

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

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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.***

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