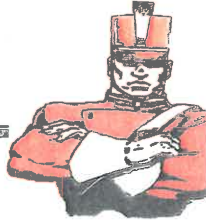


# The Millcreek-West Unity Local Schools

1401 W. Jackson St., West Unity, OH 43570 PH: 419-924-2365

www.hilltop.k12.oh.us ~ Home of the Hilltop Cadets



## ENROLLMENT OF NEW STUDENTS

The following steps need to be followed in regards to enrolling new students in the Millcreek West-Unity School district.

School personnel will initial and date on front line when document has been presented.

- \_\_\_\_\_ 1. Pick up enrollment packet and complete. Return to the proper office:
  - a. Grades k-6 – elementary office
  - b. Grades 7-12 – high school office.
  
- \_\_\_\_\_ 2. Have original card or copy of Social Security Card. Copy must be of the original.
  
- \_\_\_\_\_ 3. Birth certificate must be presented.
  
- \_\_\_\_\_ 4. Custody papers must be presented if there has been a divorce or change of custody.
  
- \_\_\_\_\_ 5. Immunizations or shot records must be presented.
  
- \_\_\_\_\_ 6. Any past grade card showing grade placement.
  
- \_\_\_\_\_ 7. Foster children must present a “Journal Entry” from specifying school district responsible for payment of educating the child before the students may be enrolled.
  
- \_\_\_\_\_ 8. MFE and IEP, if applicable. Dates of IEP: \_\_\_\_\_  
Dates of MFE: \_\_\_\_\_
  
- \_\_\_\_\_ 9. Has your student been identified as “Gifted”? \_\_\_\_\_ Yes \_\_\_\_\_ No



**Custody: (mark which one applies)**

\_\_\_\_\_ Living with both biological parents.

\_\_\_\_\_ Parents are divorced. Legal custody was granted by the Court on \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_ Parents are separated. Action (divorce, dissolution...) has been started, but no final decree has been rendered. I will bring in a copy of the papers once they are complete.

\_\_\_\_\_ Parents are separated, but there has been no legal action started that could result in custody being awarded to the other parent.

\_\_\_\_\_ Father or Mother is deceased.

\_\_\_\_\_ Other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_



## Millcreek-West Unity Local Schools

1401 W. Jackson St., West Unity, OH 43570

Phone: 419-924-2365 Fax: 419-924-2367

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### STUDENT RECORD RELEASE FORM

The below named student has enrolled in our school. Please send requested data. Thank You.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

The above named student is a resident of the \_\_\_\_\_ School District attending the Millcreek-West Unity School District through open enrollment effective \_\_\_\_\_.

Records to be released:

\_\_\_\_\_ Grades

\_\_\_\_\_ Achievement, Aptitude and Similar Standardized Test Scores

\_\_\_\_\_ Health and Medical Data

\_\_\_\_\_ Psychological Evaluations/IEP

\_\_\_\_\_ OGT Scale Scores

\_\_\_\_\_  
Cathie Batt, Secretary

#### AUTHORIZATION STATEMENT:

I hereby authorize \_\_\_\_\_

name of school

\_\_\_\_\_ to release the information.

City, State, Zip

Send Records to: Hilltop High School  
c/o Cathie Batt  
1401 W. Jackson St.  
West Unity, OH 43570  
PH: 419-924-2365 ext. 2350  
Fax: 419-924-2367  
Email: [cbatt@hilltopcadets.org](mailto:cbatt@hilltopcadets.org)

Parent/Guardian

Signature: \_\_\_\_\_

**MILLCREEK-WEST UNITY SCHOOLS**  
**Home Language Survey**

Name of Student \_\_\_\_\_  
Family Name
First Name
Middle Name

**For Parents/Guardians:**

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
2. What language does your son/daughter use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to your son/daughter? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

**For School District Personnel:**

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

<u>Communication Skill</u>	<u>Proficiency Level</u>			
Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
*Comprehension:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

\*note: the comprehension score is calculated by averaging the listening and reading scores

Assessment instrument(s) used: \_\_\_\_\_  
 \_\_\_\_\_

Student is LEP? \_\_\_ Yes \_\_\_ NO

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? \_\_\_ Yes \_\_\_ No

SAFETY PATROL  
BUS STOP CHANGE REQUEST FORM

PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CURRENT STOP LOCATION: \_\_\_\_\_ A.M. ( ) P.M. ( )

CURRENT BUS ASSIGNMENT: A.M. BUS # \_\_\_\_\_ P.M. BUS # \_\_\_\_\_

REQUESTED STOP LOCATION: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_

I UNDERSTAND THAT A RESPONSIBLE PERSON WILL BE AVAILABLE EACH DAY AT HIS/HER BUS STOP, OR THE STUDENT MAY BE RETURNED TO SCHOOL.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**TRANSPORTATION DEPARTMENT USE ONLY:**

REQUEST APPROVED ( )    REQUEST DENIED ( ) SEE COMMENTS

IF REQUEST IS APPROVED: A.M. BUS # \_\_\_\_\_ PICKUP TIME: \_\_\_\_\_

P.M. BUS # \_\_\_\_\_ DROP OFF TIME: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

NEW STOP LOCATION/ACTION TAKEN: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_

REQUEST REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Millcreek-West Unity Local School  
EMERGENCY MEDICAL AUTHORIZATION FORM

Bus # _____
<input type="checkbox"/> Walker
<input type="checkbox"/> Car Passenger
<input type="checkbox"/> Car Driver

**Student Name** \_\_\_\_\_  
(please print)                      *Last*    *First*    *MI*

School Year \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Students Physical Address \_\_\_\_\_  
Students Mailing Address \_\_\_\_\_  
Town and Zip \_\_\_\_\_

**Purpose:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

**EMERGENCY CONTRACTS:** Please list names in the order they should be contacted if parents cannot be reached.

Check box if Residential Parent	Name/Relationship	Home Phone	Cell Phone	Name of Employer & Work Phone Check box if we may contact you at work
Parent <input type="checkbox"/>				<input type="checkbox"/>
Parent <input type="checkbox"/>				<input type="checkbox"/>
Em. Contact #1				<input type="checkbox"/>
Em. Contact #2				<input type="checkbox"/>

**Parent E-Mail Address:** \_\_\_\_\_

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical Information:
Medications & Allergies:
Siblings and Grade Levels:

**PART 1 OR PART 2 MUST BE COMPLETED**

**Part 1: TO GRANT CONSENT**

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

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Local Hospital/Emergency Room \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of parent/guardian    Date

**Part 2: REFUSAL TO CONSENT**

I do NOT give my 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    Date

**EARLY RELEASE FORM**

Because the school is responsible for the safety and well-being of your child, she/he will be released prior to the end of the school day, only to a parent or a person authorized in writing only by the person whose signature appears below. Please provide the signature for each person who is authorized to release your child from school prior to the end of the school day.

AUTHORIZED SIGNATURE

RELATIONSHIP (Friend, relative, neighbor, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The persons whose signatures appear above may authorize the release of my child from school.

\_\_\_\_\_  
Parent Signature(s)

\_\_\_\_\_  
Date

**PARENT PERMISSION FOR THE DISTRICT TO COMMUNICATE ABOUT A STUDENT  
WITH THE PARENT VIA FACSIMILE AND/OR E-MAIL**

Students Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Parents E-Mail \_\_\_\_\_ Parents Fax #: \_\_\_\_\_  
Additional E-Mail \_\_\_\_\_

I give my permission for staff members from the Millcreek-West Unity School District to communicate with me, concerning the above identified students, via e-mail and/or facsimile at the e-mail address and/or facsimile number provided above. I understand that the District is unable to guarantee the confidentiality of any information sent using e-mail or facsimile during the transmission of the message/fax. I further agree that I am the only one with access to the e-mail account and/or facsimile number listed above, and that if other individuals have access to the e-mail address and/or facsimile number listed above, that I hereby release the District from any responsibility and liability for any disclosure of student personally identifiable information to anyone who accesses the e-mail address and/or facsimile number listed above. I further acknowledge it is my responsibility to notify the District of any changes in the e-mail address and facsimile number listed above. Finally, I agree to promptly respond to any "test" e-mail message sent from the District to my e-mail address to confirm that the address provided has been properly inputted into the District's/staff member's address book.

\_\_\_\_\_  
Parent's Signature

This permission form is for the **2015-2016** school year. It will remain valid until the District receives written direction from the parent to the contrary, or the present school year ends, whichever occurs first.

**SCHOOL SPONSORED PUBLICATIONS AND PRODUCTIONS**

- YES: You have my permission to use picture(s) of my child for publication on any school related documentation.
- NO: You do NOT have my permission to use picture(s) of my child for publication on any school related documentation.

\_\_\_\_\_  
Parent's Signature