

For Office Use Only

Today's Date: _____
Intake Time: _____
Intake By: _____

REYNOLDSBURG CITY SCHOOLS

Reynoldsburg, Ohio 43068

For Office Use Only

SIS#: _____
Bldg: _____

SCHOOL REGISTRATION FORM

Please print in black or blue ink.

Returning to Reynoldsburg Schools

STUDENT INFORMATION:

Legal Name: _____, _____, _____
(Last) (First) (Middle)

(Name must be listed on all forms exactly as shown on the child's Birth Certificate)

Gender: Male Female

Enrolling in Grade: _____
May be reviewed

Date of Birth: _____ Age: _____ City/State of Birth: _____ Country of Birth: _____
(Child must be age 5 by August 1 in order to enroll in kindergarten.)

Is this child a U.S. citizen? Yes No Migrant Refugee

Street Address: _____ Apt: _____

City: _____ Zip: _____ County: Franklin Licking Fairfield

Primary School Day Phone #: () _____ Primary Evening Phone #: () _____

(required by the U.S. Department of Education and the Ohio Department of Education) Must answer both sections.

Ethnicity: Hispanic or Latino YES NO
Multi-Racial YES NO

Race: White Black Asian
 American Indian/Alaska Native
 Native Hawaiian or Other Pacific Islander
(must choose 2 or more if multi-racial)

RESIDENCY/CUSTODY: Information concerning person(s) with whom the student is living.

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

(Please circle relationship)

Father / Stepfather / Guardian / Foster Father

Name: _____
Home Phone: () _____
Cell Phone: () _____
Employer: _____
Business Phone: () _____
E-Mail: _____

Name: _____
Home Phone: () _____
Cell Phone: () _____
Employer: _____
Business Phone: () _____
E-Mail: _____

Does the child reside with this person during the school year?
 Full-time Part-time Never

Does the child reside with this person during the school year?
 Full-time Part-time Never

Is this person the child's - legal / court-ordered / school placement - custodian?
 YES NO (If NO You must refer to page 1 of this packet before continuing.)

Is this person the child's - legal / court-ordered / school placement - custodian?
 YES NO (If NO You must refer to page 1 of this packet before continuing.)

Are biological/adoptive parents: Single/Never Been Married Married Divorced** Separated
 Other _____ (Please Be Specific)

** State law requires that the school receive a copy of a court filed (stamped and signed by a judge) separation or divorce judgment and decree AND shared parenting agreement and decree, before the enrollment process can continue.

Is there a court or police filed document that restricts access to the student by a certain party (i.e. Protective Order)? YES NO

If YES, whom?: _____ Relation to child: _____
****This order cannot be executed until the document has been submitted to Central Enrollment.****

STUDENT'S SIBLING(S) - (even if not attending school)

NAME	DOB	GRADE

NAME	DOB	GRADE

Student's Name: _____

PREVIOUS EDUCATION

Please list **ALL schools** previously attended, Kindergarten through present, including any Reynoldsburg Schools:

School Name	City	State	Year (s)	Grade Levels	Public / Private

SPECIAL SERVICES

Is this student currently receiving special education (on an *Individualized Education Plan*) or other programming outside the regular classroom? Yes No
If yes, indicate disability condition(s): _____

Please provide copy of IEP / ETR (Evaluation Team Report).

If you do not have your child's IEP & ETR, please note that services cannot continue until current IEP & ETR are received from the student's previous school. _____
Parent Signature

Does your child have a 504 Disability accommodation Plan? Yes No
(If yes please provide copy of 504 plan)

Is your child currently receiving intervention (e.g. Title I Reading) Services? Yes No

Is your student receiving English as a Second Language (ESL) services? Yes No
Native language: _____

Is your child receiving any gifted services with a Written Education Plan (WEP)? Yes No
Is your child receiving services with a Written Acceleration Plan (WAP)? Yes No

DISCIPLINE

Is this student currently under expulsion from another school? Yes No

Is this student currently under suspension or dismissal, for academic or disciplinary reasons, from any school? Yes No

Has there ever been a truancy filing against this student? Yes No Year _____ Grade _____

Has this student ever been charged with, or convicted of, a felony? Yes No Year _____ Grade _____

Has this student ever been on probation or court-involved? Yes No Year _____ Grade _____

Did any of these incidents occur on school property or involve school staff? Yes No

If yes to any above, please explain and provide court documents relating to the case: _____

Please list any additional information or concerns you have about your child: _____

I ATTEST TO THE FACT THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE
Reynoldsburg Board of Education reserves the right to request any additional information for proof of residency and/or custody.

Signature of Custodial Parent/Guardian

Date

FOR OFFICE USE ONLY
SIS Number _____

Records Requested: _____

SSID Number: _____

Counselor: _____

Alternative Placement: _____

REYNOLDSBURG CITY SCHOOLS

STATEMENT OF CUSTODY

Student Name: _____

Date of Birth: _____

- Student **lives with**: (check one) Mother / Father Mother Only Father Only
- Mother / Stepfather Father / Stepmother Legal Guardian Foster Parent(s)
(child is a ward of the court)

I state that I am the **residential parent** of said child for the following reason:

- Parents are married and living together.
- I have written proof of custody and a copy is attached. (Divorce judgment entry & decree AND Shared Parenting agreement & decree, separation agreement – or - court order, FCCS placement document, HB130)
- I have no written proof of custody for the following reason:
 - I was never married to the father/mother of my child.** (Mother will need to write a note for father to visit child on school grounds if child was born after January 1, 1998.) (Father will need affidavit of paternity and custody if the child was born after January 1, 1998 in order to enroll the child and/or have the right to make educational decisions; this includes consent forms, discipline, and IEP/ETR.)
 - Mother and Father reside together, but are not legally married.** Same rule applies as above.
 - I am still married to the father/mother of my child. We are separated, but not divorced.** No custody order exists.
 - The father/mother of my child is deceased.** (Attach death certificate.) Affidavit of Paternity will need to be filed by father to establish paternity if mother and father never married and father's name is on birth certificate of child born after January 1, 1998. We will also need a custody order. School district will allow enrollment for 60 days on tuition basis while affidavit is being filed and custody being established.
 - I have filed a motion for custody / reallocation of parental rights.**
 My hearing date is: _____ Reynoldsburg School district will allow enrollment for **60 days on a tuition basis** while custody is being established.
 - Other;** please specify: _____

I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of the Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000.00 and/or a maximum term of imprisonment of six months. Furthermore, I accept financial responsibility for tuition for the above named student if the student illegally attended Reynoldsburg City Schools and understand that immediate withdrawal will occur.

X _____
Parent / Guardian Signature

Date



REYNOLDSBURG CITY SCHOOLS GUARDIAN / FOSTER STUDENTS ENROLLMENT INFORMATION

Student's Name: _____ RCS Student ID #: _____

Date of Birth: _____ Grade: _____ School: _____

SSID #: _____ Enrollment Date: _____

Guardian/Foster Parent: _____

Guardian Address: _____ Phone #: () _____

*Information regarding the natural parent(s) with whom the student does **NOT** reside, and school district that is fiscally responsible for educational costs as designated by a court order.*

Birth Parent(s) Name: _____

Address: (Mother) _____ Phone #: () _____
(Father) _____ Phone #: () _____

School District of Residence: _____ IRN #: _____
District Superintendent's Name: _____ County: _____
School District office address: _____

Name of Previous School: _____

For Foster / Court or Children Services Placements:

Children Services Case Worker: _____

Journal Entry / Court Case Number: _____

Office Address: _____

Office Phone #: _____ Office Fax #: _____

Please check appropriate box and attach required documents to this form at time of enrollment:

Children Services Documents Enclosed
(Enrollment/Transfer Letter; Individual Child Care Agreement)

Court Order Enclosed

Grandparent House Bill 130 Enclosed

CC: Student Services (CO) / Student File Date Documentation Sent to District of Residence: _____

SIS # _____

**REYNOLDSBURG CITY SCHOOLS
EMERGENCY AUTHORIZATION FORM**
O.R.C.3313.712



Student's Name _____

Birthdate _____

Home Address _____

School _____

_____ Zip _____

Teacher _____

Student's Cell Phone (____) _____

Grade _____

Gender M F

Residential Parent/Guardian Information

Student lives with: both parents mother father other _____

Biological parents are: Married Divorced Single-never married Residing together-not married

(Please circle relationship)



please check primary daytime contact number

(Please circle relationship)

Mother / Stepmother / Guardian / Foster Mother

Father / Stepfather / Guardian / Foster Father

Name: _____

Name: _____

Address: _____ Zip _____

Address: _____ Zip _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Employer: _____

Business Phone: (____) _____

Business Phone: (____) _____

E-Mail: _____

E-Mail: _____

Your mother's maiden name: _____

Your mother's maiden name: _____

Contact person(s) in case parents cannot be reached

This form is utilized if your child becomes ill or has an emergency while at school. It authorizes us to contact additional people should a parent or guardian be unavailable. For this reason, it is important that you list more than one contact number. If your information changes throughout the school year, please be sure to notify the office.

Name: _____

Name: _____

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Relationship to student: _____

Relationship to student: _____

Major Medical Concerns: _____

My child has NO medical concerns. X _____

Parent signature

PART I - TO GRANT CONSENT

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

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 the above named doctor, or, in the event that 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.

Parent Signature: X _____

Date: _____

You must continue to the back of this page.

Student Name: _____

Medical Alerts

Routine MEDICATIONS: NO Medications (including those taken at home)

Name of Medication	Taken For	Activity Restrictions

ALLERGIES: NO Allergies

- Food: _____
- Insects: _____
- EPI-PEN NEEDED**
- Drug: _____
- Other: _____
- Seasonal/Environmental: _____

PART II – REFUSAL TO CONSENT

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

Parent Signature: _____ Date: _____

Custody

1. Is this child subject to any shared parenting agreement custody order? N/A

Mailing address of other parent if order mandates: _____

2. Is there a court order on file with this school that restricts access to this student by any party? Yes No

If yes, whom: _____ Relation to child: _____

This order cannot be executed until the document has been submitted to Central Registration.

Military Information

1. Is the student a dependent of a member of the Active Duty Forces? Yes No
(Army, Navy, Air Force, Marine Corps or Coast Guard)
2. Is the student a dependent of a member of the National Guard? Yes No
(Army National Guard or Air National Guard)

Student's siblings attending Reynoldsburg Schools

Name: _____ Gr.: __ School: ____ Name: _____ Gr.: __ School: ____

Name: _____ Gr.: __ School: ____ Name: _____ Gr.: __ School: ____

Transportation Information

Please mark arrival and dismissal procedures that apply.

Arrival

- Walker Car Rider
- Bus Rider Bus# _____
Bus Stop Location _____
- Daycare / Babysitter
Name _____
Phone # _____

Dismissal

- Walker Car Rider
- Bus Rider Bus# _____
Bus Stop Location _____
- Daycare / Babysitter
Name _____
Phone # _____

**Reynoldsburg City Schools
Technology Acceptable Use Agreement
Students/Parents/Guardians**



All Board policies are available in each school's administrative office and on reyn.org.

I have read, understand and agree to abide by the Technology Acceptable Use Policy. I agree to report any violation of this policy to the building principal or IT Department and to cooperate in any investigations regarding violations. I understand that my technology account may be monitored. I agree to exercise responsibility by using my best efforts not to violate this policy.

I understand that any violation of this Policy may subject me to restriction or termination of my access to district technology, discipline in accordance with the student handbook, other Board policies, referral to legal authorities, and/or other legal action.

By signing below, I agree to release The Reynoldsburg City School District, its staff and Board members, from any claims or damages arising as a result of and in connection with my failure to follow school policies regarding use of technology resources, including claims or damages arising from the student giving his/her user name or password to another student.



Student Name (Printed)

Student Signature

Date

If the student named above is under 18 years of age, a parent or legal guardian must complete the following:

PARENT/GUARDIAN PERMISSION FORM

As a parent or legal guardian of the minor student signing above, I grant permission for my daughter/son/ward to access District technology resources, including networked computer services such as the Internet. I understand that individuals and families may be held liable for violations. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.

By signing below, I agree to release The Reynoldsburg City School District, its staff and Board members, from any claims or damages arising as a result of and in connection with my child's/ward's failure to follow school policies regarding use of the Network, including claims or damages arising from the student giving his/her user name or password to another student. I am aware there is a \$25.00 annual charge to cover the administration of devices (this only applies to devices assigned to be taken home by students), and a \$15.00 deductible per incident if the device is non-intentionally damaged.



Parent/Guardian Signature

Date

Home Phone #

Student ID #

Work Phone #

Student Date of Birth

