

# KINDERGARTEN CHECK LIST

Your child is NOT completely registered for school until we have  
Received all of the following information.

## Information Needed

Original Birth Certificate, to copy for records  
**NOT** hospital Certificate. Original is acquired from the  
County health department of the county your  
Child was born in.

Student's Social Security Card, to copy for our records,

**(2)** Proofs of residence in our school district  
(deed, driver's license, current bill, voter registration,  
change of address form)

## Shot Records

(You will receive a form to be completed by your Dr.  
When your child has his/her annual physical.)

All immunizations must be completed before  
your child can begin school.

Custody Papers (if applicable)

Registration is April 19<sup>th</sup>. & 20<sup>st</sup>.  
in the K-8 Office from 9-3.

STUDENT NUMBER \_\_\_\_\_  
\*For Office Use Only

NATIONAL TRAIL LOCAL SCHOOL DISTRICT  
ANNUAL PUPIL REGISTRATION INFORMATION  
SCHOOL YEAR 2018 – 2019

LEGAL NAME OF PUPIL: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ ATTENDED OHIO SCHOOL BEFORE? \_\_\_\_ YES \_\_\_\_ NO  
City County State

NAME AND ADDRESS OF SCHOOL LAST ATTENDED (IF NEW TO DISTRICT): \_\_\_\_\_

**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  
 \_\_\_\_\_ White (or Other Pacific Islander)  
 (Please note: failure to complete this section will result in a district determination of ethnicity)

FATHER'S NAME: \_\_\_\_\_

PARENTAL MILITARY STATUS: NONE: \_\_\_\_\_ ACTIVE DUTY: \_\_\_\_\_ BRANCH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ACTIVE RESERVE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address PO Box City State Zip

E-MAIL ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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MOTHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

PARENTAL MILITARY STATUS: NONE: \_\_\_\_\_ ACTIVE DUTY: \_\_\_\_\_ BRANCH: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ACTIVE RESERVE: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address PO Box City State Zip

E-MAIL ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

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 \_\_\_\_\_

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

IMMEDIATELY  
STUDENT NAME \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

ADDRESS \_\_\_\_\_

Sex \_\_\_\_\_ Bus No. \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Teacher (Gr. K-6 only) \_\_\_\_\_

Date Entered (new students only) \_\_\_\_\_

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.

Student lives with \_\_\_ Father & Mother \_\_\_ Mother only \_\_\_ Father only

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

Residential Parent or Guardian:  
Mother's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Mother's place of employment \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Father's place of employment \_\_\_\_\_

List below the names of all brothers and sisters:

Other's name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Name of Relative or Childcare Provider: \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**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)

# Nurse Notes

Below you will find a list of the health requirements for kindergarten. Please read the information carefully and feel free to contact me with any questions that arise. All forms are needed in the office on or before your child's screening which takes place August 21<sup>st</sup> . or 22<sup>nd</sup>., 2018.

- **PHYSICAL EXAM FORM**- (Provided by school)  
This needs to be completed and signed by a physician.
- **IMMUNIZATION RECORD**-Written verification of immunizations is required by Ohio law for entrance into kindergarten. Immunizations can be obtained from your physician or by appointment at the Preble County General Health District every Monday from 9-11am and 3-5pm (except holidays).
- **STUDENT HEALTH FORM**-It is important to know your child's health history including any allergies or medical issues they may have. Please remember to inform us if there is a change in your child's health status.

Thank you in advance for your cooperation with this process. I look forward to meeting your child during kindergarten screening. Have a safe and healthy summer!

Sarah Miller, RN, MS, NCSN  
National Trail School Nurse

# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /      /
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**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? <input type="checkbox"/> Yes <input type="checkbox"/> No Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No      Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> advanced

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions: <input type="checkbox"/> <b>NO</b> medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell
anemia <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.   _____
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Please indicate any allergies your child may have.		
Allergy type	Reaction	School restrictions or recommended actions

<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> 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.

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Form completed by

Relationship to student

Date

/ /

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PART I. TO BE COMPLETED BY SCHOOL STAFF OR HEALTH CARE PROVIDER

## PHYSICAL EXAMINATION / HEALTH RECORD

REV. 2/8/99

(To be completed by Family Physician)

All pupils should have a medical examination before entering Kindergarten. These examinations should include the items on this form. Please take this form to your family physician at the time your child is to be examined. The physician will record findings of physical items, vaccinations and immunizations required by State Regulations for school enterers.

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
 PARENT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_  
 \_\_\_\_\_ HGT \_\_\_\_\_ WGT \_\_\_\_\_ BP \_\_\_\_\_

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING AND AFTER PHYSICAL EXAM/ASSESSMENT

CODE	NORMAL FOR AGE	ABNORMAL	NOT EVALUATED
EYES			
EARS			
NERVOUS SYSTEM			
TEETH			
TONSILS			
ADENOIDS			
HEART			
POSTURE			
NUTRITION			
SKIN			
CLEANLINESS			
THYROID			
GENITALIA			
LUNGS			

DISEASE HISTORY	YES	NO	DATE
MEASLES RUBEOLA			
MEASLES RUBELLA			
WHOOPING COUGH			
SCARLET FEVER			
RHEUMATIC FEVER			
CHICKEN POX			
MUMPS			
PNEUMONIA			
POLIO			
INF. HEPATITIS			
ACCIDENT PRONE			
ALLERGIES			
TUBERCULOSIS CONTACT			

COMMENTS \_\_\_\_\_

I M M U N I Z A T I O N S

VACCINE	DOSE 1, DATE	DOSE 2, DATE	DOSE 3, DATE	DOSE 4, DATE	DOSE 5, DATE
DtaP, DTP, DT					
Td					
Hepatitis B					
Polio: IPV, OPV	Type:	Type:	Type:	Type:	
MMR	MMR #1	MMR#2	Measles Only	Mumps Only	Rubella Only
Hib: HbOC, PRP-OMP, PRP-T, PRP-D, COMVAX	Type:	Type:	Type:	Type:	
Varicella (Chicken Pox)					
Other					

\_\_\_\_\_  
(Signature of Family Physician)

\_\_\_\_\_  
(Date of Examination)

The first two copies of this Health Record should be returned to the school. The last copy should be retained by the parent or guardian.



**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 (available in the elementary office, or can be downloaded from the National Trail website on the transportation page). 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. Check the National Trail webpage for updated Routes, pickup times and bus schedules.



**NATIONAL TRAIL  
Bus Transportation Information**

**ALTERNATE PICK UP and DROP OFF  
Return No Later Than August 10<sup>th</sup>. 2018**

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_

(Please Circle)

**YES NO**

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

**YES NO**

**Child will NOT ride school bus.**

**YES NO**

**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: \_\_\_\_\_

# National Trail Transportation

Dear Parents:

Soon your child will be climbing aboard that big, yellow, bus for the first time. This is a big step for the children and can be a little unsettling for parents as well. I would like to familiarize you with the policies and procedures in place so that you can feel more comfortable that your child will enjoy a safe and happy ride to and from school each day.

First of all, your bus driver has had extensive training in handling the school bus as well as safe practices and procedures in and around the bus. Drivers attend formal update training each year and must recertify their skills and qualifications every 6 years. Your driver is the first and last contact your child has each school day. Take time to get to know your child's bus driver and keep an open line of communication with them. Most concerns are best handled by simply talking to your bus driver and working together with them. If, however, you feel you are unable to come to a workable solution with the driver, feel free to contact the transportation supervisor or building principal.

School bus policies and procedures are in place for the safe and efficient transport of students. Students are expected to maintain the same behavior on the school bus as in the classroom. The bus driver's full attention is required to safely operate the bus and it is simply not acceptable for the driver to be distracted by disruptive behavior. Rules are in place to insure a safe ride for everyone on the bus. Ongoing behavior problems will lead to discipline up to and including loss of transportation privileges. Please talk to your children about the importance of following your bus driver's rules.

Please remember the new school year brings with it transportation staff changes and student/route adjustments. Some of these changes will require a couple of days' adjustment. Please be patient – with a few exceptions, the routes will be consistent after the first couple of school days. After this, buses likely will be within a minute or two of the scheduled time each day. Also, keep in mind we do make mistakes. If we should miss your child's pick up location during those first couple of days, please bring them to school and let the staff know the student's name, grade, and address. We will make the necessary route correction and make every effort to avoid repeated mistakes.

If you have a varied pick-up/drop-off schedule for your child, it is necessary to put that specific information in writing. The instructions must include: the **address** where the child is to be picked up or dropped off; the exact dates this is to take place; and the duration of the change of location. Always include a contact number for the person who will receive the child so that we may contact them, if necessary, for any reason. Do not instruct the child to tell us they are to get off the bus at a different location. Without written authorization, children will be taken to their regular drop-off locations. If your child normally rides home on the bus and you pick them up at the end of the day, please sign them out in the office so we do not hold up the buses searching for a child who has ridden home with parents.

Bus routes and schedules will be posted on the National Trail web site under the transportation page. Routes are listed by general description and have the pick up times listed for each student. Please check this page [www.nationaltrail.k12.oh.us](http://www.nationaltrail.k12.oh.us) for your child's bus and time.

## General Bus Rules

1. The bus driver is in charge of the bus just as teachers are in charge of their classroom.
2. Students are assigned to a particular bus stop and must use that stop. Do not *catch up* to the bus at another stop.
3. Students are to arrive at their stop **5 minutes before the bus arrives** and must wait in their "Designated Place of Safety" until the driver signals them to cross or load. Likewise, students must wait in their "Designated Place of Safety" until the bus pulls away in the afternoon.
4. There is no eating or drinking on the bus.
5. Students are to go directly to their assigned seats and remain seated during the entire bus trip.
6. No live animals, insects, or pets, of any type on the bus.
7. Students are to keep hands to themselves. No hitting, grabbing, poking, pushing, etc.
8. Never throw anything on the bus or out the window.
9. Never put hands, arms, or head out the window.
10. No dangerous objects on bus.
11. No foul language of any kind on the bus.
12. Students are not permitted to stand on or climb over or under the seats of the bus. This is unacceptable behavior and will result in disciplinary action.

Please review these rules with your children. They are intended to make everyone's ride to school safe and enjoyable. Your driver may choose to move and rearrange seat assignments as needed. Remember, if your child is having difficulties on the bus, have them talk to the bus driver so they can remedy the situation. If you should have any questions with regard to transportation procedures, policies, or rules, do not hesitate to contact me at my office or I will be happy to schedule an appointment to meet with in person. Thanks and have a great first year of school!

John Toschlog,

National Trail Transportation Supervisor

# 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. Complete 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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## 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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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