



# KINDERGARTEN REGISTRATION NORTHERN LOCAL SCHOOLS

Registrations must be done by custodial parent or guardian.  
Students need not attend registration.

**Where: Sheridan Middle School Library**

**When: Monday, March 5, 8:30—3:30**

**And: Wednesday, March 7, Noon—7pm**

**Bring the following documents for the child:**

**Birth certificate      Shot record**

**Social security card      Lease or a**

**Utility bill for proof of residence**

**Custody papers      I.E.P. & E.T.R.**

**Registration packets are available at  
elementaries and the district office**

**Call the district office with any questions**

**740-743-1303**

Students must be 5 on or before August 1, 2018 to  
be eligible to attend kindergarten in the fall.

**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

Northern Local School District Registration Form

**Household information**

Property address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Is there another family living at this address? Y N

Mailing address: \_\_\_\_\_  
 (if different from property address) If Y, then who is it? \_\_\_\_\_

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	
<b>District of Residence</b> →→→→→→→→→→						
<b>Reason for Attending Northern Local</b>	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 \_\_\_\_\_ or any hospital reasonably accessible. This authorization does not \_\_\_\_\_ Preferred Hospital

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 \_\_\_\_\_