

REGISTRATION BY APPOINTMENT ONLY: PLEASE CALL 419-824-8581
STUDENT INFORMATION FORM

School: _____ School Year: _____ 2017-2018

Student ID # _____ Grade _____

Student Information

Legal Last Name _____ Address _____

Legal First Name _____ Apt# _____ Lot # _____

Middle Name _____ City _____

Date of Birth _____ Age _____ State _____ Zip Code _____

Gender (Circle) Male Female Phone No. _____

Legal District (If court placed) _____ Siblings in District: Yes _____ No _____

Miscellaneous

Birth City _____ Birth State _____

Birth Country _____ Citizen of _____

Native (First) Language _____ Main Language Spoken at Home _____

Is the student Hispanic/Latino? Yes _____ No _____

Ethnic Description: Please circle all that apply: A- Asian W- White B- Black/African American
I- American Indian /Alaskan Native P- Native Hawaiian/Pacific Islander

Disability Services/504 Information

If your child is receiving special education or 504 services please complete this section. Check all that apply.

Current IEP _____ Current Evaluation _____ (Include Speech Only Services)

504 Plan _____ **Checked documents must be presented at the time of registration.**

Previous School District

School _____ Phone No. _____

Address _____ Fax No. _____

_____ District Name _____

If the student was **not** born in the United States, please answer the following:

Is this the first time attending a school in the United States? Yes _____ No _____

If No, how long has the student attended a school in the United States? (Months and/or Years) _____

Parent/Guardian Information

1. Name _____ 2. Name _____

Relationship _____ Relationship _____

Living with student: Yes _____ No _____ Living with student: Yes _____ No _____

Address if different: _____ Address if different _____

Can Pick Up Student: Yes _____ No _____ Can Pick Up Student: Yes _____ No _____

Emergency Call Priority: No. 1 _____ No. 2 _____ Emergency Call Priority: No. 1 _____ No. 2 _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work Phone _____ Ext. _____ Work Phone _____ Ext. _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Custody Information- **File Stamped Court Documents must be presented at the time of registration.

Parents legally- separated _____ divorced _____ in process with Court papers _____ never married _____

Do Court papers indicate joint custody/shared parenting? _____ Yes _____ No

Who has primary **residential custody** per court Records? _____ Mother _____ Father _____ Guardian

Emergency Contacts (Other than Parent/Guardian Listed on first page)

Last Name _____
First Name _____
Relationship _____
Can pick up student: Yes ___ No ___
Emergency Call Priority: No. 3 ___ No. 4 ___
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Last Name _____
First Name _____
Relationship _____
Can Pick Up Student: Yes _____ No _____
Emergency Call Priority: No. 3 ___ No. 4 ___
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Medical

Doctor's Name _____
Address _____
Phone _____

Dentist's Name _____
Address _____
Phone _____

Preferred Hospital _____
Health Ins/Medicare _____
Allergies _____
Are allergies life threatening? Yes No Other _____
Health Factors _____

Phone _____

School –Age Sibling Information

Name 1. _____ 2. _____ 3. _____
Relation _____
School _____
Grade _____

(If you need additional space for school-age siblings, please list on the back of page.)

All information listed on the verification form is accurate for enrollment purposes.

Parent Signature

Date

Sylvania Schools – Residency Affidavit

Name of Student: _____ School: _____

According to Ohio Revised Code, school districts have the right to request verification of legal residency. By signing this affidavit, you are affirming that the address given on the student enrollment form(s) is the legal residence of the parent/guardian enrolling the student and the legal residence of said student. You must also provide the proper documentation to prove your residency in the district.

Further, I am aware of the Policy of the Sylvania School District, which states that if a student is found to have residency in our district by using false or inaccurate information, the student will be dismissed/excluded from school until resolved by school Administration. If determination is made that there was an attempt on the parent/student/or resident to defraud the Sylvania School District, restitution will be sought legally. Sylvania Schools may file charges with local authorities to prosecute and recover reimbursement for tuition and legal fees from the parties responsible. Those responsible will be held liable for all costs incurred while the student was enrolled in the Sylvania School District. The tuition rate will be based on the daily rate for the current school year.

By signing below, you indicate that you have read and understand this document.

Signature of Parent/Guardian

Date

Signature of Person with whom residing (if applicable)

Date

New Phone Number (if applicable) _____

(Office Use Only):

New Student _____

Parental Move _____

Sylvania Schools – Verification of Residency

Name of Student: _____ School: _____

Please fill in and sign the appropriate section(s). School official will attach a copy of the proof of residency to this form.

SECTION A: Please check one:

_____ I reside with my child at _____
I have supplied school officials with proof of residency.

_____ I have purchased a home at _____
I will be residing with my child at this address within **60 calendar days** of the child's first date of attendance. I have supplied school officials with a copy of the purchase contract.

_____ I am building a home at _____
I will be residing with my child within **90 calendar days** of the child's first date of attendance. I have supplied school officials with a signed contract from the builder.

Signature of Parent/Guardian

Date

SECTION B for Foster Parents or Guardians

I am the Foster Parent or Legal Guardian of _____. This child is presently residing in my residence at _____ on a full-time basis. I have supplied school officials with court documents verifying the custody order.

Signature of Foster Parent or Guardian

Date

Section C – Statement of Domicile

I, _____, District Resident, declare that _____, Student, physically resides in my home at _____ on a full-time basis with _____, Parent/Guardian. They have NO other residence listed on documents, and further declare that they eat, sleep, and maintain daily activities at this residence.

Signature of Person Providing Residence

Date

Phone Number of District Resident

Signature of Notary

Notary Phone #



Office of Student Services

Robert Verhelst, Director

REQUEST FOR TRANSFER OF SCHOOL RECORDS

This form is provided by the Sylvania Schools for the purpose of obtaining or releasing a student's school records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school. **Please include test scores, social, psychological, academic and health records.**

Release Records To: Sylvania Schools Student Services
Attn: Hema Shah
4747 N. Holland Sylvania Rd.
Sylvania, OH 43560
hshah@sylvaniaschools.org

NAME OF STUDENT _____ DATE OF BIRTH _____ GRADE _____

NAME OF SCHOOL STUDENT IS LEAVING _____

ADDRESS OF SCHOOL _____

City _____ State _____ Zip _____ FAX: _____

I hereby authorize the transfer of school records for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

Date _____ Signature _____
(Parent, Legal Guardian, or self if 18 years of age)

Address _____
(If moving, list new address if available)

Date _____ Signature _____
(Name and title of school person initialing request for transfer)

Name of school the student will be attending in Sylvania _____

1. Parents, Legal Guardians or legal age students may request review and/or copy of the records transferred. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.
2. Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

Information/records needed for enrollment:

1. _____ Copy of current grades/transcript of past grades.
2. _____ Standardized test results.
3. _____ Copy of health record/immunization dates
4. _____ Copy of attendance/suspension/discipline records
5. _____ Copy of current evaluation – current IEP – current 504 Plan
6. _____ Birth Certificate.
7. _____ Custody papers

PLEASE DO NOT FAX RECORDS

Office of Student Services

Robert Verhelst, Director



Student Registration Home Language Survey

Student Name _____
First Name Middle Name Last Name Called Name

Birth Date: _____ **Gender** _____ **Grade** _____

Place of Birth: _____
City State Country

Parent/Guardian _____ **Address** _____
City State Zip Code

Home Phone _____ **Work Phone** _____ **Cell** _____

What language did your son/daughter speak when he/she first learned to talk? _____

What language does your son/daughter use most frequently at home? _____

What language do you use most frequently with your son/daughter: _____

What language do the adults at home most often speak? _____

Does anyone in your home read English? Yes _____ No _____

Is the student from a foreign country? Yes _____ No _____

If yes, please answer the following questions:

Date of entry into USA: _____ Country of origin: _____

When did your son/daughter first enroll in school in the US? Month _____ **Year** _____

(Signature of Parent or Guardian)

Date