

Sylvania Schools Requirements for Registration 2018-2019 school year

Registration is by appointment only: For appointments call 419-824-8581

Please be prompt for your appointment. If you are late, you will need to reschedule.

In complying with the legal requirements of the “Missing Child Act” and the Sylvania Schools Board of Education, the following information and documentation must be on file:

1. **Official Birth Certificate with raised seal (hospital certificate is not acceptable)**- If you do not have an original, you may obtain a certified copy of a birth certification through the Toledo Lucas County Health Department - Vital Records Department at 635 N. Erie Street, Toledo, OH 43624. There is a fee for each requested copy. They will make a certified copy for you while you wait, Mon.-Fri. 8:00-4:30 or call them at 419-213-4100.
2. **Custody Papers (if child is not living with both biological parents)**- If legal custody has not been established, the petitioner must present a filed court motion for change of custody of the child. The petitioner has **sixty (60) days** from the time of enrollment to produce a Journal Entry of Judgment establishing custody proceedings. If legal custody has already been established, please bring the file stamped document with all signatures. A copy will be made for school records.

Foster Placed Children Items Required:

- A. Initial Custody and Placement Document from County with parent name & address listed
- B. Interim Order- with hearing date listed
- C. School Notification Letter from County
- D. Journal Entry with School District responsible listed (this document available after hearing date)

3. **Photo I.D. of Parent/Custodial Parent/Guardian must be presented when registering student.**
Also any paperwork showing a parental name change (i.e. divorce/re-marriage) must be presented.
4. **Immunization record:** Must be submitted to school prior to first day of attendance or in previous school records.
5. **Proof of Residency-** You must provide the following:

	Renting- House or Apartment	Purchasing a Home	Own your Home	Building a Home
a.	Signed rental agreement	Signed Purchase Agreement- closing date listed	Current Utility Bill	Signed Building Contract- must move in within 90 days of enrolling
b.	Current Utility Bill within 30 days	Executed Settlement Statement within 72 hours after closing date		Current Utility Bill within 30 days of moving in
c.		Current Utility Bill within 60 days after closing		After 90 days, tuition at the current school years rate charged if haven't moved in

- **For persons living with family or friends- You will need the following at the time of registration:**
- **Section “C” (Statement of Domicile) needs to be completed and notarized**
 - **Moving in with a person in an apartment or leased house will not be accepted, unless your name is on the lease**
 - **Utility bill of the person you are living with**
 - **Utility bill, paycheck stub, W2 document or other government document with the parent name and same address as the person you are living with (30 days)**

6. **Special Education** – If a child is receiving Special Education services, please bring a copy of the current IEP (Individualized Education Plan) and current Evaluation (completed every three years) that made your child eligible for special education services.

1. Children must be 5 years old on or before August 1st to be enrolled in kindergarten in the Sylvania School District.
2. Please have all forms completed before you come to your appointment. **Enrollment/Registration forms cannot be filled out during your appointment.**
3. If immunization records are not presented at time of enrollment or not received in previous school records, your child may be excluded from school until proof of immunization is provided.
4. **Junior and Senior High School students must call their counselor for an appointment to schedule classes. At the appointment the Parents/Students must provide the counselor with a recent transcript and the green file folder that is obtained from Student Services upon completion of the enrollment process. SCHOOL ADMINISTRATION MAY REFUSE ENROLLMENT/SCHEDULING UNTIL PROPER DOCUMENTS ARE PRESENTED.**

Northview High School 419-824-8570

Secretary	Ann Kuebler	ext. 5112
A to Fl	Crystal Burnworth	ext. 5108
Fo to L	Melanie Rogers	ext. 5109
M to Ro	Kate Henk	ext. 5110
Ru to Z	Stacy Wachowiak	ext. 5111

Arbor Hills Junior High 419-824-8640

Secretary	Debbie Wilson	ext. 4104
A- L	Amy Barricklow	ext. 4107
M- Z	Liz Casey	ext. 4106

Timberstone Junior High 419-824-8680

Secretary	Cheryl Draheim	ext. 4300
A-K	Brittany Robbins	ext. 4306
L- Z	Rochelle Ford	ext. 4307

Athletic Directors

Northview- Chris Irwin 419-824-8570 #5113

Southview- James Huss 419-824-8580 #6115

Southview High School 419-824-8580

Secretary	Lisa Yoshino	ext. 6112
A to E	Michelle Peer	ext. 6110
F to Le	Tony Geha	ext. 6111
Li to Ro	Jodi Hess	ext. 6113
Ru to Z	Teresa Ontko	ext. 6114

McCord Junior High 419-824-8650

Secretary	Kyle Hensley	ext. 4200
A- L	Marcia Robie	ext. 4204
M- Z	Valerie Long	ext. 4205

Elementary Schools

Central - 419-824-8610	Stranahan- 419-824-8614
Highland- 419-824-8611	Sylvan- 419-824-8615
Hill View- 419-824-8612	Whiteford- 419-824-8616
Maplewood- 419-824-8613	

Transportation

419-824-8686

REGISTRATION BY APPOINTMENT ONLY: PLEASE CALL 419-824-8581
STUDENT INFORMATION FORM

School: _____

School Year: _____ 2018-2019 _____

Student ID # _____

Grade _____

Student Information

Legal Last Name _____

Address _____

Legal First Name _____

Apt# _____ Lot # _____

Middle Name _____

City _____

Date of Birth _____ Age _____

State _____ Zip Code _____

Gender (Circle) Male Female

Phone No. _____

Legal District (If court placed) _____

Siblings in District: Yes _____ No _____

Miscellaneous

Birth City _____

Birth State _____

Birth Country _____

Citizen of _____

Native (First) Language _____

Main Language Spoken at Home _____

Is the student Hispanic/Latino? ____ Yes ____ No

Ethnic Description: Please circle all that apply: A- Asian W- White B- Black/African American
I- American Indian /Alaskan Native P- Native Hawaiian/Pacific Islander

Disability Services/504 Information

If your child is receiving special education or 504 services please complete this section. Check all that apply.

Current IEP _____ Current Evaluation _____ (Include Speech Only Services)

504 Plan _____ **Please provide checked documents at the time of registration.**

Previous School District

School _____

Phone No. _____

Address _____

Fax No. _____

District Name _____

If the student was **not** born in the United States, please answer the following:

Is this the first time attending a school in the United States? Yes ____ No ____

If No, how long has the student attended a school in the United States? (Months and/or Years) _____

Parent/Guardian Information

1. Name _____

2. Name _____

Relationship _____

Relationship _____

Living with student: Yes ____ No ____

Living with student: Yes ____ No ____

Address if different: _____

Address if different _____

Can Pick Up Student: Yes ____ No ____

Can Pick Up Student: Yes ____ No ____

Emergency Call Priority: No. 1 ____ No. 2 ____

Emergency Call Priority: No. 1 ____ No. 2 ____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone _____ Ext. _____

Work Phone _____ Ext. _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Custody Information- **File Stamped Court Documents must be presented at the time of registration.

Parents legally- separated ____ divorced ____ in process with Court papers ____ never married ____

Do Court papers indicate joint custody/shared parenting? ____ Yes ____ No

Who has primary **residential custody** per court Records? ____ Mother ____ Father ____ Guardian

Emergency Contacts (Other than Parent/Guardian Listed on first page)

Last Name _____
First Name _____
Relationship _____
Can pick up student: Yes _____ No _____
Emergency Call Priority: No. 3 _____ No. 4 _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Last Name _____
First Name _____
Relationship _____
Can Pick Up Student: Yes _____ No _____
Emergency Call Priority: No. 3 _____ No. 4 _____
Address _____

Home Phone _____
Work Phone _____
Cell Phone _____

Medical

Doctor's Name _____
Address _____
Phone _____

Dentist's Name _____
Address _____
Phone _____

Preferred Hospital _____

Phone _____

Health Ins/Medicare _____

Allergies _____

Are allergies life threatening? Yes No Other _____

Health Factors _____

School –Age Sibling Information

Name 1. _____ 2. _____ 3. _____

Relation _____

School _____

Grade _____

(If you need additional space for school-age siblings, please list on the back of page.)

All information listed on the verification form is accurate for enrollment purposes.

Parent Signature

Date

Sylvania Schools – Residency Affidavit

Name of Student: _____ School: _____

According to Ohio Revised Code, school districts have the right to request verification of legal residency. By signing this affidavit, you are affirming that the address given on the student enrollment form(s) is the legal residence of the parent/guardian enrolling the student and the legal residence of said student. You must also provide the proper documentation to prove your residency in the district.

Further, I am aware of the Policy of the Sylvania School District, which states that if a student is found to have residency in our district by **using false or inaccurate information**, the student will be dismissed/excluded from school until resolved by school Administration. If determination is made that there was an attempt on the parent/student/or resident to defraud the Sylvania School District, restitution will be sought legally. Sylvania Schools may file charges with local authorities to prosecute and recover reimbursement for tuition and legal fees from the parties responsible. Those responsible will be held liable for all costs incurred while the student was enrolled in the Sylvania School District. The tuition rate will be based on the daily rate for the current school year.

By signing below, you indicate that you have read and understand this document.

Signature of Parent/Guardian

Date

Signature of Person with whom residing (if applicable)

Date

New Phone Number (if applicable) _____

(Office Use Only):

New Student _____

Parental Move _____

Sylvania Schools – Verification of Residency

Name of Student: _____ School: _____

Please fill in and sign the appropriate section(s). School official will attach a copy of the proof of residency to this form.

SECTION A: Please check one:

_____ I reside with my child at _____
I have supplied school officials with proof of residency.

_____ I have purchased a home at _____
I will be residing with my child at this address within **60 calendar days** of the child's first date of attendance. I have supplied school officials with a copy of the purchase contract.

_____ I am building a home at _____
I will be residing with my child within **90 calendar days** of the child's first date of attendance. I have supplied school officials with a signed contract from the builder.

Signature of Parent/Guardian

Date

SECTION B for Foster Parents or Guardians

I am the Foster Parent or Legal Guardian of _____. This child is presently residing in my residence at _____ on a full-time basis. I have supplied school officials with court documents verifying the custody order.

Signature of Foster Parent or Guardian

Date

Section C – Statement of Domicile

I, _____, declare that _____
District Resident Student
physically resides in my home at _____
on a full-time basis with _____. They have NO other residence listed on
Parent/Guardian documents, and further declare that they eat, sleep, and maintain daily activities at this residence.

Signature of Person Providing Residence

Date

Phone Number of District Resident

Signature of Notary _____ Notary Phone # _____

Office of Student Services

Robert Verhelst, Director



REQUEST FOR TRANSFER OF SCHOOL RECORDS

This form is provided by the Sylvania Schools for the purpose of obtaining or releasing a student's school records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

Please include test scores, social, psychological, academic and health records.

Release Records To: Sylvania Schools Student Services
Attn: Hema Shah
4747 N. Holland Sylvania Rd.
Sylvania, OH 43560
hshah@sylvaniaschools.org

NAME OF STUDENT _____ DATE OF BIRTH _____ GRADE _____

NAME OF SCHOOL
STUDENT IS LEAVING _____

ADDRESS OF SCHOOL _____

City _____ State _____ Zip _____ FAX: _____

I hereby authorize the transfer of school records for the above named student. By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred.

Date _____ Signature _____
(Parent, Legal Guardian, or self if 18 years of age)

Address _____
(If moving, list new address if available)

Date _____ Signature _____
(Name and title of school person initialing request for transfer)

Name of school the student will be attending in Sylvania _____

1. Parents, Legal Guardians or legal age students may request review and/or copy of the records transferred. If you request a copy of the school records being transferred, the school is relieved of responsibility for confidentiality of those records.
2. Records transferred by this release are not to be transferred to any other third party by the receiving school without the written consent of the parent, legal guardian, or student over 18 years of age.

Information/records needed for enrollment:

1. _____ Copy of current grades/transcript of past grades.
2. _____ Standardized test results.
3. _____ Copy of health record/immunization dates
4. _____ Copy of attendance/suspension/discipline records
5. _____ Copy of current evaluation – current IEP – current 504 Plan
6. _____ Birth Certificate.
7. _____ Custody papers

PLEASE DO NOT FAX RECORDS

Office of Student Services

Robert Verhelst, Director



Student Registration Home Language Survey

Student Name _____
First Name _____ Middle Name _____ Last Name _____ Called Name _____

Birth Date: _____ **Gender** _____ **Grade** _____

Place of Birth: _____
City _____ State _____ Country _____

Parent/Guardian _____ **Address** _____
City _____ State _____ Zip Code _____

Home Phone _____ **Work Phone** _____ **Cell** _____

What language did your son/daughter speak when he/she first learned to talk? _____

What language does your son/daughter use most frequently at home? _____

What language do you use most frequently with your son/daughter: _____

What language do the adults at home most often speak? _____

Does anyone in your home read English? Yes _____ No _____

Is the student from a foreign country? Yes _____ No _____

If yes, please answer the following questions:

Date of entry into USA: _____ Country of origin: _____

When did your son/daughter first enroll in school in the US? Month _____ Year _____

(Signature of Parent or Guardian)

Date



TRANSPORTATION REGISTRATION 2018-2019

In an effort to make our bus routes more effective and efficient, we are now requiring parents/guardians to request transportation for their student(s). We also ask that you complete the form even if your child **does not** need to ride the school bus, as this will aid us in the bus routing process. Please provide the following information for the 2017-2018 school year:

(Please complete one form for each student in your family)

Student's name: _____ D.O.B: _____

School: _____ Grade: _____

Address: _____

Phone #: _____ Other Phone #: _____

TRANSPORTATION NEEDED: ____AM ____PM ____BOTH

WE DO NOT NEED TO RIDE THE SCHOOL BUS ____

Parent/Guardian Signature: _____

**WE REQUEST THAT YOU MAKE EVERY EFFORT TO RETURN THIS FORM TO THE
TRANSPORTATION OFFICE BY JUNE 9th, 2017, IN ORDER FOR YOUR STUDENT TO BE PLACED
ON A ROUTE FOR THE 1ST DAY OF SCHOOL. THANK YOU FOR YOUR ATTENTION IN
COMPLETING THIS REQUEST.**

The Transportation Registration Form may be submitted online at www.sylvaniaschools.org. If your student needs to be picked up/dropped off at a residence other than where they reside, please complete a Student Release Form. The Student Release Form may be obtained at your student's school, Sylvania Schools Administration Building, Sylvania Schools Transportation Office or online.

If not submitted electronically, please return this form to your student's school. You may also mail or fax the form to:

Sylvania Schools
Transportation Department
4747 N Holland Sylvania Rd
Sylvania, OH 43560
Phone: 419-824-8686 * Fax: 419-824-8789