with one parent? _____ Which parent? _____

Has there been a recent crisis or a continuing major problem in the family? _____ Yes _____ No

If yes, please describe: _____

Current Health Status

General Health: Excellent _____ Fair _____ Poor _____

Date of most recent examinations: Physical _____ Vision _____

Hearing _____ Other _____

Significant Results _____

Allergies _____

Medication received on a long-term basis (what kind of medication, how long) _____

Have other family members had learning or behavior problems? If so, please describe

Does your child have or has your child had:

___ Asthma

___ Frequent Ear Infections

___ Frequent cold/sinus infections

___ Heart Disorder

___ Diabetes

___ Bladder disorder/bed wetting

___ Hay Fever

___ Hearing Problems

___ Convulsions/Seizures

___ Kidney Disorder

___ Visual Problems (specify) _____