

**Union Local School District
Student Registration Form**

Student ID# _____
(Office Use Only)

Building _____

Date of Student's First Day _____ Grade: _____ School Year: _____

Student's Name _____
First Middle Last

Gender (M or F) _____ Student's Date of Birth _____ Student's Social Security Number _____

Street Address #1 _____ Student's City and State of Birth _____

Mailing Address (PO Box if applicable) _____ Student's Mother's Maiden Name _____

City _____ State _____ Zip _____ Home/Cell Phone Number _____

Family Information

Mother's Name _____ Occupation _____ Work or Contact Number _____

Father's Name _____ Occupation _____ Work or Contact Number _____

Either parent currently serving in the military? _____ Yes _____ No

Names and ages of siblings: _____

Statement of Custody

I state that I have _____ full custody rights or _____ shared custody rights of said child for the following reason:

- Married Separated Divorced Father Deceased Mother Deceased Never Married
 Foster Court Placed Grandparent - Power of Attorney required

Note: If the student does not reside with parents, legal documentation must be provided to the school at time of enrollment. Ex: official court papers, legal guardianship papers, power of attorney, etc.

Custody/Court documents on file at school _____ Yes _____ No

Student lives with: (check one)

_____ Both natural parents _____ Mother only _____ Father only
_____ Shared parenting _____ Mother/Stepfather _____ Father/Stepmother
_____ Grandparents _____ Other -- please specify _____

Non-custodial or shared parent:

_____ Name _____ Relationship _____

_____ Address _____

_____ Phone Number _____

Previous School Information

Name of previous school: _____

_____ Name _____ Address _____ City/State _____ Phone Number _____

Is student currently serving an expulsion? _____ Yes _____ No

(Continued on back)

If student is enrolling in grade 10-12, has he/she ever taken the Ohio Graduation Test (OGT)? Yes No

Has student previously attended Union Local School District? Yes No

If yes, list grade and year last attended: _____

Ethnic/Race Information

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to “ensure equal access” to education for all students.

Is the student Hispanic/Latino: Yes No
(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Which of the following five racial groups applies to the student? Check all that apply:

American Indian or Alaska Native – persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – Persons having origins in any of the black racial groups in Africa.

Native Hawaiian or Other Pacific Islander

White – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Citizenship Status (check one): U.S.A. Other Country: _____

Is student’s primary/home language English? Yes No: _____ Language
If no, Home Language Survey is required.

Residency Status

Are you a resident of Union Local School District? Yes No

If no, name of district of residence (home school): _____

If **not** enrolling as a resident, please check the following:

Open Enrollment Court Placed Foster Placed Other _____

Special Services (if applicable)

Please check if your child is currently receiving any of the following services:

Gifted Education Title I Tutoring Speech IEP Special Education IEP

Limited English 504 Plan Other _____

Any Medical Concerns: _____

Parent/Guardian Signature and Relationship to Student

Date

UNION LOCAL HIGH SCHOOL

66779 Belmont Morristown Rd Belmont OH 43718 – Phone 740.782.1181 – Fax 740.782.1346

REQUEST FOR TRANSFER OF RECORDS

Name of Previous School

Address of Previous School

City, State, Zip

Telephone Number

Fax Number

Student Name

Date of Birth

Grade Level

This student has enrolled in our school district effective _____ for the following reason:

- | | |
|---|---|
| _____ Parent/Guardian now resides in our district | _____ Open Enrollment (approval on file) |
| _____ Change in Custodial/Residential parent | _____ Foster/Court placed in our district |
| _____ Grandparent Law (Power of Attorney on file) | _____ 18 year old student |
| _____ Other – Specify _____ | |

Please release and forward records to: Union Local High School
66779 Belmont Morristown Rd
Belmont OH 43718
Phone: 740-782-1181 Fax: 740-782-1346

Authorization is granted for the release of **all** official school records, **including**, but not limited to:

- All Personally Identifiable Data (birth certificate, social security, custody/court papers, etc.)
- Academic Records/Cumulative File (current schedule, grades, report card, etc.)
- Attendance/Discipline Information
- Health/Immunization Records
- Transcript (including quarter, semester and/or current grades)
- Psychological/Special Needs/Accommodations Reports (IEP, ETR, WEP, 504)
- Standardized Test Scores
- Other _____

Parent/Guardian Signature

I hereby certify that the above named student has been enrolled in the Union Local School District.

District Registrar Signature

Date

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act)

Union Local School District
Emergency Medical Authorization Form

GRADE _____
AM BUS # _____
PM BUS # _____

Building _____ Grade _____ Homeroom Teacher _____

Student Information

Student Name _____ Student Birth Date _____

Parent/Guardian _____

Either parent currently serving in the military? ____ Yes ____ No

Student Address _____ Home Phone _____

Cell Phone _____

Parent/Guardian Email Address _____

Health Information

Allergies _____

Preferred treatment for allergies _____

(If this includes medication of any type, please send a supply to the school nurse)

Chronic medical problems _____

Medication taken every day _____

Prior hospitalizations/surgeries _____

Other health information the nurse should know _____

(Please attach note if health history is lengthy)

Contact Information (Should your child become ill at school and we can't reach the parent/guardian)

Please list contact information in the order you would like the calls to be made:

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Siblings that attend Union Local:

1. Name: _____ Age: _____ Grade: _____ Building: _____

2. Name: _____ Age: _____ Grade: _____ Building: _____

3. Name: _____ Age: _____ Grade: _____ Building: _____

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone() _____

Dentist _____ Phone() _____

Emergency Room

Local Hospital _____ Phone() _____

I give permission for school personnel to administer Tylenol or Tums as needed. Yes ____ No ____

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 above-named doctors, or, in the event the designated preferred 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 performance of such surgery.

Parent Signature _____ Date _____

Please complete both sides of this form

Union Local School District

GRADE _____

AM BUS # _____

PM BUS # _____

Bus Transportation Information Form

Student Name _____ Grade _____ Gender _____

School Building _____ Morning Bus _____ Afternoon Bus _____

House Number _____ Street Address _____ Apt # or Lot # _____

City _____ State _____ Home Phone _____ Cell/ Work Phone _____

_____ MON ___ TUES ___ WED ___ THU ___ FRI ___
Morning Pick-Up Address (If different from home address)

_____ Bus # _____
Contact Name and Phone Number at this address

_____ MON ___ TUES ___ WED ___ THU ___ FRI ___
Afternoon Drop-off Address (If different from home address)

_____ Bus # _____
Contact Name and Phone Number at this address

_____ MON ___ TUES ___ WED ___ THU ___ FRI ___
Emergency Dismissal Drop-Off (If different from home address)

_____ Bus # _____
Contact Name and Phone Number at this address

Siblings that attend Union Local

1. Name: _____ Age: _____ Grade: _____ Building: _____

2. Name: _____ Age: _____ Grade: _____ Building: _____

3. Name: _____ Age: _____ Grade: _____ Building: _____

Please complete both sides of this form

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>



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.

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