

HAMILTON LOCAL SCHOOLS

NEW STUDENT REGISTRATION PACKET

Please call 614-491-8044, extensions 1204 or 1233, to make an appointment to register your new student. Please leave a clear message with your name **and** telephone number if you get a voice mail message. The following blocks of time are available for appointments. Please plan on your appointment lasting 15 minutes per child. Your appointment will be at 775 Rathmell Road, Columbus, Ohio, 43207. It is in our Education Center (our old middle school building.)

Monday, Wednesday and Friday: 9:00 a.m. – 11:00 a.m.

All required documents must be returned, on your appointment day, in order for your student to attend school. We cannot keep your appointment if you are missing documents. This includes birth certificate, social security, shot records, proof of residency in our school district and proof of custody if that applies in your family. You are also required to provide an unofficial transcript of credits earned for high school students only. Your child will not be considered enrolled until we have all documentation.

Your registration packet must be filled out in its entirety before arriving for your appointment. You cannot sit in our offices and fill it out. Thank you.

Frequently Asked Questions

- Q - My child's previous school has a copy of their shot records and birth certificate. My high school student's transcript is also at their old school. Can't you get a copy from the school?
- A - No. Many times, they don't send your child's records in a timely manner. You are **required** to submit birth certificate, social security, shot, custody papers, and a copy of a transcript for high school students at the time of your enrollment appointment. Any high school student enrolling after the first semester of their freshman year are required to have a copy of their transcript showing all credits attempted and earned. Please obtain these before arriving at your appointment.
- Q - We just moved and we won't receive a utility bill for a month. What should we do to prove residency?
- A - We will accept verification from the utility company that you've had the utilities turned on at your new address. Please contact the utility company (gas, electric, water) and ask for documentation that clearly has the utility company name on it as well as your name and address. This is in addition to providing a copy of your lease or mortgage.
- Q - What do you need in order for me to prove I have custody of the children I'm enrolling?
- A - We need a copy of any paperwork indicating there has been a legal change of custody. This may include a copy of your divorce decree or any legal changes to the decree that apply to custody, paperwork from a court system placing a child in your home, etc.
- Q - When will my children start school?
- A - If your appointment is on a Monday, your child will start school on Tuesday.
If your appointment is on Wednesday, your child will start school on Thursday.
If your appointment is on Friday, your child will start school on Tuesday.

Students in grades K-3 are **required** to have a parent/guardian take them to school on their first day of classes and should plan on arriving at 9:00 a.m. They are permitted to ride the bus home.

If you have questions about the enrollment process or paperwork you need, please call **before** your appointment. Your child will not be allowed to attend school without all documentation.

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

ENROLLMENT CHECKLIST

Registration is by appointment only. Please call 614-491-8044, ext. 1204 or 1233. 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)	RA?
	Custody Papers (if applicable to your family)	
	Immunization Records	
	Copy of the student's IEP (if applicable)	
	Photo I.D. for the parent/guardian	

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)	Return?
	Authorization Form	
	Home Language Form	
	Health Examination Form (for kindergarten students-requires physician signature)	

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 1204 or 1233. Thank you.

FOR OFFICE USE ONLY:

____ DASL ____ Email to school ____ File to school

IEP: yes ____ no ____

Start Date: _____ Parent Notified: _____

File to SS: _____

File from SS: _____

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Student Profile/Registration Form

Student Information please print

Today's Date: _____

Student's Legal Name: _____
(First Name) (Full Middle Name) (Last Name)

Social Security #: _____ - _____ - _____ Birth date: _____ City of Birth: _____

Gender: Female Male Grade Level: _____ Mother's Maiden Name: _____
(last name only)

Racial Code: Asian Black/African American Indian-Native/Alaskan Native Hawaiian/Other Pacific child White
Please check all that may apply to your child
Is this child Hispanic/Latino? yes no

Student was born in the US? yes no
Student is a US citizen? yes no
If NO, list country of citizenship: _____

1st time in an Ohio school? yes no
1st time in Hamilton Local schools? yes no
If NO, when did they attend Hamilton? _____

Name of last school attended: _____ City: _____ State: _____

Residency Information please print

Current Address: _____ City: _____ Zip: _____
(number and street)

Do you own this property? yes no Primary Phone #: _____

Family/Custodial Information please print

Mother/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ Ext. # _____
Email: _____

Father/Guardian Information

Name: _____
Relationship to student: _____
Employer's Name: _____
Cell Phone: _____
Work Phone: _____ Ext. # _____
Email: _____

Child lives with: Both Natural Parents Father Only Mother Only Father/Stepmother Mother/Stepfather Other Foster _____

Brothers/Sisters – Names & Ages

Special Services – please check all that apply if your child is currently receiving any of the following services:

Gifted/Enrichment Current IEP English as a Second Language 504 Plan Special Transportation

Additional Information please print

Please estimate your child's overall academic performance: Above Average Average Below Average

Approximately how many days of school has your child missed this year? _____

Does your child have any medical or other problems the school should be aware of? yes no

If yes, please explain: _____

Does your child need to take any medication during the school day? yes no

If yes, please ask for a Medical Authorization Form. It must be completed by your physician before we can administer any medications.

Is the student currently under a suspension or expulsion from another school district? yes no

OFFICE USE ONLY:

DASL: _____ Student I.D. Number Assigned: _____ Building: _____

Please Print

Student's Legal Name: _____ **Student's Date of Birth:** _____

Parent/Legal Guardian: _____ **Relationship to Child:** _____

Student & Parent/Legal Guardian Address: _____

I certify that I am the custodial parent/legal guardian of the child listed above and have established permanent residency at the address listed above. I further certify that this child does reside with me at this address.

Student's birth parents are currently married and living together? Yes No

If NO – please check any information below that applies to your family situation.

Mother	Father
Not married to birth father but living with him	Not married to birth mother but living with her
Married to but separated from birth father – no legal papers filed	Married to but separated from birth mother – no legal papers filed
* Legal separation from birth father – custody papers attached	* Legal separation from birth mother – custody papers attached
* Divorced - single	* Divorced - single
* Divorced - remarried	* Divorced - remarried
* Adoptive parent	* Adoptive parent
Single at time of birth (father listed on B/C)	Single at time of birth (father listed on B/C)
Single at time of birth (father not listed on B/C)	Single at time of birth (father not listed on B/C)
* Guardian	* Guardian
* Foster Parent	* Foster Parent
* Deceased (guardian to provide certification)	* Deceased (guardian to provide certification)

***Indicates the need for a copy of legal document(s) to be attached.**

_____ I have provided school officials with a signed copy of the court document granting custody/guardianship.

The above information is true and accurate as of: _____
(today's date)

Signature of Parent/Legal Guardian: _____

School Official: _____ Date: _____

Revised 08/2008

Section 3313.672 ORC as of July, 1989, requires a custodial parent to provide the public school with a certified copy of the custody order. Any changes or modifications in the custody order must also be submitted to the school when they occur.

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775 Rathmell Rd., Columbus, OH 43207

Residency Verification Form

I, _____, certify that I am a resident of the Hamilton Local School District,
(print adult resident's name)
occupying the dwelling at:

Address: _____

City/Zip: _____

Date of Occupancy: _____

*Verification of the above residency provided to school officials by copy of one of the following items:

_____ Signed Rental Agreement with landlord verification (all residents MUST be listed on the lease. This includes anyone moving in temporarily and registering at Hamilton Local Schools.) If the lease is a month-to-month, you must include a letter from the rental agent verifying current occupancy.

_____ Proof of Mortgage (with a current date-monthly statement or payment coupon)

_____ Mortgage Closing Form (dated within 2 months of this registration-must include all signatures)

Along with the above item, the Hamilton Local School District also requires a copy of a current utility bill (gas, electric, water) that shows your name and the street address. Please do not submit telephone/cell phone, cable, payroll, or banking information as verification.

_____ Current utility bill (gas, water, or electric-we cannot accept telephone, cell, or cable bills)

I, _____, further certify that the above information is true and accurate. Should any of this information be false, I agree to pay tuition cost, per day, for each student listed below while illegally attending the Hamilton Local School District. I understand that immediate withdrawal will occur. I am aware that the Hamilton Local School District may use legal means to verify my residence.

Child (ren)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Signature of Person Enrolling Child	Relationship to child	Date

FOR OFFICE USE ONLY

_____ Copy of residence verification information attached	_____	_____
	School Official	Date

HAMILTON LOCAL SCHOOLS - IRN 046953

775 Rathmell Rd., Columbus OH 43207

Request for Student Records

The student listed below is requesting admission to the Hamilton Local School District. Please release the school records, which include but are not limited to; academic records (including grades to date of withdrawal,) attendance records, student SSID # (for Ohio schools,) placement data, mental aptitude and achievement test data, OGT records, health/immunization records, psychological reports, and IEPs to aid in present and future educational decisions. Please fax or mail student records to the appropriate building as marked. Thank you.

_____ **Hamilton Twp. High School (9-12)**
 1105 Rathmell Road
 Columbus, OH 43207
 PH#: (614) 491-4741 FAX: (614) 492-1495

_____ **Hamilton Intermediate School (4-6)**
 765 Rathmell Road
 Columbus, OH 43207
 PH#: (614) 492-1047 FAX: (614) 492-1059

_____ **Hamilton Middle School (7-8)**
 755 Rathmell Road
 Columbus, OH 43207
 PH#: (614) 491-3468 FAX: (614) 491-0260

_____ **Hamilton Elementary School (K-3)**
 745 Rathmell Road
 Columbus, OH 43207
 PH#: (614) 491-1086 FAX: (614) 492-1499

All Special Education records should be sent directly to:

Hamilton Local School District
 Attn: Special Education Department
 775 Rathmell Road
 Columbus, OH 43207
 PH#: (614) 491-8044 FAX: (614) 491-8931

Student Information

Parent/Guardian: Please complete information below.

Student's Full Legal Name: _____

Grade Level: _____ Birth Date: _____

Student is being enrolled at Hamilton Local Schools as a Foster placement: ___ no ___ yes

Information for Last School Attended

School Name: _____

Address – Number and Street Name _____

City/State/Zip Code _____

Telephone # _____ Fax # _____

*Has this student attended multiple schools this year? ___ yes ___ no

If yes, what are the names of the other schools? _____
 City/State _____

*Is this student currently expelled, under suspension, or recommended for expulsion from another school district? ___ yes ___ no If yes, please specify _____

Parent/Guardian Signature: _____ Date: _____

School Official: _____ Date Mailed/Faxed: _____

Note: Federal Law 99.31 allows for educational records to be sent to other educational agencies without parent's signature requirement. Law 815-828 states a copy of the requested records be forwarded within five school days after receipt of the request, notwithstanding, any financial debt owed by pupil.

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AUTHORIZATION FORM

Please Print

Student: _____ Grade: _____ Teacher: _____

Address: _____ Phone # _____

Mother: _____ Work # _____ Cell # _____

Father: _____ Work # _____ Cell # _____

Parent/Guardian E-Mail: _____

Other Emergency Contact: _____ Relationship: _____ Phone # _____

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

Physician: _____ Phone # _____

Dentist: _____ Phone # _____

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above named doctors, 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 reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, 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 impairments to which a physician should be alerted:

Signature of Parent/Guardian: _____ Date: _____

Photography / Publication Release

We request permission for your child to be photographed or video taped by school staff or local news organizations during the current school year. Their picture may be used in newspaper articles, television stories, brochures, and other promotional products.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Field Trip Permission

My child has permission to accompany his/her class on school-sponsored field trips. I will be notified in advance when and where these trips will be. I also give my permission for them to ride the bus to any location in the district for school related activities, assemblies, etc.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Internet / E-Mail Access Permission

I have read and signed the Internet/E-Mail Access consent form in this enrollment packet.

_____ YES, I give my permission. _____ NO, I do not give my permission.

Signature of Parent/Guardian: _____ Date: _____

Home Language Information Form

Student Information

First Name		Date of Birth	
Middle Name		City of Birth	
Last Name		Country of Birth	
Grade		Social Security Number	
Sex		Mother's Maiden LAST Name	

Citizenship (check only ONE)

<input type="checkbox"/>	United States Citizen	<input type="checkbox"/>	Dual Nation	<input type="checkbox"/>	Other (please list below)
<input type="checkbox"/>	Non-Resident Alien	<input type="checkbox"/>	Resident Alien	<input type="checkbox"/>	

Ethnic Background (Check only ONE)

<input type="checkbox"/>	WHITE, NON-HISPANIC	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
<input type="checkbox"/>	BLACK, NON-HISPANIC	Persons having origins in any of the black racial groups in Africa.
<input type="checkbox"/>	HISPANIC	Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
<input type="checkbox"/>	ASIAN or PACIFIC ISLANDER	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. (ex. China, India, Japan, Korea, the Philippine Islands and Samoa)
<input type="checkbox"/>	AMERICAN INDIAN or ALASKAN NATIVE	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/>	MULTI-RACIAL	Persons having origins in two or more of the above options.

Native Language (Check only ONE)

<input type="checkbox"/>	ENG - English	<input type="checkbox"/>	CRE - Creole-French	<input type="checkbox"/>	PTG - Portuguese	<input type="checkbox"/>	TAG - Tagalog
<input type="checkbox"/>	ALB - Albanian	<input type="checkbox"/>	GER - German	<input type="checkbox"/>	ROM - Romanian	<input type="checkbox"/>	TRO - Trigiyan
<input type="checkbox"/>	AMH - Amharic	<input type="checkbox"/>	HMG - Hmong	<input type="checkbox"/>	RUS - Russian	<input type="checkbox"/>	UKR - Ukrainian
<input type="checkbox"/>	ARA - Arabic	<input type="checkbox"/>	JPN - Japanese	<input type="checkbox"/>	SBC - Serbo	<input type="checkbox"/>	VTM - Vietnamese
<input type="checkbox"/>	CAM - Cambodian	<input type="checkbox"/>	KOR - Korean	<input type="checkbox"/>	SOM - Somali	<input type="checkbox"/>	OTH - Other (please list)
<input type="checkbox"/>	CAN - Cantonese	<input type="checkbox"/>	LAO - Laotian	<input type="checkbox"/>	SPN - Spanish	<input type="checkbox"/>	

Additional Information (Circle ONE)

Was this child born outside of the USA? Yes No

Was one or both of the parents born outside of the USA? Yes No

Is a language other than English the primary language spoken at home? Yes No

Does this student speak limited English Yes No

Has this student been in the USA for LESS than 3 years? Yes No

If yes, how long have they been in the USA? _____ years and _____ months

If you marked YES to any of the above questions, please answer the following questions:

1. What language did your child speak when they first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language do the adults at home most often speak? _____
5. How long has your child attended school in the United States? _____

Parent/Guardian Signature

Date

Please Print

Child's Name: _____ (first name) _____ (middle name) _____ (last name) **Birth date:** _____

Home Address: _____ **Home Phone:** _____

Mother's Name: _____ **Place of Employment:** _____ **Business Phone:** _____

Father's Name: _____ **Place of Employment:** _____ **Business Phone:** _____

Physician's Name: _____ **Address:** _____ **Office Phone:** _____

-
1. Is there anything about your child the teacher or school needs to know to understand him/her better?
 2. List diseases, serious illnesses, surgeries, injuries, or health conditions your child has had along with the dates (year only.)
 3. Does any relative or anyone in the home have Tuberculosis, Diabetes, or other illnesses? If yes, describe.

Please Print

Child's Name: _____ (first name) _____ (middle name) _____ (last name) **Birth date:** _____

IMMUNIZATIONS
 Date: month / day / year

DPT				
TD				
POLIO				
MMR				
HIB				
HEP. B				
CH. POX				
OTHER				

PHYSICAL ASSESSMENT

Check one:
 _____ Entirely within normal limits
 _____ Abnormalities as follows:

VISION SCREENING TESTS

	Right	Left
Muscle Balance		
Farsightedness		
Color		
Distance Acuity		

Is there any reason why the student cannot carry out a full program of school work?
 _____ NO _____ YES

If YES, please explain:

HEARING SCREENING TESTS

Right _____ Left _____

TUBERCULIN

Date: _____

COMMENTS: _____

Physician's Signature

Date

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

MEDICAL AUTHORIZATION FORM

Parent Request for Administration of Medication

By School Personnel

PHYSICIAN

Please Print

_____ is under my care and should receive
(Name of student)

(Name of drug, dosage, route)

at the following times: _____

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date of this request: _____

Date: _____
(Physician's Name) (Physician's Signature)

(Physician's telephone number)

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his designee (e.g., school nurse or other responsible person) to administer the following medication to my child. Further, I understand that the school personnel are not legally obligated to administer oral medication to any child, and therefore, I agree to hold the school district and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

Name of Student: _____ Grade: _____

Name of Drug: _____ Dosage: _____ Route: _____

Administer at the following times: _____

Expiration date of this request: _____

Signature of Parent/Guardian: _____ Date: _____

HAMILTON LOCAL SCHOOLS

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SELF MEDICATION AUTHORIZATION FORM
Self-Medication for Asthma Inhaler

Student Name: _____ **Date** _____

Address: _____

Medication Name: _____

Dosage: _____

Date the administration is to begin: _____

Date the administration is to end: _____

Adverse reactions that should be reported to the physician: _____

Adverse reactions for unauthorized users: _____

Procedure to follow in the event that medication does not produce the expected relief from the student's asthma attack:

Other special instructions: _____

Physician and parent/guardian names, signatures, and emergency numbers:

Physician Name: _____

Phone: _____

Physician Signature: _____

Date: _____

Parent/Guardian Name: _____

Phone: (home) _____

(cell) _____

(work) _____

Signature of Parent/Guardian: _____

Date: _____