



KIRTLAND LOCAL SCHOOL DISTRICT

Kirtland • Kirtland Hills • Waite Hill • Chardon Township
9252 CHILLICOTHE ROAD, KIRTLAND, OHIO 44094 (440) 256-3360 FAX: (440) 256-3831

Recognized Nationally and State-Wide for Educational Excellence

NEW STUDENT REGISTRATION

By Appointment Only - Please Call 440-256-3360 x1004

The following items are required for each student you are enrolling:

- **Original Birth Certificate**
- **Parent/Guardian Identification**
 - **Ohio Driver's License**
 - **State ID**
- **(If Applicable) Custody Papers-Finalized with court stamp**
 - **Guardianship or Custody**
 - **Divorce Decree**
 - **Grandparent Power of Attorney**
 - **Shared Parenting Plan**
- **Medical Information – MUST BE CURRENT**
 - **Immunization Records**
 - **Physical Form**
- **School Records – If available, we will send signed request**
 - **State Test Scores/OGT scores for grades 11th. 12th**
 - **Last report card/final grades**
 - **Transcripts (high school only)**
 - **Any special education records: IEP and ETR/504 plan**

These items MUST be provided as proof of the parental/legal guardian's residence when a child is enrolled into the Kirtland Local School District.

One (1) of the following MUST BE PROVIDED by all Kirtland Residents:

- **Current signed lease**
- **Mortgage statement**
- **Purchase agreement or settlement statement**

And

Two (2) additional proofs of residency:

- **A current utility bill showing the name & address of the parent/legal guardian**
- **Income or employment verification**
- **Tax statement**
- **Home, rental or car insurance bill**
- **Verification from bank or other financial institution**

IN Addition to the Above:

- **Residency Affidavit**
- **Home Language Survey**

Please note: If you are residing as a renter, the home owner will also need to prove residency for you.

If you move to a new address at any time during your child's enrollment in the District, it is your responsibility to inform school officials of your new address and bring proof of residency to the Registrar's office.



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RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (to be completed by parent or legal guardian).

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of
(Parent's or Legal Guardian's Full Name)

(Student(s) First and Last Name)

And that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

PROPERTY OWNER'S NAME: _____ TELEPHONE # _____

I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on my Kirtland Local School District address and also, that the residence where meals are eaten and where the resident parent sleeps must be this residence.

PLEASE READ EACH STATEMENT AND THEN PLACE INITIALS TO THE LEFT OF THE STATEMENT

___ I/we certify that the information provided in this document and registration packet is true and NO information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named student(s) in the Kirtland Local School District.

___ I/we understand that I/we are responsible for informing school officials of ANY change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Kirtland Local School District, I will IMMEDIATELY notify the registration department in person with proof of new residency.

___ I/we have provided Kirtland Local School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child(ren) being enrolled as per Ohio Revised Code 3312.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

___ I/we acknowledge the student who is being registered has NOT been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

___ I/we understand that the Kirtland Local School District may use whatever legal means it has at its disposal to verify my residency. I/we waive my/our rights to confidentiality of information relative to my/our residence. This information will be used to confirm or deny my residence in Kirtland, Ohio.

Parent/Legal Guardian/Custodian: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 2 _____

NOTARY PUBLIC

WITNESS



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STUDENT ENROLLMENT FORM-Please Print

****Please provide information exactly as it is found on the Birth Certificate****

Today's Date _____ Last Name _____ First Name _____

Middle Name _____ Preferred First Name _____ Gender: M/F

Address _____

Home/Cell Phone# _____

Birthplace _____ Birth Date _____
(City) (State)

Ethnicity/Race Information: **Required** by the U.S. Department of Education

Is the Student of Hispanic/Latino heritage ___ YES ___ NO - (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Is the Student Multi-racial? ___ YES ___ NO

If multi-racial is YES, indicate TWO or more Race Categories Below:

- ___ (W) White - Origins in any of the original peoples of Europe, the Middle East, or North Africa
- ___ (B) Black or African American - Having origins in any of the black racial groups of Africa
- ___ (A) Asian - Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- ___ (I) American Indian or Alaskan Native - Original people of North or South America who maintain tribal affiliation or Community attachment
- ___ (P) Native Hawaiian/Pacific Islander - Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

If multi-racial is NO indicate ONE Race Category Below:

- ___ (W) White - Origins in any of the original peoples of Europe, the Middle East, or North Africa
- ___ (B) Black or African American - Having origins in any of the black racial groups of Africa
- ___ (A) Asian - Original peoples of the Far East, Southeast Asia or the Indian subcontinent
- ___ (I) American Indian or Alaskan Native - Original people of North or South America who maintain tribal affiliation or Community attachment
- ___ (P) Native Hawaiian/Pacific Islander - Original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Citizenship Status (Check one): U.S.A. ___ or other ___ Country _____

Eligible for *special education services*? Y / N Disability _____

ADDITIONAL ADMISSION INFORMATION

Previous School District Name _____

Previous School District Address _____
Street State Zip

Reason for Transfer _____ Grade Entering _____

PARENT/GUARDIAN INFORMATION

Are there *custody papers*? Y / N If YES, who has custody? _____

Foster Child? Y / N If YES, Names of Foster
Parents _____

PARENT/GUARDIAN 1

Last Name _____

First Name _____

Place of Employment _____

Work Phone # _____

Cell Phone # _____

Email Address _____

Is the address for this person the same as the student's? Y / N
If not, provide full address and home phone # below.

PARENT/GUARDIAN 2

Last Name _____

First Name _____

Place of Employment _____

Work Phone # _____

Cell Phone # _____

Email Address _____

Is the address for this person the same as the student's Y / N
If not, provide full address and home phone # below.

Emergency Contact Other Than Parent _____

OTHER SIBLINGS LIVING WITH THE STUDENT

Name	Age	Gender	School Attending	Grade
_____	___	M / F	_____	_____
_____	___	M / F	_____	_____
_____	___	M / F	_____	_____
_____	___	M / F	_____	_____

I certify that the above information is true.

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY:

REGISTRATION INFORMATION: Indicate the date when the following data is received

- _____ Copy of residency documentation.
- _____ Copy of child's birth certificate.
- _____ Copy of child's immunization record.
- _____ Copy of past academic records.
- _____ Copy of health records.
- _____ Copy of special education record (if applicable).
- _____ Copy of custody papers (if applicable).

HOME LANGUAGE SURVEY

DATE: _____

SCHOOL DISTRICT: _____

NAME OF STUDENT _____
Family Name First Name Middle I.

DATE OF BIRTH / / PLACE OF BIRTH: _____
Month Day Year City State Country

NAME OF PARENT/GUARDIAN _____
Family Name First Name

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G-I270), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

Communication skill

Proficiency Level

Listening	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Speaking	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Reading	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Writing	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Comprehension*	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient
Composite**	_____ Pre-functional	_____ Beginning	_____ Intermediate	_____ Advanced	_____ Proficient

*The Comprehension level is derived from Listening and Reading

**The Composite level is derived from Listening, Speaking, Reading, Writing and Comprehension

Assessment instrument(s) used: _____

Student is LEP? _____ Yes _____ No

Indicate the student's status as LEP or not LEP in EMIS Student Data Element (GI230)

If student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? Yes _____ No _____

KIRTLAND LOCAL SCHOOLS

HEALTH HISTORY

School: KES KMS KHS

Grade: _____

Child's Full Name: _____

Last

First

Middle

Date of Birth: _____ Sex: Male Female

Who does this child live with: _____

Family History

Please list this child's brothers and sisters:

Name	Birth Year	Sex
1.		
2.		
3.		
4.		
5.		

Prenatal History

Did the mother have any unusual physical or emotional illness during this pregnancy?

Yes No If yes, please explain: _____

How old was the mother when this infant was born? _____

Was this infant born: Full term Early Late

What was this infant's birth weight? _____

Did the infant have any sickness or problems while in the nursery

Yes No If yes, please explain _____

Developmental History

Please give the approximate age at which this child:

1. Walked alone _____

2. Spoke in sentences _____

3. Dressed self _____

4. Toilet trained _____

How does this child's development compare to other children, such as brothers and sisters or playmates? About the same: Slower: Faster:

This child is usually: Very active: Normally active: Inactive:

Do you have any concerns about how your child gets along with others? _____

Allergies - Please list and describe allergies or reactions to:

Medicines/ drugs: _____

Foods/ plants: _____

Animals/ other: _____

RECOMMENDED TREATMENT if allergy is severe: _____

Health Conditions - Please check any that this child has had:

- Abnormal spinal curvature (scoliosis)
- Allergies or hay fever
- Kidney disease, type: _____
- Anemia
- Measles ("old fashioned" or "10-day")
- Arthritis
- Meningitis or encephalitis
- Asthma or wheezing
- Multiple ear infections (3 or more)
- Behavior problems
- Mumps
- Birth/ congenital malformation: _____
- Near-drowning or near-suffocation
- Birth mark: _____
- Nervous twitches or tics
- Cancer, type: _____
- Poisoning
- Chicken pox
- Poor hearing
- Chronic diarrhea or constipation
- Pregnancy
- Concerns about relationship with siblings/friends
- Rheumatic fever
- Cystic fibrosis
- Seizures or epilepsy
- Diabetes
- Sickle cell disease
- Eczema
- Skin rashes (frequent)
- Emotional problems
- Stool soiling
- Eye problems, poor vision (glasses?)
- Substance abuse (alcohol, drugs)
- Frequent headaches
- Suicide attempts
- Frequent skin infections
- Throat infections (frequent)
- Frequent sore throat infections
- Toothaches or dental infections
- Heart disease, Type: _____
- Urinary tract infections
- Hepatitis
- Wetting (daytime/ night)

Injuries and Illnesses - Please list any severe injuries or illnesses:

Injury / Illness	Age of Child	Hospitalized?

Does this child always wear seatbelts in cars? Yes No

Medications

What medications are given daily? _____

What medications are given frequently, but not daily? _____

Additional Information

Do you have any concerns about how your child gets along with others? _____

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly: _____

Completed by: _____
 Relationship to child: _____

Ohio School Health Record
Physician's Report

Date of Birth: _____

Child's Name: _____ Male Female Age _____ Date: _____

Height: _____ (_____ %) Weight: _____ (_____ %) Blood Pressure: _____ / _____

SCREENING TESTS

VISION	DATE DONE: _____		
Distance Acuity:	R _____	L _____	
Music Balance:	Pass _____	Fail _____	Not Done _____
Farsightedness:	Pass _____	Fail _____	Not Done _____
Color:	Pass _____	Fail _____	Not Done _____
Child wears glasses:	Yes _____	No _____	
Tested with glasses:	Yes _____	No _____	
Referral made:	Yes _____	No _____	

HEARING	DATE DONE: _____		
Audiometric thresholds:			
R- Ear	Pass _____	Fail _____	Not Done _____
L- Ear	Pass _____	Fail _____	Not Done _____
Other Tests (specify) _____			
Child wears hearing aid:	Yes _____	No _____	
Tested with hearing aid:	Yes _____	No _____	
Referral made:	Yes _____	No _____	

SPEECH AND LANGUAGE

Speech assessment: Done Not done

Child has no discernible speech problem:

Child has possible problem with:

Disorders (check): Articulation: Rhythm: Voice:

Speech evaluation recommended: Yes _____ No _____

LABORATORY TESTS

Hematocrit / Hemoglobin Urine protein Urine Blood Urine glucose Other: _____

PHYSICAL EXAMINATION Date Examined _____ Essentially Normal _____ Abnormalities as follows:

Is this child able to participate fully in the following?

- A. Classroom and academic activities Yes____ No____
- B. Physical education classes Yes____ No____
- C. Competitive athletics Yes____ No____
- D. Contact and collision sports Yes____ No____

If limitations are advised, please specify those limitations: _____

If this child has any physical, developmental or behavioral problems, how can the school assist with special programs, placement or attention? _____

Physician's Assessment

Problem List	Recommendation for School Management
1.	1.
2.	2.
3.	3.

PLEASE PRINT OR STAMP

Physician's Name: _____

Physician's Signature: _____

Address: _____

Phone Number: _____

Date Signed: _____

Ohio School Health Record
Dentist's Report

Child's Name: _____

The following services have been performed:

- Examination
- Diagnosis
- Radiographs
- Oral prophylaxis
- Prescription for fluoride supplements
- Topical application of fluoride

The following oral hygiene instruction was provided:

- Tooth brushing
- Flossing
- Diet counseling reflecting relation of diet to dental health
- Home / school use of fluoride mouth rinse

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Further appointments have been arranged

Comments: _____

Please Print or Stamp

Dentist's name: _____

Address: _____

Phone: _____

Dentist's signature: _____

Date signed: _____