



PLEASE PROVIDE THE FOLLOWING FOR EACH STUDENT THAT YOU ARE REGISTERING:

1. **COMPLETED REGISTRATION PACKET**
2. **BIRTH CERTIFICATE**
3. **SHOT RECORDS** (Must be provided to the school nurse within 14 days of the enrollment date or the student **will be excluded** from school until records are provided.)
4. **PARENT/GUARDIAN'S DRIVERS LICENSE, PASSPORT, OR STATE I.D.**
5. **PROOF OF RESIDENCY** (Current Rental/Lease Agreement, Mortgage Statement, Settlement Statement, Deed, or Property Tax Statement)

(a)**If a parent/legal guardian's name does not appear on the proof of residency, the person whose name appears on the document, and is an established district resident must come with the parent/legal guardian to prove residency.

**If (a) above applies, any one of the following is required for additional proof of residency:

1. *Parent(s)' new Ohio drivers' license with current address*
2. *Parent(s)' US Mail forward confirmation with new address*
3. *Parent(s)' current Business mail received to new address*

6. **CUSTODY PAPERS** (Court stamped Divorce Decree **with Shared Parenting Order**, if Shared Parenting filed. Any modifications or Custody Orders relevant to child.)
7. **IEP/MFE** (If applicable for Special Needs Students)

Student I.D. # _____
 School Building _____
 Home School _____
 1st Time in Ohio Schools Yes No

**FAIRFIELD CITY SCHOOLS
 STUDENT REGISTRATION
 GRADES 1-12**

- Co-Resident
- ESL Gifted
- IEP Attached
- Trans. Form Attached
- Faxed

Please complete ALL sections below.

Entry Date: _____

Student's First Name		Middle		Student's Legal Last Name		Suffix	Grade
Address (post office box is not acceptable as a residence address)				City	Zip	Home Phone #	
Cell #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	City of Birth		Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non U.S. Citizen/Immigrant		
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-Racial* <i>Please see note below:</i> **Parents/Guardians who select multi-racial may also select 2 of the following racial elements: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White					Primary Language Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Other: _____		
Has this student previously attended Fairfield City Schools? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, grade level and year at withdrawal: _____</i>				Is this student presently under expulsion or suspension? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide copies of paperwork.</i>			
Special Services (Special Education/Gifted Identification) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Is your child currently receiving any Special Education service(s), or, does your child currently have an I.E.P.?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Has your child been identified as gifted or did your child receive gifted services by a previous school district?</i>							
Previous School District/Building Attended				Previous School Address/City/State/Zip			
Status of Birth Parents <input type="checkbox"/> Both in Home <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased							
Student Resides With <input type="checkbox"/> Biological/Adoptive Parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Grandparents <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Foster Family <input type="checkbox"/> Other: _____							
Biological/Adoptive Parent Information (required)							
MOTHER's First Name _____ Last Name _____ Maiden Name _____ Address (if different from student) _____ City/State/Zip _____ Cell # _____ Occupation _____ Place Employed _____ Business Phone # _____ Email Address _____				FATHER's First Name _____ Last Name _____ Address (if different from student) _____ City/State/Zip _____ Cell # _____ Occupation _____ Place Employed _____ Business Phone # _____ Email Address _____			
If mother and father's addresses are different, who has legal custody of child? _____							
In what state and county is court located where legal custody was granted? _____							
Legal Guardian (Other than Biological/Adoptive Parents)							
Name _____				Relationship _____			
Email Address _____				Cell # _____			
Occupation _____ Place Employed _____				Business # _____			
Step-Parent Information (if applicable)							
First Name _____		Last Name _____		Cell # _____			
Occupation _____		Place Employed _____		Business Phone # _____			
Please list all persons living in the home							
Name	Sex	Age	Relationship to Child	Name	Sex	Age	Relationship to Child
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.							
Signature of Parent or Guardian _____				Relationship to Student _____		Date _____	
*Falsification under Ohio Revised Code 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1000.00 or both.							

**FAIRFIELD CITY SCHOOL DISTRICT
HOME LANGUAGE SURVEY**

MUST BE COMPLETED BY ALL REGISTRANTS:

The information requested is mandated under Senate ORC Bill 140 and Education Management Information System (Sections 3301-0714)

STUDENT'S NAME: _____
(First Name) (Middle) (Last Name)

GENDER: Male Female **BIRTHDATE:** _____
(Month Day Year)

PLACE OF BIRTH: _____
(City of Birth) (State of Birth) (Country of Birth)

PARENT/GUARDIAN NAME: _____
(First Name) (Last Name)

HOME ADDRESS: _____
(Number and Street) (City/State) (Zip Code)

HOME PHONE # _____ **CELL PHONE#** _____

1. What language did your son/daughter speak when he or 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 when speaking to your son/daughter? _____
4. What language do the adults at home most often speak? _____

If not born in the United States:

5. What year did your son/daughter first arrive in the United States? _____
6. How long has your son or daughter attended school in the United States? _____
7. My son/daughter began attending school in the United States on _____
(Month) (Date) (Year)
8. This is the first year for my son/daughter to attend school in the United States.
9. **IMMIGRANT YOUTH*:** Yes No

*To be considered an "immigrant youth", your child must meet *all three* of the following guidelines:

a) is aged 3-21; b) was NOT born in any U.S. State; c) has not attended school in any U.S. State for more than 3 full years.

Signature of Parent or Guardian _____

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 DASL and notify Curriculum Dept. ESL Secretary of new enrollment.

**FAIRFIELD CITY SCHOOL DISTRICT
STATEMENT OF RESIDENCY**

(Must be signed in the presence of a Fairfield City School District Official)

Parent/Guardian Information:

Date: _____

Parent Name: _____ Home Phone: _____ Cell: _____

Address: _____

Legal Guardian of: _____ (Street) _____ (City) _____ (Zip)
(Child) Residence is: Owned _____
Rented/Leased _____

Place of Residence since: _____ Previous Address: _____
(Date)

Homeowner/Leaseholder: _____ Yes (Proceed to signature section below)
_____ No (Next section must be completed by homeowner/leaseholder)

Homeowner/Leaseholder Information:

Date: _____

Homeowner/Leaseholder Name: _____ Phone: _____

Address: _____ Landlord Phone: _____

Date parent(s), and child moved to your residence: _____ Expected length of stay: _____

Reason for Co-Residency: _____

WARNING

I affirm that all information given above is true and correct. I agree that the Fairfield City Schools, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information to a representative of the Fairfield Schools.

I further understand and agree that, if it is later determined that this family is not a legal resident of Fairfield City Schools, such students will be withdrawn immediately from the Fairfield City School District.

A person who knowingly falsifies the above information is committing a first-degree misdemeanor, punishable by a maximum fine of \$1000.00 and/or a maximum term of imprisonment of six months. (Ohio Revised Code Section 2921.13)

Parent/Guardian Signature

Homeowner/Leaseholder Signature

Fairfield City School District Official Signature

Date

FAIRFIELD CITY SCHOOL DISTRICT HEALTH HISTORY FORM

(Both sides of this form to be completed by parent or guardian.)

Child's Full Name _____
Last
First
Middle

Male Female Birthdate _____

Health Conditions: Please check any of the following that your child currently has or has had in the past.

- | | |
|---|---|
| <input type="checkbox"/> Abnormal Spine Curvature (Scoliosis, etc.)
<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Allergies of Hay Fever
<input type="checkbox"/> Anemia
<input type="checkbox"/> Arthritis
<input type="checkbox"/> Asthma/Wheezing
<input type="checkbox"/> Behavior Problems
<input type="checkbox"/> Birth/Congenital Malformation
<input type="checkbox"/> Cancer, type _____
<input type="checkbox"/> Chickenpox, date _____
<input type="checkbox"/> Chronic Diarrhea or Constipation
<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Eczema
<input type="checkbox"/> Emotional Disorders
<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Heart Disease, type _____ | <input type="checkbox"/> Hepatitis
<input type="checkbox"/> Kidney Disease, type _____
<input type="checkbox"/> Measles
<input type="checkbox"/> Meningitis or Encephalitis
<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Mumps
<input type="checkbox"/> Nervous twitches/tics
<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Seizures or Epilepsy
<input type="checkbox"/> Sickle Cell Disease
<input type="checkbox"/> Stool Soiling
<input type="checkbox"/> Substance Abuse (alcohol/drugs)
<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Toothaches/dental problems
<input type="checkbox"/> Tuberculosis (TB)
<input type="checkbox"/> Urinary Tract Infections
<input type="checkbox"/> Urinary accidents (night/day)
<input type="checkbox"/> Other Chronic Health Problem |
|---|---|

Explain checked items _____

Any condition that would prevent full participation in educational programs (including physical education) requires physician documentation/orders before modifications can be considered. See your School Nurse for further information.

Allergies - Please list and describe allergies/reactions to:

Medication/Drugs _____	Treatment _____
Foods/Plants/Animals/Other _____	Treatment _____
Bee Stings/Insect Bites _____	Treatment _____

If your child requires medication for treatment of an allergic reaction during the school day, see your School Nurse for further information.

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

	<u>Date(s)</u>	<u>Hospitalized</u>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vision and Hearing (Check all that apply)

- Frequent Ear Infections (3 or more per year)
- Hearing loss – Circle one: Right / Left / Both
- P.E. Tubes (Date placed _____ Still in place? Yes No
- Last Hearing Exam _____
- Vision Problems
- Wears Glasses Wears Contacts Reason _____
- Last Vision Exam _____

Additional Information:

Does your child see the doctor for a chronic medical condition? Yes No

If yes, please complete the following:

What is the medical condition? _____

Doctor's Name _____ Phone _____

What medications are given daily? _____

What medications are given frequently, but not daily? _____

When did your child last see the doctor for this condition? _____

If your child requires any medication during the school day (prescription or over the counter), see your School Nurse. There are forms that must be completed for medication to be dispensed during school hours.

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Date of last physical exam _____ Doctor/Clinic (if different from above) _____

Date of last dental exam _____ Dentist/Clinic (if different from above) _____

Immunizations received at _____

This child is usually: Very Active Normally Active Passive

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

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. _____

Has your child ever been evaluated for:

- Speech/Language Impairment
- OT/PT (Occupational or Physical Therapy)
- LD/SLD (Learning Disability/Specific Learning Disability)
- CD (Cognitive Disability)
- MD (Multiple Disabilities)
- ED (Emotional Disabilities)

Other household members:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Form completed by _____

Relationship to child _____

I (do/do not) give my permission for the School Nurse to share this confidential information as needed for the benefit of my child's health and educational needs, except for the following conditions: _____

Signature

Date

Phone

**FAIRFIELD CITY SCHOOLS
PARENT/GUARDIAN/STUDENT
CONSENT FOR RECORDS RELEASE**

TO: _____ (Previous School)

_____ (Street Address)

_____ (City, State, Zip Code)

Phone # _____ Fax # _____

I hereby request that the above named school/agency release any and all personally identifiable information contained in records pertaining to the following child:

Student: _____ Birthdate: _____ Grade: _____

Reason for Request: (please check one)

To aid in present and future educational decisions/placements

Other: _____

Records released by the educational institution, person, or agency listed above are not to be released by another person or agency without the written consent of the parent, guardian or legal age student.

I consent to the release of information as noted above and certify that I am the parent, guardian, or legal custodian of the subject of the records or the subject of the records if eighteen years of age or older.

Signature: _____ Date: _____

Please forward records to the address indicated below, if you are unable to release the requested records, please return a reason for denial (See other side):

	Telephone / Fax
_____ Senior High , (Gr.10-12), 8800 Holden Blvd, Fairfield, Ohio 45014	(513) 942-2999 / 942-3288
_____ Freshman School , (Gr.9) 5050 Dixie Hwy, Fairfield, Ohio 45014	(513) 829-8300 / 829-4733
_____ Middle School , (Gr.7-8) 1111 Nilles Rd, Fairfield, Ohio 45014	(513) 829-4433 / 829-6480
_____ Intermediate School , (Gr.5-6) 255 Donald Dr., Fairfield, Ohio 45014	(513) 829-4504 / 829-7447
_____ Central Elem. , (Gr.1-4) 5058 Dixie Hwy., Fairfield, Ohio 45014	(513) 829-7979 / 829-7830
_____ East Elem. , (Gr.1-4) 6711 Morris Rd., Hamilton, Ohio 45011	(513) 737-5000 / 737-5225
_____ North Elem. ,(Gr.1-4) 6116 Morris Rd., Hamilton, Ohio 45011	(513) 868-0070 / 868-3621
_____ South Elem. , (Gr. 1-4) 5460 Bibury Rd, Fairfield, Ohio 45014	(513) 829-3078 / 829-8350
_____ West Elem. , (Gr.1-4) 4700 River Rd., Fairfield, Ohio 45014	(513) 868-3021/ 868-3624

(FOR SCHOOL USE ONLY)

ENROLLMENT INFORMATION

Date of Enrollment: _____

EXPULSION INFORMATION

Please advise if this student has been expelled from your school, reason for expulsion and dates:

DENIAL OF RECORDS RELEASE

If you CANNOT release the requested records, we would appreciate the return of this sheet with the following information provided. We will relay it to the parent. Thank you for your assistance.

The records for _____ CANNOT be released for the following reason (s):

_____ Fees due Amount Owed: _____

_____ Books not returned:

_____ Grades incomplete

_____ No records available

_____ Other:

Date

Signature / Title of Sender