

## ENROLLMENT PROCEDURES

Make 2 copies of the following (1 for Prins & 1 for building):

- \* \_\_\_ Birth certificate
- \* \_\_\_ Social Security card
- \* \_\_\_ Custody papers if applicable
- \* \_\_\_ Parent/guardian ID (driver's license, S.S. card)
  - \* \_\_\_ Immunization record
  - \_\_\_ Grades if available
- @ \_\_\_ Enrollment information form (Transportation gets copy)
- @ \_\_\_ Emergency Medical Card
- @ \_\_\_ Record release form
- @ \_\_\_ Ohio EMIS information form
- @ \_\_\_ Custody form
- @ \_\_\_ Free lunch form if applicable

Additional for FOSTER PLACEMENT:

- \* \_\_\_ Court order
- \_\_\_ School district of residence
- \_\_\_ Address in district of residence

Additional for SPECIAL SERVICES:  
IEP

MFE

Parent gets copy of:

- @ \_\_\_ Building times and lunch prices
- @ \_\_\_ School calendar

\* PARENT MUST BRING TO ENROLL.

@ FORMS WE PROVIDE.

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Papers sent to school

EMIS transfer

Transportation copy

Fax sent for records

Records forwarded to school

## Enrollment Information for Ohio EMIS

Enrollment Date:

Grade:

ID #

### FULL LEGAL NAME FROM BIRTH CERTIFICATE

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First Name

Middle Name

Last Name

Name suffix (if applicable): \_\_\_\_\_ Nickname (if applicable): \_\_\_\_

Birthdate: \_\_\_\_\_ S.S. # \_\_\_\_\_

Gender (circle one): MALE

FEMALE

Race/ethnic (circle one): WHITE  
INDIAN

BLACK HISPANIC ASIAN  
MULTIRACIAL

AMERICAN

Birth City: \_\_\_\_\_ Native Language:

Mother's  
maiden name:

Date of first polio  
immunization:

Kindergarten experience (circle one):

ATTENDED FULL DAY  
NO KINDERGARTEN EXPERIENCE

ATTENDED HALF DAY  
NOT KNOWN

# ENROLLMENT INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Person with legal custody: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Local address: \_\_\_\_\_

Phone: \_\_\_\_\_

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Babysitter name: \_\_\_\_\_ Phone: \_\_\_\_\_

Babysitter address: \_\_\_\_\_

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Please list two other emergency phone numbers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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School previously attended: \_\_\_\_\_

Did student receive special services? Yes \_\_\_\_\_ No \_\_\_\_\_ IEP: \_\_\_\_\_ MFE: \_\_\_\_\_

Other: \_\_\_\_\_

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Does the student have any health concerns the school should be aware of?  
\_\_\_\_\_

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Has the student ever attended school in this district? Yes \_\_\_\_\_ No \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Last year attended: \_\_\_\_\_

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*The residence cited above is our permanent address and is within the boundaries of the Southern Local School District. I understand that it is my obligation to notify the school immediately when there is a change in the residence. I will provide proof of residency if requested.*

\_\_\_\_\_  
signature of parent or guardian

\_\_\_\_\_  
date