

**BLANCHESTER LOCAL SCHOOL DISTRICT
STUDENT REGISTRATION CHECKLIST**

Student Name: _____ **Grade:** _____

Previous School: _____

Documents/forms required for Registration:

Student Registration Form

Records Request Form

Birth Certificate or Passport

Social Security Card

Proof of Immunizations

Proof of Custody/Guardianship (if applicable)

Proof of Residency (Mortgage/rent receipt, utility bill or other Document)

Driver's License

Grade Card or Transcript from previous school (required for HS)

Name and address of previous school

IEP/504/MFE (if applicable)

Open Enrollment Application (if applicable)

Free /Reduced Lunch Application

Has your child been suspended for 10 or more consecutive days or expelled during this or the previous semester of previous school ___yes ___no

If yes, reason: _____

**BLANCHESTER LOCAL SCHOOL DISTRICT (IRN) 046383
CENTRAL REGISTRATION
951 CHERRY STREET
BLANCHESTER, OHIO 45107
PHONE- 937-783-3523 / FAX 937-783-2990
CONSENT FOR RELEASE OF SCHOOL RECORDS**

STUDENTS'S LEGAL NAME _____ GRADE _____
(first) (middle) (last)

SOCIAL SECURITY # _____ BIRTHDATE _____

DATE OF ENROLLMENT _____ START DATE _____

STUDENT OPEN ENROLLED TO BLANCHESTER ___ YES ___ NO _____

Name, complete address, phone and fax number of last school attended and district: (if yes /district of residence)

_____ Phone _____
(school name)

_____ FAX _____
(street address)

_____ District IRN _____
(city , state, zip code) (office use only)

Last day of attendance _____

Please release all appropriate information listed below. Please fax to CENTRAL REGISTRATION 937-783-2990 Attention Mrs. Flora . Questions-Contact Mrs. Flora 937-783-3523 floral@blan.org

Academic Records, grade card and transcrip0ts, Standardized test scores, SSID#, Attendance records, Health Records, Any emergency health care plan, additional pertinent information including additional medical Information,

COPIES OF: birth certificate, social security card, immunization record, custody papers, current schedule, Current grades, transcript

BLANCHESTER HIGH SCHOOL (9-12)
953 Cherry Street
Blanchester, Ohio 45107
Attention: Bess Long
Phone: 937-783-2461
Fax: 937-783-0460

BLANCHESTER MIDDLE SCHOOL (6,7,8)
955 Cherry Street
Blanchester, Ohio 45107
Attention: Barb Blocker
Phone: 937-783-3642
Fax: 937-783-3477

BLANCHESTER INTERMEDIATE (4-5)
957 Cherry Street
Blanchester, Ohio 45107
Attention: Joyce Crosley
Phone: 937-783-2040
Fax; 937-783-~~3777~~ 1284

Putman Elementary (PS-3)
327 E Baldwin Street
Blanchester, Ohio 45107
Attention: Linda Larrick
Phone: 937-783-2681
Fax: 937-783-2229

CONFIDENTIAL RECORDS TO PUPIL SERICES DEPARTMENT:

Individual Education Plan (IEP)
Psychological Testing Results
Evaluation Team Report (ETR)
Written Education Plan (WEP-Gifted)
504 Plan

327 E Baldwin Street
Blanchester, Ohio 45107
937-783-3523
Fax: 937-783-2229
Attention: Kristin Unversaw

Parental permission is no longer required when records are requested by authorized school personnel.

PARENT/GUARDIAN NAME(PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE _____

DATE MAILED/FAXED _____

BLANCHESTER LOCAL SCHOOL DISTRICT REGISTRATION FORM

Today's Date _____ Enrollment Date _____ ID# _____

Are you a resident of Blanchester School District? Yes No School Year _____
Has your child ever been enrolled in Blanchester School District? Yes No Current Grade _____

PLEASE PRINT

Student Legal First Name _____ Middle Name _____ Legal Last Name _____

Mother's Maiden Name _____ NAME YOU WANT YOUR CHILD TO WRITE _____

Student's Social Security# _____ Student's Date of Birth _____

CITIZEN STATUS OF STUDENT

- U. S. Citizen
- Exchange Student
- Other Non-U.S. Citizen

RACIAL/ETHNIC GROUP

- W- White, Non-Hispanic
- B- Black, Non Hispanic
- H - Hispanic
- I - American Indian or Alaskan Native
- A - Asian or Pacific Islands
- M - Multi-Racial

Gender M/F _____ Birthplace City _____ State _____ Native Language _____

Street Address _____ P O Box # _____ Apt. # _____ Lot # _____

City _____ State _____ Zip _____ County of Residence _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

School Previously Attended _____ City _____ State _____

Has your child ever been retained Yes No What Grade _____

DISTRICT IRN _____

STUDENT LIVES WITH :

- Two parents present (natural or step)
- Living with Mother and Father
- Living with Mother and Stepfather
- Living with Father and Stepmother
- Living with Legal Guardian
- One parent present (natural or step)
- Living with Mother
- Living with Father
- Living with Foster Parents

Parent Information:

Status of Parents (check one) Married Divorced Widowed Separated Single/Never Married
 If divorced, who has legal custody? Mother or Father or Shared Parenting Custody Paper on File Yes No
 Are you the natural/adoptive parent(s) of the child? Yes No Are you the Guardian of the child? Yes No
 Was the child court placed in your home? Yes No If yes, Court Papers Provided Yes No
 Date of Assignment _____ County _____

If foster/guardian, in which district did the natural parents reside at the time of placement? _____

Name of Parent(s) or Guardian(s) _____

Mom's Employer _____ Phone Number _____

Dad's Employer _____ Phone Number _____

Other siblings

Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____
 Name _____ Grade/Age _____ Name _____ Grade/Age _____
 Name _____ Grade/Age _____ Name _____ Grade/Age _____

IS THIS CHILD RECEIVING SPECIAL EDUCATION SERVICES? _____ YES _____ NO
 IF YES, DOES THIS STUDENT HAVE A CURRENT I.E.P.? _____ YES _____ NO
 IS THIS CHILD RECEIVING GIFTED EDUCATION SERVICES? _____ YES _____ NO
 IF YES, DOES THIS STUDENT HAVE A CURRENT EDUCATION PLAN? _____ YES _____ NO

BLANCHESTER LOCAL SCHOOL DISTRICT
Emergency Medical Authorization

Date _____

Grade Level _____

Teacher's Name _____

Student's Name _____

Date of Birth _____

Address _____

Male _____ Female _____

P.O. Box _____

Home Phone # _____

City/State/Zip _____

Cell Phone # _____

County _____

Residential Parent or Guardian:

Mother's Name _____

Cell & Daytime Phone _____

Father's Name _____

Cell & Daytime Phone _____

Live's with _____

Cell & Daytime Phone _____

Purpose: To enable parents and guardians to authorize emergency treatment for children who become ill or injured while under school authority when parents or guardians can not be reached. Please list at least 2 (two) persons who you wish to be called, if you can not be reached:

Name _____ Relationship to student _____ Phone number _____

Name _____ Relationship to student _____ Phone number _____

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical providers and local hospital to be called:

Doctor _____ Phone Number _____

Dentist _____ Phone Number _____

Medical Specialist _____ Phone Number _____

Local Hospital _____ Emergency Room Phone Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for:

(1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

(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.

Medical problems or specials needs: Diabetes Asthma Seizures Physical Limitations Emotional Problems Medication/Food/Bee Stings/Other Allergies Severe Allergic Reaction Other conditions

Please describe any conditions marked above _____

Current medication(s): _____

Permission granted for school health screenings such as scoliosis, dental, or blood pressure? Yes No
(Exemptions from mandatory hearing and vision screenings require a note from your doctor or optometrist).

Signature of Parent/Guardian _____ Printed Name _____ Date: _____

PART II - REFUSAL TO CONSENT

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

Signature of Parent/Guardian _____ Printed Name _____ Date _____

Blanchester Local School District

Race & Ethnicity Form

REV 1/10

The U.S. Department of Education (Federal Register/Vol. 72, No. 202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

Student Name: _____ Grade: _____

Educational Institutions are required to report racial and ethnic data in the categories below. Please answer the following questions:

1. Is the student from Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.

Yes No

2. What race is the student? (choose one or more)

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Black	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

Parent/Guardian Signature: _____ Date: _____

BLANCHESTER LOCAL SCHOOL DISTRICT HOME LANGUAGE SURVEY

To be completed by parents of ALL students at the time of enrollment

Federal guidelines require that school districts identify and serve students who are limited English proficient and need English instructional services. If a language other than English is listed, we will test the student's need for English as a Second Language services.

Student Name _____ Sex M F Birth Date _____

Grade _____ School _____ Place of Birth _____

Address _____ Phone Number _____

Name of Parent / Guardian _____

	English	Other	Other Language(s)
1) What was the first language your child spoke?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does your child most frequently use at home?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language is most often spoken by the adults in your home?	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) Can an adult family member or extended family member **speaking** English? yes no
 Can they **read** English? yes no
 If "no," is there a neighbor, friend, or relative who can help translate letters sent home? yes no
 Name of interpreter _____ Phone Number _____

5) If English is NOT your primary language, has your child **studied English**? yes no
 If "yes," how long? Number of years _____ Or months _____

6) How long has your child lived in the United States? _____

7) Has your child attended any other school in the United States? yes no
 If "yes," Name and location of school _____

8) Date that your child was first enrolled in school in the United States _____

SIGNATURE OF PARENT / GUARDIAN _____

For School Personnel: This form should remain in the student's permanent file through graduation. If the parent checks "Yes" or specifies **Other Language(s)**, please send a **COPY** to the ESL Coordinator.