

Registration is by appointment only. Please call 614-491-8044, ext. 1214. Thank you.

STUDENT NAME: _____ Grade: _____ Date: _____

PARENT NAME: _____ Phone: _____

**The following information is required before a student can start school.
You must bring these items with you to your appointment.**

Copy of Birth Certificate
Social Security Card
Proof of Residency (1 utility AND mortgage coupon or lease)
Custody Papers (if applicable to your family)
Immunization Records
Copy of student's IEP & ETR or 504 (if applicable)
Photo I.D. for the parent/guardian

RA? ____
Sig ____
DASL ____

Complete the following forms included in the enrollment packet.

Student Profile/Registration Form
Custody Confirmation (documents may need to be attached)
Residency Verification Form (documents need to be attached)
Request for Student Records (please provide previous school's address/fax)
Authorization Form
Computer/Internet Acceptable Use Policy (choose appropriate grade level form to sign – there are multiple forms in this packet – sign only one)
Home Language Form
Health Examination Form (for kindergarten students-requires physician signature)

Return?

Please print/request the following forms if they apply to your child/family.

Foster Child Form (if applicable)
Medical Authorization Form (required for medicines to be administered at school by school personnel)
Self-Medication Authorization Form (required and used only for students self-medicating with asthma inhalers)

Please bring the following items with you. They need them to place your student in the appropriate classes.

Transcript of grades – REQUIRED for high school students Contact old school to get an unofficial transcript of credits earned before your appointment.
Withdrawal papers from the previous school (including grades at time of withdrawal) This does not apply for students enrolling during the summer.
Latest Grade Card (if possible)

Questions? Please call 614-491-8044, Extension 1214. Thank you.

FOR OFFICE USE ONLY:

____ DASL ____ Email to school ____ File to school

IEP: yes ____ no ____

Start Date: _____ Parent Notified: _____

File to SS: _____

Confirming Signature: _____

File from SS: _____
Revised 01/17