

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

School: \_\_\_\_\_ School Year: \_\_\_\_\_ 2017-2018

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 \_\_\_\_\_ **Checked documents must be presented 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 \_\_\_\_\_  
Health Ins/Medicare \_\_\_\_\_  
Allergies \_\_\_\_\_  
Are allergies life threatening? Yes No Other \_\_\_\_\_  
Health Factors \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**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

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**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

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**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