

**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](mailto:floral@blan.org)

Academic Records, grade card and transcripts, 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 SERVICES 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 \_\_\_\_\_

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

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

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

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

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

Address \_\_\_\_\_

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

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

County \_\_\_\_\_

Residential Parent or Guardian:

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Live's with \_\_\_\_\_

Cell & Daytime Phone \_\_\_\_\_

Cell & Daytime Phone \_\_\_\_\_

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
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Name	Relationship to student	Phone number
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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.