HAMILTON LOCAL SCHOOLS

NEW STUDENT REGISTRATION PACKET

Please call 614-491-8044, extension 1204, 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.

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.
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. 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. Can you get those from that 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, and custody papers at the time of your enrollment appointment. 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. Thank you.

STUDENT NAME: _____ **Grade:** _____ **Date:** _____

PARENT NAME: _____ **Phone:** _____

The following information is required before a student can be enrolled.

	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 the student's IEP (if applicable)

Please complete the following forms included in the enrollment packet. All forms must be complete before the student will be able to attend.

	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
	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 will help us place your student in the appropriate classes.

	Latest Grade Card (if possible)
	Withdrawal papers from the previous school (including grades at time of withdrawal) This does not apply for students enrolling during the summer.
	Transcript of grades (for high school students)

Questions? Please call 614-491-8044, Extension 1204. 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: _____

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

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)

Ethnic Code: Please check all that may apply to your child

___Asian
___Black, Non-Hispanic
___Hispanic/Latino
___Indian-Native/Alaskan
___Native Hawaiian/Other Pacific
___White, Non-Hispanic

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 **Home 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: _____

HAMILTON LOCAL SCHOOLS

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CUSTODY CONFIRMATION

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.

HAMILTON LOCAL SCHOOLS
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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.) 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)

_____ 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

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

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FOR OFFICE USE ONLY

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

Revised 08/2008

HAMILTON LOCAL SCHOOLS
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.***

Revised 08/2009

HAMILTON LOCAL SCHOOLS

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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:** _____

Revised 08/2008

HAMILTON LOCAL SCHOOLS
775 Rathmell Rd., Columbus, OH 43207

HOME LANGUAGE FORM

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)

	United States Citizen		Dual Nation		Other (please list below)
	Non-Resident Alien		Resident Alien		

Ethnic Background (Check only ONE)

	WHITE, NON-HISPANIC	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
	BLACK, NON-HISPANIC	Persons having origins in any of the black racial groups in Africa.
	HISPANIC	Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
	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)
	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.
	MULTI-RACIAL	Persons having origins in two or more of the above options.

Native Language (Check only ONE)

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

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 <u>YES</u> 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**

Revised 08/2008

HAMILTON LOCAL SCHOOLS

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SCHOOL HEALTH EXAMINATION FORM

Please Print

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

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.**

HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

SCHOOL HEALTH EXAMINATION FORM

Please Print

Child's Name: _____ _____ _____ **Birth date:** _____

(first name) (middle name) (last name)

IMMUNIZATIONS

Date: month / day / year

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

VISION SCREENING TESTS

	Right	Left
Muscle Balance		
Farsightedness		
Color		
Distance Acuity		

HEARING SCREENING TESTS

Right _____ **Left** _____

TUBERCULIN

Date: _____

COMMENTS:

PHYSICAL ASSESSMENT

Check one:

_____ Entirely within normal limits

_____ Abnormalities as follows:

Is there any reason why the student cannot carry out a full program of school work?

_____NO _____ YES

If **YES**, please explain:

_____

Physician's Signature

_____

Date

HAMILTON LOCAL SCHOOLS

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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 it's 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:** _____

Revised 08/2008

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:** _____

Revised 08/2008