



**REGISTRATION  
REQUIREMENTS  
for  
ROLLING HILLS**

**\*Birth Certificate**

**\*Immunization Papers**

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

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

**\*Proof of Residence**

# Rolling Hills Local School District

Devon Dettra, Local Superintendent  
Phone: 740-432-5370  
Fax: 740-435-8312

P.O. Box 38  
Byesville, Ohio 43723

Brandon Gregg, Treasurer  
Phone: 740-432-7821  
Fax: 740-439-5289

## CONSENT FOR RECORD RELEASE

TO: \_\_\_\_\_ RE: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

PHONE: \_\_\_\_\_ GRADE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Rolling Hills Local School District IRN 047308  
Attn: Records  
Email: [angela.norman@rollinghills.k12.oh.us](mailto:angela.norman@rollinghills.k12.oh.us)  
Fax: 740-432-6523

Please release the records of this student to:

Building: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Signature of parent or student 18yrs or older/EMIS Coordinator)

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### Data to be released:

<input checked="" type="checkbox"/> Birth Certificate	<input checked="" type="checkbox"/> Data including IEP/ETR
<input checked="" type="checkbox"/> Health/Immunization records	<input checked="" type="checkbox"/> Psychological Reports
<input checked="" type="checkbox"/> Attendance & Grades	<input checked="" type="checkbox"/> Test Results
<input checked="" type="checkbox"/> Transcript	<input checked="" type="checkbox"/> 3 <sup>rd</sup> Grade Reading Assessment

Copy to: EMIS Coordinator  
Angela Norman—740-432-7240  
[angela.norman@rollinghills.k12.oh.us](mailto:angela.norman@rollinghills.k12.oh.us)

Cumulative Folder  
Food Service Director  
School Nurse

Student Services Coordinator  
Transportation Supervisor



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#: (\_\_\_\_) \_\_\_\_\_



# 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 /    /
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**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"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> <b>NO</b> 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 _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.  
\_\_\_\_\_

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.

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Form completed by	Relationship to student	Date / /
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**\*\*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  Secrest (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