

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
- _____ 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 Status (pick one):	<input type="checkbox"/> Resident of Struthers	<input type="checkbox"/> Open Enrollment (attending Struthers)
	<input type="checkbox"/> Open Enrollment Out (district attending: _____)	Other: _____

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 _____

Language Survey

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: _____

Ethnicity

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.

Do you plan on participating in interscholastic athletic programs in Grades 9 – 12 (Sports)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____

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 _____

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 _____

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

If divorced, who has legal custody? Mother Father Shared If shared, who is residential? _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____ **Date:** _____

Parent E-Mail Address: _____

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

STRUTHERS CITY SCHOOLS
PARENT/GUARDIAN RESIDENCY AFFIDAVIT

STATE OF OHIO)
COUNTY OF MAHONING) ss:

Having been duly sworn and deposed, I hereby state and affirm the following:

1. I am the parent/guardian of _____ .
2. I have legal custody of the above named child/children, and he/she presently resides with me.
3. Our "legal residence" (address) is:

Street Number and Street	City	State	Zip Code
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4. For purposes of this affidavit, I intend the term "legal residence" to refer to this location where the child/children and I eat our meals, sleep on a regular basis, receive mail and if applicable, where I am registered to vote.
5. I am the owner/lessee (circle one) of the address specified above.
6. The address specified above is within the Struthers City School District.

FURTHER AFFIANT SAYETH NAUGHT.

Affiant (parent or guardian)

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public

Address: _____

Telephone: _____

IMPORTANT NOTICE: READ CAREFULLY

All residents are subject to random residency checks by Struthers Police School Resource Officer.

Knowingly falsifying any affidavits included in Struthers city School's enrollment process is a violation of Ohio Revised Code section 2921.13(A)(6) which is a FIRST DEGREE MISDEMEANOR punishable by a prison term of six (6) months and/or a fine of up to \$1,000.00. You will be charged (and prosecuted in court, if necessary) to collect all back tuition which may be due.

Finally, inaccurate and/or false information will result in immediate withdrawal of your child/children from the Struthers City Schools.

Parent/Guardian Signature

Date

IMPORTANT NOTICE

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

Knowingly falsifying any of the affidavits included in Struthers City School's enrollment process is a violation of Ohio Revised Code Section 2921.13 (A) (6) which is a FIRST DEGREE MISDEMANOR punishable by a prison term of six (6) months and/or a fine of up to \$1,000.00. You will also be charged (and or prosecuted in court, if necessary) to collect all back tuition which may be due.

Inaccurate and/or false information will result in the immediate withdrawal of your child/children from the Struthers City Schools.

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 check (√) enrolling school]

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Struthers Elementary School
520 Ninth Street
Struthers, OH 44471
330-750-1065
330-750-1489 (fax) | <input type="checkbox"/> Struthers Middle School
800 Fifth Street
Struthers, OH 44471
330-750-1064
330-755-4749 (fax) | <input type="checkbox"/> Struthers High School
111 Euclid Avenue
Struthers, OH 44471
330-750-1062
330-755-4525 (fax) | <input type="checkbox"/> Special Services Dept.
111 Euclid Avenue
Struthers, OH 44471
330-755-3354
330-755-5421 (fax) |
|---|---|--|---|

WITHDRAWING SCHOOL - Please provide student SSID: _____

Please send the following documents:

- **ALL Discipline, Attendance, Medical Records, Current Grades, Schedule and Report Card**
- **Birth Certificate**
- **Grades K-8: OAA Results**
- **High School Students (9-12): Official Transcript, OGT Results - must include dates and scores**
- **Special Education Records, including most recent IEP, MFE or 504 Plan**
- **After September 2014: Reading Diagnostics Scores and RIMP (Reading Improvement Monitoring Plan)**

_____ 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 _____

EMERGENCY MEDICAL AUTHORIZATION

Student Name: _____ Date of Birth: _____ Grade: _____ Teacher _____

Address: _____

Mother _____ Home Phone _____ Cell Phone _____ Business Phone _____

Father _____ Home Phone _____ Cell Phone _____ Business Phone _____

If parents are separated or divorced, who has custody? _____

Do not release to: _____

(If child cannot be released to a non-custodial parent, legal documentation must be submitted)

Emergency Contacts (if parent/guardian cannot be reached):

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Preferred Physician _____ Phone: _____

Preferred Dentist _____ Phone: _____

Preferred Hospital _____ Phone: _____

PART I – TO GRANT CONSENT

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 doctor, 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 the performance of such surgery. **FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:**

Signature of Parent/Guardian: _____ *Date:* _____

Student Signature (If 18 years or older) _____

PART II – REFUSAL TO CONSENT

(Complete if action described above is refused)

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian: _____ *Date:* _____

Student Signature (If 18 years or older) _____

ADDENDUM – MIDDLE AND HIGH SCHOOL ONLY

The school nurse may administer: 1-2 Advil, Tylenol, or Tums to my son/daughter in the event my child's symptoms indicate a need. Circle one: YES / NO

Signature of Parent/Guardian: _____ *Date:* _____

Student Signature (If 18 years or older) _____

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) _____