



Student Registration Checklist of Requirements
Austintown Local Schools: 2026-2027

Student ID # _____

Student Name: _____ Grade Level: _____

Registration Appointment Date: _____ Registration Appointment Time: _____

Student Registration Notes

- All documentation must be provided at 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

_____ 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
Kindergarten students must be 5 years of age by the first day of instruction

_____ Student Immunization Records

_____ (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(Part A)

- ONE (1) of the following is required, **with the name of the parent/legal guardian registering the student appearing on such documentation** to show 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 and mortgage documentation of the person they reside with.

Proof of Residency(Part B)

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

_____ Current Job&Family Services/Gov. Letter

Educational Placement Records (if applicable):

- Please check 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



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 **2026-2027** _____ Custody(circle): Both Parents/Married Mom Only Dad Only Other

Parent/Guardian Name: _____

Phone 1: _____ Phone 2: _____

Home Address: _____ Apt _____

City _____ State _____ Zip _____

Patent/Guardian email address: _____

If busing is available, do you need it: YES or NO Any life-threatening medical conditions: 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

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? _____		
	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? _____		
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.	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		
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.	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 2026-2027 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
School Phone Number		Fax Number and/or Email

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 & 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 in the Austintown School District via:

- | | |
|---|---|
| <input type="checkbox"/> Austintown Local School District Resident

<input type="checkbox"/> Court/Foster Placed into Austintown from | <input type="checkbox"/> Attending Austintown Local School District as an open enrollment student
<input type="checkbox"/> Attending Austintown Local School District via Superintendent's Agreement |
|---|---|

PLEASE RETURN RECORDS to the following building:

Fitch High School (Grades 9-12) PH: 330-797-3900 OPTION 1 4560 Falcon Drive <input type="checkbox"/> Austintown, OH 44515 email: vburton@austintownschools.org	Austintown Middle School (Grades 6-8) PH: 330-797-3900 OPTION 2 800 S Raccoon Road <input type="checkbox"/> Austintown, OH 44515 Fax: 330-792-9130 email: lgartland@austintownschools.org	Austintown Intermediate School (Grades 3-5) PH:330-797-3901 OPTION 1 225 Idaho Road – Lloyd Loop <input type="checkbox"/> Austintown, OH 44515 Fax: 330-792-5750 email: jmitchell@austintownschools.org
Austintown Elementary School (Grades K-2) PH: 330-797-3901 OPTION 2 245 Idaho Road – Lynn Kirk Loop <input type="checkbox"/> Austintown, OH 44515 Fax: 330-792-7124 email: lmedley@austintownschools.org	Austintown Special Education Department 330-797-3900 OPTION 5 800 S. Raccoon Rd. <input type="checkbox"/> Austintown, OH 44515 Fax: 330-792-9046 email: cduncko@austintownschools.org	



"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), which **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 on a Government Document.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Parent/Guardian email

Today's Date