

Student #1 Building: G S T M H E Student Number: _____

LEGAL last name: _____ **LEGAL first name:** _____

LEGAL middle name: _____ **Nickname:** _____

Gender: M F **Date of birth:** ___/___/___ **Social Security Number:** ___ - ___ - ___

Latino?: Y N **Grade level:** ___ **Special Education?:** Y N **City of birth:** _____

Race (check all that apply): ___ American Indian or Alaska Native ___ Asian

___ African American or Black ___ Native Hawaiian or Pacific Islander ___ White

Start Date: ___/___/___ **Previous school DISTRICT:** _____

Student #2 Building: G S T M H E Student Number: _____

LEGAL last name: _____ **LEGAL first name:** _____

LEGAL middle name: _____ **Nickname:** _____

Gender: M F **Date of birth:** ___/___/___ **Social Security Number:** ___ - ___ - ___

Latino?: Y N **Grade level:** ___ **Special Education?:** Y N **City of birth:** _____

Race (check all that apply): ___ American Indian or Alaska Native ___ Asian

___ African American or Black ___ Native Hawaiian or Pacific Islander ___ White

Start Date: ___/___/___ **Previous school DISTRICT:** _____

Student #3 Building: G S T M H E Student Number: _____

LEGAL last name: _____ **LEGAL first name:** _____

LEGAL middle name: _____ **Nickname:** _____

Gender: M F **Date of birth:** ___/___/___ **Social Security Number:** ___ - ___ - ___

Latino?: Y N **Grade level:** ___ **Special Education?:** Y N **City of birth:** _____

Race (check all that apply): ___ American Indian or Alaska Native ___ Asian

___ African American or Black ___ Native Hawaiian or Pacific Islander ___ White

Start Date: ___/___/___ **Previous school DISTRICT:** _____

If someone from this household currently attends Northern Local please list him/her/them here

Please also complete the other side

Household information

Property address: _____ Town: _____ Zip: _____
 County: _____ Is there another family living at this address? Y N
 Mailing address: _____ If Y, then who is it? _____
 (if different from property address)

Phone number to be designated as 'home phone': (____) ____ - ____
 Other phone (if applicable): (____) ____ - ____
 Parent/Guardian at this address: Last Name: _____ First Name: _____

Relationship to Student #1: _____ Student #2: _____ Student #3: _____
 Receive mailings for Student #1: Y N Student #2: Y N Student #3: Y N
 Parent Portal for Student #1: Y N Student #2: Y N Student #3: Y N

Additional Contact: Last Name: _____ First Name: _____
 Phone: (____) ____ - ____
 Address (if different): _____

Relationship to Student #1: _____ Student #2: _____ Student #3: _____
 Receive mailings for Student #1: Y N Student #2: Y N Student #3: Y N
 Parent Portal for Student #1: Y N Student #2: Y N Student #3: Y N

Additional Contact: Last Name: _____ First Name: _____
 Phone: (____) ____ - ____
 Address (if different): _____

Relationship to Student #1: _____ Student #2: _____ Student #3: _____
 Receive mailings for Student #1: Y N Student #2: Y N Student #3: Y N
 Parent Portal for Student #1: Y N Student #2: Y N Student #3: Y N

Additional Contact: Last Name: _____ First Name: _____
 Phone: (____) ____ - ____
 Address (if different): _____

Relationship to Student #1: _____ Student #2: _____ Student #3: _____
 Receive mailings for Student #1: Y N Student #2: Y N Student #3: Y N
 Parent Portal for Student #1: Y N Student #2: Y N Student #3: Y N

	Student #1		Student #2		Student #3	
District of Residence →→→→→→→→→→						
Reason for Attending Northern Local	Resident	Foster	Resident	Foster	Resident	Foster
	Open Enroll	Senior	Open Enroll	Senior	Open Enroll	Senior
	Court Placed (not foster)		Court Placed (not foster)		Court Placed (not foster)	
	Other		Other		Other	

*** Materials that you need when enrolling at Northern Local Schools:**

- Court ordered custody paper, if applicable
- Birth Certificate – Original or certified copy
- Social Security Number
- Proof of residency
- Health records
- Individualized Education Program (IEP) and MFE, if applicable

**IF THE CONDITIONS OF RESIDENCY OR CUSTODY
CANNOT BE MET ENROLLMENT IS NOT POSSIBLE**

Student's Name _____

Parent's Name _____

Address _____

Phone# _____

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

*** 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. Name and address of non-custodial parent.

Name of non-custodial parent

Address of non-custodial parent

*** Criteria for establishing residency**

1. Where the parent sleeps the majority of the time.
2. Where mail is received.
3. Where meals are eaten.
4. Where parents are registered to vote.

**NOTE: Proof of residency at a rental property:
A signed lease agreement
A notarized statement from the landlord**

Parent's Signature

Date

STATEMENT OF CUSTODY

Parent Data

Student Name: _____ Date of Birth: _____

Student **lives with:** (check one) Mother/Father Mother Only Father Only

Mother/Stepfather Father/Stepmother Legal Guardian Ward of the Court

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

Parents are still married and living together.

I have written proof of custody and a copy is attached. (Divorce judgement entry and decree AND Shared Parenting agreement and decree, separation agreement – or – court order, FCCS placement document, HB 130)

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 and IEP/ETR.)

_____ **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: _____ Northern Local School District will allow enrollment **for 60 days on a tuition basis** while custody is being established.

_____ **Other;** please specify below:

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 Northern Local Schools and understand that immediate withdrawal will occur.

Parent/Guardian Signature

Date

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 treatment, I wish the school authorities to take no action or to:

1. _____
Parent or Guardian Signature Date

NORTHERN LOCAL SCHOOL DISTRICT
8700 Sheridan Road NW
Thornville, Ohio 43076

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: _____

DOB: _____

Phone Number: _____

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 Scores
- Medical /Immunization Records
- Attendance Records (current year)

Northern Local School District
8700 Sheridan Road NW Fax: 740-743-3301
Thornville, Ohio 43076 Ph : 740-743-1303

Scan to:

Special Conditions:

Student is attending Northern because of the following:

- Court Placement
- Open Enrollment
- Parent Employee

Released and Forwarded to:

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

RECORDS MAY BE SCANNED/EMAILED TO:

- no-skaufman@seovec.org
- no-jkaffenberger@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