



Lordstown Local School District Student Enrollment Form

Office Use Only

Student ID _____ Status _____
Effective Start Date ____/____/____
H/R _____ Bus # _____

Student Demographics and Contact Information

Full Legal Name: _____ Called Name: _____ ☐ Male ☐ Female
First Middle Last Mother's Maiden Name: _____
Birthdate: ____/____/____ Social Security No.: _____ Birthplace City: _____ Grade: _____
Home Address: _____ City, State: _____ Zip: _____
Do you lack fixed, regular housing? ☐ Yes ☐ No
Primary Phone Number* _____ Name and grade of siblings enrolled in Lordstown Schools: _____
*The All-Call System will automatically call the primary number to notify you of school information (absences, closings, etc.)
Former School: _____ City, State: _____
Does this student have an IEP/ETR, 504, RIMP or did he/she receive any special services at the former school? ☐ YES ☐ NO
If yes, please specify: _____ Was this student expelled? ☐ YES ☐ NO

Ethnicity	☐ YES, my child is of Hispanic/Latino Ethnicity ☐ NO, my child is NOT of Hispanic/Latino Ethnicity	Race: Check all that apply	☐ White ☐ Asian ☐ Black or African-American ☐ Pacific Islander ☐ American Indian/Native Alaskan
Home Language	What language is primarily spoken in the home?	Native Language	What language was first spoken at onset of speech?
Military Status	Is either parent a member of: ☐ Active Duty Forces ☐ National Guard ☐ Reserves ☐ N/A		

Primary Adult Living With Student

Name: _____
Relationship to child: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____
Is this person a legal guardian?
☐ YES
☐ NO
Emergency Contact?
☐ YES
☐ NO

Additional Adult Living With Student

Name: _____
Relationship to child: _____
Cell Phone: _____
Home Phone: _____
Work Phone: _____
Email: _____
Is this person a legal guardian?
☐ YES
☐ NO
Emergency Contact?
☐ YES
☐ NO

Student Enrollment and Residency Situations (Check all that apply)

- | | |
|---|--|
| ☐ Birth parents are married | ☐ Parents have joint or shared custody as ordered by a court |
| ☐ Birth parents were never married | ☐ Mother is Residential Parent with court documents |
| ☐ Birth parents are divorced | ☐ Father is Residential Parent with court documents |
| ☐ Birth parents are separated | ☐ Student is in the custody of someone other than birth parent(s) |

Additional Parent/Guardian Information (NOT LIVING WITH CHILD)

Birth Mother's Name	Birth Mother's Address	Emergency Contact? ☐ YES ☐ NO	Phone _____
	Street _____	City, State _____	
Birth Father's Name	Birth Father's Address	Emergency Contact? ☐ YES ☐ NO	Phone _____
	Street _____	City, State _____	
Child Protection Agency	If the child is in the custody of a child protection agency, please provide the agency name and caseworker name: _____ Effective Date: _____		

Parent/Guardian Signature: _____ Date: _____

Lordstown Local School District
Student Emergency and Health Information

Student's Name: _____

Allergies and Other Medical Conditions

Please check the appropriate box if your child experiences any of the following: ☐ No Known Allergies

Allergy to: ☐ Food ☐ Medications ☐ Bee Stings Other Allergies: _____

Type of reaction: _____ Treatment for this allergy: _____

Does your child have an EpiPen for this allergy? ☐ YES ☐ NO

Does your child experience or has he/she been diagnosed with any of the following: ☐ Not Applicable

☐ Headaches ☐ Heart Problems ☐ Epilepsy/Seizures ☐ Fears/Anxieties

☐ Diarrhea ☐ Ear Infections ☐ Glasses or Contacts

☐ Constipation ☐ Hearing Problems ☐ Vision Problems

☐ Nose Bleeds ☐ Sinus Issues ☐ Behavioral Problems

☐ Physical Disabilities (please specify) _____

Does your child have any restrictions that may prevent him/her from participating in any level of physical activity, (recess, physical education)? ☐ YES ☐ NO

If yes, please explain: _____

☐ Diabetes Type of insulin: _____ Dosage: _____ Time: _____ Pump: _____

Has your child been taught self-care for diabetes? ☐ YES ☐ NO

☐ Asthma Uses Inhaler? ☐ YES ☐ NO Name of asthma medication: _____

☐ Other: _____

Please list any medication(s) your child is receiving:

Medication name and dosage	Reason
_____	_____
_____	_____
_____	_____
_____	_____

If you checked "Yes" for asthma, severe allergic reactions, and/or seizures, your child must have his/her medication forms completed and turned in to the school nurse, and the medication must be at the school. This will need to be completed every year.

Is there any other information you think the school should know about your child?

Parent/Guardian Signature: _____ Date: _____

Transportation Medical and Emergency Information



LORDSTOWN LOCAL SCHOOLS
1776 Salt Springs Road SW
Warren, OH 44481



Please Print

Bus Number: _____

Student's Name: _____

Grade: _____ Age: _____

Address: _____

Phone: _____

Entire physical address where child will be **dropped off** in the **AFTERNOON**:

Emergency Contacts

Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	

Medical Information

Medical Information (check if any apply)	Required Emergency Supplies	Supplies in Backpack?
☐ Diabetic	☐ EpiPen	☐ Yes ☐ No
☐ Seizures	☐ Sugar Source	Other: _____
☐ Asthma	☐ Inhaler	
☐ Allergies	☐ Other: _____	
☐ Other: _____	☐ None	
☐ None		

Signs to look for: _____

Necessary Emergency Procedures: _____

_____ **Call 911** if the following occurs: _____

_____ **Call Parent** if the following occurs: _____

Doctor: _____

Phone: _____

Dentist: _____

Phone: _____

Hospital: _____

Phone: _____

Parent Signature: _____

Date: _____



Lordstown Elementary School



Authorization for the Release of Records

I consent to the release of student records for:

Child's Name: _____

Grade Level: _____

New Address: _____

Date of Birth: _____

Previous School Name and Address: _____

Phone Number: _____

Fax Number: _____

Please include the following records:

☐ Academic Records (Transcript, Report Cards)

☐ Student Records (Birth Certificate, Social Security Card)

☐ Medical Records (Immunization, Health History)

☐ BLAT/IAT Files

☐ Most recent Multi-Factored Evaluation (MFE), Individualized Education Program (IEP), and/or Evaluation Team Report (ETR), 3rd Grade Reading Guarantee (Reading Improvement Plan - RIMP)

☐ Custody or Guardianship Papers

☐ Other: _____

Please email, fax or mail records to:

Lordstown Elementary School

Attn: Sharon Sinn

1776 Salt Springs Road SW

Warren, OH 44481

Phone: (330) 824-2572

Fax: (330) 824-2568

Sharon.Sinn@lordstownschools.org

Please also transfer in DASL to IRN 050203

Parent or Guardian Signature

Date