



**REGISTRATION
REQUIREMENTS
for
ROLLING HILLS**

***Birth Certificate**

***Immunization Papers**

***Custody Paper(s)
(if applicable)**

***Name & Address of
last school attended**

***Proof of Residence**



STUDENT ENROLLMENT FORM

Admission date: _____

STUDENT: _____ DATE: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS _____ -- CITY _____ ZIP _____

GRADE: ____ BIRTH DATE: _____ BIRTH CITY _____

US CITIZEN: YES ____ NO ____ GENDER: Male ____ Female ____ MOTHER'S MAIDEN LAST NAME _____

Ethnic Status: 1. Is the student Hispanic/Latino? ____ yes/no
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

2. Which of the five racial groups applies to the student? Check all that apply:
____ White, ____ Asian, ____ Black/African American,
____ American Indian or Alaska Native, ____ Native Hawaiian or Other Pacific Islander

Previous School: _____ Phone #: (____) _____

Previous School District: _____

- Has student previously attended Rolling Hills Local Schools? Yes ____ No ____
- Which school? _____
- Has student currently (or been) expelled from a public school? Yes ____ No ____ Why? _____

* EDUCATIONAL PROGRAM NEEDS: Regular Education _____ Special Education _____

Student has active ETR/IEP for: ID ____ LD ____ SPEECH ____ VISION ____ HEARING ____ SLD ____
(Individualized Education Plan) OH MH OTHER (Please Provide Copies)

PARENT(S), GUARDIAN(S), or ADULT WITH LEGAL CUSTODY LIVING WITH STUDENT:

1: _____ Relationship to Student: _____
Last Name First Name

County of Residence _____ Nationality _____ Birth State _____

Phone (____) _____ Cell#: (____) _____ Years of Education ____

Email _____

Employer's Name: _____ Occupation _____ Phone#: (____) _____

2: _____ Relationship to Student: _____
Last Name First Name

Nationality: _____ Birth State: _____ Years of Education: _____

Employer's Name: _____ Occupation _____ Phone#: (____) _____



STUDENT ENROLLMENT FORM

Admission date: _____

SIBLINGS:

Last Name	First Name	Building Enrolled	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT NAME: _____

PARENT INFORMATION: (Circle one in each category)

Student lives with: Both Parents Father Mother Father Stepmother Mother Stepmother Self
 Foster Parents Grandparents Relative Legal Guardian Other _____

Current parental marital status: Married Separated Divorced Single Widowed Never married

Custody: Both parents Father Only Mother Only Grandparents Relative
 Children's Services Legal Guardian Self

Military Parent: N/A - Not Applicable
 A - Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)
 B - National Guard - Student is a dependent of a member of the National Guard (Army, Nat'l Guard, Air, Nat'l Guard)
 C - Reserve Duty

Adult, Guardian or Parent (S) not living with the student:

I. _____ Relationship to Student: _____
 Last Name First Name

Address: _____ Home Phone: (____) _____ Cell#: _____
 Street address City

Nationality: _____ Birth State: _____ Years of Education: _____

Employer's Name: _____ Occupation _____ Phone#: (____) _____

RESIDENCY DECLARATION

According to state laws and board of education policy, no student may attend Rolling Hills Local School District unless his/her parents or legal guardian currently reside within the school district boundaries. If you are not a legal resident, you will be liable for school tuition charges for every day that your child attends Rolling Hills Local School District. In addition, criminal charges may be filed for falsification of official school papers.

I am a resident of Rolling Hills Local School District. (Proof required)

I am **NOT** a resident of Rolling Hills Local School District and I **HAVE** completed the Open Enrollment application for the current year.

I certify that all the information of this student enrollment form is true and correct to the best of my knowledge and belief.

Signature of Parent/Legal Guardian _____ Date _____

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 / /
----------------	--	------------------------

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

Please explain any conditions above or any reasons for hospitalizations.

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.

Form completed by	Relationship to student	Date / /
-------------------	-------------------------	----------

****This document should be filed with the student's cumulative folder and should be part of any record transfer.**

Student Residency Questionnaire

**** Form to be completed by Parent, Guardian, Caregiver or Student (if living independently)**

The information requested below will be used to help identify eligibility under the McKinney-Vento Homeless Assistance Act, as amended by the Every Student Succeeds Act of 2015 (ESSA). **Please complete and return this form ASAP** to the student's school office or during the new student registration process.

Name of Student: _____ Gender: Male Female *Last First Middle*

Birth Date: ____ / ____ / ____ Grade: _____ Student Attends: Byesville (K-2) MMS (6-8)
Month Day Year Secret (K-2) MHS (9-12)
 Brook Intermediate (3-5)

Check the box that best describes with whom the student resides. (**Please note:** legal guardianship may be granted only by a court. Students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll in and attend school.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- On my Own, or Other (explain) _____

Name of person with whom student resides: _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____ Other Emergency #: _____

Length of Time at Present Address: _____ Length of Time at Previous Address: _____

Last District Attended: _____ Last School Attended: _____

Please check at least one box that describes your family living situation (please CHECK ALL THAT APPLY):

- We rent or own our own home or apartment.
- Student lives with parent(s), legal guardian(s), or caregiver(s).
- We live in the home of a friend or relative in a **Long-term**, cooperative living arrangement between each other.
- We **Temporarily** share the home of a friend or relative due to the loss of our own housing – **CODE C** (i.e., economic hardship, eviction, divorce, domestic violence, kicked out, fire, flood, military deployment, parent in jail, etc.)
- We live in a **temporary** shelter or **transitional** housing because we do not have permanent housing – **CODE A** (i.e., Transitional housing is only for a short period of time & is provided as a step to permanent housing - family, youth, or domestic violence shelter.)
- Our home or apartment has no electricity – **CODE B**
- Our home or apartment has no running water – **CODE B**
- We live in a car, abandoned building, a public park, on the streets, in public spaces not ordinarily used for regular sleeping accommodations, or other unsheltered locations – **CODE B**
- We live in a hotel, motel, or camping grounds – **CODE I**
(i.e., economic hardship, eviction, unable to get deposits for permanent home, flood, fire, tornado, etc.)
- Student is independent and is on his/her own without parent(s), legal guardian(s), or caregivers(s) – **CODE U/A**
- None of the above describes my present living situation.

Briefly describe your situation: _____

If applicable, check any of the following factors contributing to the family living situation you indicated on the front of this form (check none or any that apply):

Military Service:

- Family Member in the household currently deployed,
- Family Member in the household in Reserves
- Family Member in the household injured or killed in action

Economic hardship:

- Loss of job resulting in inability to pay rent or mortgage
- Income from part-time or low-paying job does not cover the cost of housing in the area
- Loss of mortgage, including loss of landlord's mortgage if family is renting
- Eviction record and/or inability to produce deposits for rent or utilities

"Family" issues: such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.

"House" issues: such as lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc. List specify "House" issue:

Incarceration: of parent/guardian

Incapacitation: of parent or guardian due to health, mental health, drugs/alcohol, or other factors

House fire that is NOT DUE to a Natural Disaster due to *faulty equipment, appliances, wiring, furnace, stove, fireplace, etc.*

Natural Disaster

- Fire: forest, grass, lightning strike, etc.
- Tornado, storm, flood, etc.

Other:

- High medical bills that leave little or no money for housing
- Lack of affordable housing in the area
- Minor student unable to afford housing on my own

None of the above describes the main reasons for my present family living situation. *Briefly explain:* _____

Please provide the following information for school-age and pre-school brothers and/or sisters of the student:

Name	Grade Level	School	District

I realize that falsifying records is an offense, and enrollment of the child under false documents subjects the person to liability under the Criminal Code.

Signature of Parent / Legal Guardian / Caregiver / Student (if living independently)

Date

For School Use Only: I certify the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Homeless Assistance Act.

McKinney-Vento Liaison Signature

Date