STUDENT NUMBER _____
**For Office Use Only*

NATIONAL TRAIL LOCAL SCHOOL DISTRICT
ANNUAL PUPIL REGISTRATION INFORMATION
SCHOOL YEAR 2013 – 2014

LEGAL NAME OF PUPIL _____ SEX _____ GRADE _____
Last First Middle

DATE OF BIRTH _____ /_____ /_____ SOCIAL SECURITY NUMBER _____

PLACE OF BIRTH _____
City County State

NAME AND ADDRESS OF SCHOOL LAST ATTENDED **(IF NEW TO DISTRICT)**: _____

HAVE YOU EVER ATTENDED AN OHIO SCHOOL? _____ YES _____ NO

CHECK THOSE WHICH APPLY:
Marital Status:
( ) MARRIED ( ) SEPARATED ( ) DIVORCED

( ) SINGLE PARENT ( ) FATHER DECEASED

( ) MOTHER DECEASED ( ) OTHER _____

***What is the Ethnic Origin of Pupil*? (Choose One)**
Hispanic/Latino _____ **Non-Hispanic** _____

If student is Non-Hispanic please check one (or more) of the following:
_____ Alaskan Native or American Indian
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White
(Please note: failure to complete this section will result in a district determination of ethnicity)

FATHER'S NAME _____

HOME PHONE _____

ADDRESS _____
Street Address PO Box City State Zip

E-MAIL ADDRESS _____ CELL NUMBER _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

****

MOTHER'S NAME _____ HOME PHONE _____

MOTHER'S MAIDEN NAME _____ CELL NUMBER _____

ADDRESS _____
Street Address PO Box City State Zip

E-MAIL ADDRESS _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

PARENT/PERSON(S)/GOVERNMENTAL AGENCY HAVING LEGAL OR PERMANENT CUSTODY OF PUPIL
For any student not living with both biological parents, proof of custody is required at the time of enrollment. A copy of your divorce decree or award of separation listing custodial status must be presented and photocopied by the building secretary. If the custody determination is pending, a letter from the court or your attorney is required stating the anticipated date of such action. Custodial Status Verification: _____

NAME _____ RELATIONSHIP TO PUPIL _____

ADDRESS _____
Street Address City State Zip

HOME PHONE _____ WORK PHONE _____

SPECIAL EDUCATION or SERVICES

Is child on an IEP or receiving any special services? _____ Yes _____No If yes please indicate number from the list below: _____
(1) Multiple disabilities (2) Deaf-Blindness (3) Deafness (hearing impairment (4) Visual Impairment (5) Speech or Language Impairment (6) Orthopedic Impairment (7) Emotional Disturbance (8) Cognitive Disabilities (9) Specific Learning Disability (10) Preschooler with a Disability (11) Autism (12) Traumatic Brain Injury (13) Other Health Impairment

PERSON OTHER THAN THE PARENTS TO CONTACT IN CASE OF AN EMERGENCY

1) NAME_____ RELATIONSHIP_____

DAYTIME PHONE_____ CELL PHONE _____

2) NAME_____ RELATIONSHIP_____

DAYTIME PHONE_____ CELL PHONE _____

SIGNATURE _____ **DATE** _____

(OVER)

NATIONAL TRAIL LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION EM/8-93/HB639

SCHOOL BUILDING _____

STUDENT NAME _____
Last First Middle

ADDRESS _____

_____

TELEPHONE _____

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.

Residential Parent or Guardian:
Mother's name _____Daytime Phone_____

Mother's place of employment __ _____

Father's name _____Daytime Phone_____

Father's place of employment _____

Other's name _____Daytime Phone_____

Name of Relative or Childcare Provider: _____

_____Relationship_____

Address _____Phone _____

PLEASE USE BALLPOINT PEN AND PRESS FIRMLY FOR LEGIBLE COPY.
COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE IMMEDIATELY

Grade_____ Birthdate _____

Sex _____ Bus No. _____

Teacher (Gr. K-6 only) _____

Date Entered (new students only) _____

Student lives with ____ Father & Mother ____ Mother only ____ Father only

Other (explain) _____

To be certain the school has enough contacts in case of an emergency, please list two additional people:

Name _____ Relationship _____ __Phone _____

Name _____ Relationship _____ Phone _____

List below the names of all brothers and sisters:

_____ School _____

_____ School _____

_____ School _____

****

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Emergency Room Phone _____

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-name doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This includes, but is not limited to, prevention, recognition, and assessment of athletic injuries (assessment), the management, treatment, disposition, and reconditioning of acute athletic injuries (treatment), and medical care related to such assessment and treatment.

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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

_____

_____

_____

Signature of Parent/Guardian: _____ Date: _____

Address: _____

PART II – 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: _____

Address: _____

(OVER)

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

INSTRUCTIONS

In order to establish your residency in the National Trail Local School District for purposes of enrolling your child (children) in school, we ask that you provide the following information:

1. Compete the attached Affidavit of Current Residency and swear (or affirm) its truthfulness.

2. Complete the attached Affidavit Regarding Prior Residence (Homeowner or Tenant).

3. If you rent or lease your current residence, have the property owner complete the attached Affidavit of Current Landlord (must be notarized) and return it to this office.

4. Submit a **minimum of two items** showing parent's name and current address in the National Trail Local School District:

    a. Copy of voter registration records
    b. Copy of motor vehicle registration(s)
    c. Copy of change-of-address request submitted to the Post Office
    d. Copy of Ohio driver's license
    e. Copy of federal, Ohio or local income tax return
    f. Copy of invoice for moving expenses
    g. Copy of utility bill (electric, gas, phone, cell phone, cable, sewer, water and trash, etc.)
    h. Closing statement on house
    i. Copy of rent receipt with the landlord's phone number
    j. Paycheck stub
    k. Insurance forms (health or auto)
    l. Bank statement (checking or savings)
    m. Real estate tax statement

Submitting the above information **does not** guarantee that your child (children) will be enrolled. Once the above information has been submitted, it must be carefully reviewed to determine whether you meet the requirements for residency under Ohio Law. The local Superintendent will make the final decision whether or not the provided documentation for residency is acceptable. **Additional documentation may be requested.**

If it is determined that you do not meet the requirements for residency, you may appeal to the State Superintendent of Public Instruction. The contact information for the State Superintendent is as follows:

Superintendent of Public Instruction
Ohio Department of Education
25 South Front Street
Columbus, OH 43215-4183
(614) 466-7578

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

*****WARNING*****

The current yearly tuition rate for the National Trail Local School District is:
$4,181.25 (in-state)

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception
O.R.C. 2913.13 Falsification

and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT RESIDENCY*

1. My name is: _____

2. My current home address is: _____
Street Address

_____
City State Zip Code

3. My home phone number is: _____

Please mark the following statements as True or False:

	True	False	
4.	☐	☐	The above address is where I eat and sleep overnight a majority of the time.
5.	☐	☐	The above address is where my child (children) eat and sleep overnight a majority of the time.
6.	☐	☐	The above address is the center of our family activities and recreation time.
7.	☐	☐	There is no other address where I sleep overnight on a regular basis.
8.	☐	☐	There is no other address where my child (children) sleep overnight on a regular basis.
9.	☐	☐	I do not own a house or condominium outside the National Trail Local School District.
10.	☐	☐	I do not rent or lease a house, condominium or apartment outside of the National Trail Local School District.
11.	☐	☐	I am not provided with living space outside the National Trail Local School District by a friend, relative or government agency.

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

If you marked “False” on any of the above statements, please explain below:

I hereby swear or affirm that all of the above information is true to the best of my knowledge and belief.

_____ _____

Signature Date

_____ _____

Witness Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE SCHOOL OFFICE.**

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

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O.R.C. 2913.13 Falsification

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AFFIDAVIT REGARDING PRIOR RESIDENCE (HOMEOWNER OR TENANT)*

My last prior residence outside the National Trail Local School District was as follows:

_____
Street Address

_____ _____ _____
City State Zip Code

I was the ☐ Owner ☐ Tenant at this property.

My children and I no longer reside at the above address. We moved from the address listed above on or about: _____, 20_____.

The information above is true to the best of my knowledge and belief.

_____ _____
Signature Date

_____ _____
Witness Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE SCHOOL OFFICE.**

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

*****WARNING*****

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$4,181.25 (in-state)

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception
O.R.C. 2913.13 Falsification / Falsification in a Theft

and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT LANDLORD

I am the owner of a residential property at the following address:

_____
Street Address

_____ _____ _____
City State Zip Code

The above property is currently rented / leased to: _____
Name of Tenant

This rental / lease commenced on _____, 20_____.

The following persons (adults and children) are living at the above address:

_____ _____

_____ _____

_____ _____

_____ _____

The information above is true to the best of my knowledge and belief.

_____
Landlord's Signature

STATE OF OHIO)
: ss.
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, on the _____ day of _____, 20_____.

_____
Notary Public

_____
Date Commission Expires

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father	
Mother	
Brothers and Sisters	

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes

☐ No Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

☐ About the same ☐ Delayed ☐ advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell anemia
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other _____
☐ Blood problems	☐ Juvenile arthritis	☐ Other _____
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other _____
☐ Cancer	☐ Migraines	☐ Other _____
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date
		/ /

National Trail Local School District

Attention:

Kindergarten and Elementary Bus Riders!!!

(Childcare arrangements)

Dear Parents,

If your child will ride the bus to or from a location **other** than your home address, you must fill out an "**alternate pick up and drop off**" form available in the NT Elementary Office. This form needs to be turned into the Transportation Office **prior** to the start of school year or your child will be transported **only** to and from their home address.

NATIONAL TRAIL
Bus Transportation Information

ALTERNATE PICK UP and DROP OFF

Child's Name: _____Grade_____

(Please Check one)

_____ **Child will ride to and from their home address.**

_____ **Child will NOT ride school bus.**

_____ **Childcare arrangements unknown at this time.**

ALTERNATIVE BUS PICK-UP AND/OR DROP-OFF LOCATION

If your child needs to be picked up or dropped off everyday of the school year at a location **other** than your home, please complete the following. The information that you provide here will become your child's regular bus stop for the school year. Any occasional changes to the regularly scheduled stop location will require a **written parent note** for each day of the requested change.

Morning Pick-Up:

Address:_____
Name of Caregiver: _____
Phone Number of Caregiver: _____

Afternoon Drop-Off:

Address: _____
Name of Caregiver: _____
Phone Number of Caregiver: _____

Parent Name: _____
Parent Signature: _____
Date:_____
Parent Phone Number: _____