

**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 \_\_\_\_\_  
(if yes /district of residence)

Name, complete address, phone and fax number of last school attended and district:

\_\_\_\_\_ 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](mailto:floral@blan.org)

Academic Records, grade card and transcriptions, 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: 937-783-3477

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

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

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 \_\_\_\_\_

DISTRICT IRN \_\_\_\_\_

Has your child ever been retained Yes No What Grade \_\_\_\_\_

**STUDENT LIVES WITH :**

- |  |   |
|--|---|
| <input type="checkbox"/> Two parents present (natural or step) | <input type="checkbox"/> One parent present (natural or step) |
| <input type="checkbox"/> Living with Mother and Father         | <input type="checkbox"/> Living with Mother                   |
| <input type="checkbox"/> Living with Mother and Stepfather     | <input type="checkbox"/> Living with Father                   |
| <input type="checkbox"/> Living with Father and Stepmother     | <input type="checkbox"/> Living with Foster Parents           |
| <input type="checkbox"/> Living with Legal Guardian            |   |

**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/Agc \_\_\_\_\_ Name \_\_\_\_\_ Grade/Agc \_\_\_\_\_

Name \_\_\_\_\_ Grade/Agc \_\_\_\_\_ Name \_\_\_\_\_ Grade/Agc \_\_\_\_\_

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 AQ CURRENT EDUCATION PLAN?  YES  NO

BLANCHESTER LOCAL SCHOOL DISTRICT  
Emergency Medical Authorization

Date \_\_\_\_\_

Grade Level \_\_\_\_\_

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

P.O. Box \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

County \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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/Vo. 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 speak 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.



## Immunization Summary for School Attendance Ohio

VACCINES	FALL 2016 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><b>K</b> Four (4) or more of DTap or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required.*</p> <p><b>1-12</b> Four (4) or more of DTap or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><b>Grades 7-12</b> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
POLIO	<p><b>K-6</b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</p> <p><b>Grades 7-12</b> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><b>K-12</b> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p><b>K-12</b> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p><b>K-6</b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><b>Grades 7-10</b> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><b>Grade 7</b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry</p> <p><b>Grade 12</b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry****</p>

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered  $\leq 4$  days before the minimum interval or age are valid (grace period). Doses administered  $\geq 5$  days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\*Recommended DTap or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 12th grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTap given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.