



Northern Local School District

Registration Form

Student Information

LEGAL Last Name:

LEGAL First Name:

LEGAL Middle Name:

Nickname:

Gender: Male Female

Date of Birth: / /

Social Security Number: - -

City and State of Birth:

Grade Level:

Special Education: Yes No

Previous School DISTRICT

Enrollment Information

District of Residence: _____

Reason for Attending Northern Local

Resident: Foster: Senior:
Open Enroll: Court Placed:
Other: _____
(Not Foster)

Race / Ethnicity (Please Check All That Apply)

Hispanic or Latino: Yes No

White:

Alaska Native:

African American:

Native Hawaiian:

American Indian:

Pacific Islander:

Asian:

Other

Household Information

Property Address:

Town:

ZIP Code:

County:

Are there multiple families living at this address? Yes No If Yes, list them on following line:

Mailing Address (if different from property address)

Address:

City:

State:

ZIP Code:

Parent / Guardian Information (For This Address)

Last Name:

First Name:

Primary Phone (Home Phone): (____) ____ - ____

Other Phone (if applicable): (____) ____ - ____

E-Mail Address:

Relationship to Student:

Receive Mailings for Student: Yes No

Parent Portal Access for Student: Yes No

Additional Contact Information

Last Name:

First Name:

Relationship to Student:

Phone: (____) ____ - ____

E-Mail Address:

Receive Mailings for Student: Yes No

Parent Portal Access for Student: Yes No

Mailing Address (if different from household address)

Address:

City:

State:

ZIP Code:

Office Use Only

Building: G S T M H E

Student Number:

Start Date: / /

Office Staff: List Northern Local students residing in the same household below.



Northern Local School District

Enrollment Documentation Checklist

Documentation Needed When Enrolling at Northern Local Schools

	Check Each Item Provided
<p>Documentation:</p> <p>Please use the checklist to the right to ensure that all necessary documentation is available at the time of enrollment.</p> <p>IF THE CONDITIONS OF RESIDENCY OR CUSTODY CANNOT BE MET ENROLLMENT IS NOT POSSIBLE</p>	<p>Birth Certificate: <input type="checkbox"/></p> <p><i>Original or Certified Copy</i></p>
	<p>Social Security Number: <input type="checkbox"/></p>
	<p>Proof of Residency: <input type="checkbox"/></p> <p><i>See Residency Criteria Below</i></p>
	<p>Health Records: <input type="checkbox"/></p>
	<p>Court Ordered Custody Papers: <input type="checkbox"/></p> <p><i>(If Applicable)</i></p>
	<p>Individualized Education Program (IEP) and MFE (If Applicable): <input type="checkbox"/></p>
	<p>Documentation:</p> <p>Please use the checklist to the right to ensure that all necessary documentation is available at the time of enrollment.</p> <p>IF THE CONDITIONS OF RESIDENCY OR CUSTODY CANNOT BE MET ENROLLMENT IS NOT POSSIBLE</p>

Student and Parent Information

Student Last Name: _____	Student First Name: _____
Custodial Parent Last Name: _____	Custodial Parent First Name: _____

Custody Criteria

*** Criteria for Establishing custody if a divorce or separation has ever been involved:**

- 1.) Present the most recent court ordered journal entry that establishes custody.
- 2.) Provide the name and address of the non-custodial parent

Non-Custodial Parent Last Name: _____	Non-Custodial Parent First Name: _____		
Address: _____	City: _____	State: _____	ZIP Code: _____

Residency Criteria

*** Criteria for Establishing Residency**

- 1.) Where the parent sleeps the majority of the time.
- 2.) Where Mail is Received.
- 3.) Where parents are registered to vote.

NOTE: Proof of residency at a rental property:

- 1.) A signed lease agreement.
- 2.) A notarized statement from the landlord.

Acknowledgement

I hereby acknowledge and affirm that I have legal court custody of the above student and that I reside at the address listed.

Parent's Signature: _____	Date: _____
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EMERGENCY MEDICAL AUTHORIZATION
Northern Local School District

5341 F1
1/30/2013

_____ Sheridan HS _____ Sheridan MS _____ Glenford _____ Somerset _____ Thornville

Students Name (on line above) _____ Date of Birth _____ Grade _____ Box No. (for mailing purposes) _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

Non-Residential Parent: _____

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

PURPOSE: To enable parent and guardian to authorize the provision of emergency treatment for children who become ill or injured, when the guardian cannot be reached. **This is a state requirement**

CONTACT INFO: MUST BE COMPLETED AND UPDATED WITH CHANGES (and for Student Pick-Up)

Mother's Name Step__ Foster__ Home Phone _____ Cell Phone _____ Workplace Phone _____

Mother's Email Address: _____

Father's Name Step__ Foster__ Home Phone _____ Cell Phone _____ Workplace Phone _____

Father's Email Address: _____

Please complete at least 2 more contacts if parent cannot be reached:

Name Relationship _____ Phone _____ Name Relationship _____ Phone _____

Name Relationship _____ Phone _____ Name Relationship _____ Phone _____

PART I-CONSENT FOR TREATMENT

After being unsuccessful in reaching a number above, **I hereby give my consent** for:

(1) administration of any treatment deemed necessary by _____ Preferred Physician _____ Phone _____

or by _____ Preferred Dentist _____ Phone _____ or by _____ Counseling Center/Counselor _____ Phone _____

or in event the designated preferred practitioner is not available, by another licensed physician or dentist and _____ Preferred Hospital _____ or any hospital reasonably accessible. This authorization does not

cover surgery unless the medical opinion of two(2) other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. This authorization also allows for transport per EMS services.

Note: This info needed for emergency personnel, please provide each school year.

<u>List Medication</u>	<u>List Allergies</u>	<u>Physical Impairments</u>	<u>Other</u>
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____

X
Parent or Guardian Signature (on line above) _____ Date (on line above) _____

PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring illness or injury requiring treatment, I wish the school authorities to take no action or to:

1. _____
Parent or Guardian Signature _____ Date _____



Northern Local School District

IRN 049056

Student Record Release Form

Request for Release or Access to a Student's Records

TO:

Date:

Address:

School Records Requested for Student Identified Below

Student's Name:

Grade:

Student's Complete Address:

Date of Birth:

Phone Number:

Anticipated Start Date:

Records Requested

- Special Education Records Forwarded To:
- Official Administration Records (Including Grades)
- Competency Test Scores
- Proficiency Test Scores
- Standardized Achievement Test Scores
- Intelligence and Aptitude Test Scores
- Medical / Immunization Records
- Attendance Records (Current Year)



Northern Local School District
8700 Sheridan Road N.W.
Thornville OH 43076
Fax: 740-743-3301
Phone: 740-743-1303

Special Conditions

Student is attending Northern Local Because of the Follow:

- Court Placement
- Open Enrollment
- Parent Employee

Release and Forward to:

Northern Local School District
Central Enrollment Office
8700 Sheridan Road N.W.
Thornville OH 43076

OR

Records May Be Scanned / Emailed To:

no-enrollment@seovec.org

Signature of Northern Local Official:

Parent / Guardian Authorization for Release: I hereby authorize the school or individual indicated above to release and / or provide access to records:

Signature of Parent / Guardian:

Office Use Only

Building: GL SO TH SMS SHS E

Student Number:

Start Date: / /