



HUBER HEIGHTS CITY SCHOOLS STUDENT REGISTRATION FORM

PRINT REGISTRATION
PACKET

900.51
5/11
2-sided

LAST:		FIRST:		MIDDLE:	
STREET NUMBER:		STREET NAME:			
CITY:		STATE:	ZIP:	COUNTY:	
PHONE:		CHECK ALL THAT APPLY: <input type="checkbox"/> CELL <input type="checkbox"/> UNLISTED <input type="checkbox"/> NO PHONE			
BIRTHDATE: MO DAY YR		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
BIRTH CITY:		MOTHER'S MAIDEN NAME:			
STUDENT'S ETHNIC ORIGIN Is the student of Hispanic/Latino heritage? (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT'S RACE (choose one or more)	<input type="checkbox"/> W White	<input type="checkbox"/> B Black or African American	<input type="checkbox"/> A Asian	<input type="checkbox"/> I American Indian or Alaskan native	<input type="checkbox"/> P Native Hawaiian or Other Pacific Islander
HOMELESS STATUS	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check one	<input type="checkbox"/> Lives in publicly operated shelter	<input type="checkbox"/> Lives in private shelter	<input type="checkbox"/> Lives with relative or friends	<input type="checkbox"/> Other
U.S. CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, check one	<input type="checkbox"/> Exchange student	Country of Origin:		
LIMITED ENGLISH PROFICIENCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NATIVE LANGUAGE:			
ENTERING GRADE:		HIGH SCHOOL ONLY: Number of years in High School <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

FOR OFFICE USE ONLY

STUDENT ID # _____

SSID # _____

BUILDING IRN# _____

HOMEROOM _____

BUS# _____

ENTRY DATE _____

ENTRY CODE _____

LUNCH CODE _____ F R X

GRADUATION DATE _____

COUNSELOR _____

DISADVANTAGE _____

DIST OF RESIDENCE _____

ATTN/HOME DIST IRN# _____

ATTD/HOME INDICATOR _____

CHILD CUSTODY INFORMATION

It is OHIO LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [OHIO REVISED CODE 3313.672]

STUDENT LIVING WITH (NAME):	RELATIONSHIP:
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PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

<input type="checkbox"/>	A	Child lives with NATURAL PARENT(S) or with LEGALLY ADOPTIVE parent(s)
<input type="checkbox"/>	B	Parents are DIVORCED OR LEGALLY SEPARATED ; Child resides with the parent that HAS LEGAL CUSTODY BY COURT ORDER . (copy of court order provided)
<input type="checkbox"/>	C	Parents are DIVORCED OR LEGALLY SEPARATED ; child resides with parent who DOES NOT HAVE legal custody. (You must pay tuition or provide proof that you have started procedures to obtain legal custody and will have custody within 60 days.)
<input type="checkbox"/>	D	Child lives with a GUARDIAN who HAS BEEN GRANTED LEGAL CUSTODY BY COURT ORDER . (copy of the court order provided)
<input type="checkbox"/>	E	Child lives with a GUARDIAN who HAS NOT BEEN GRANTED LEGAL CUSTODY BY COURT ORDER . (You must pay tuition or provide proof that you have started procedures to obtain legal custody and will have custody within 60 days.)
<input type="checkbox"/>	F	Child lives with FOSTER PARENTS . The placement agency must register the child and provide all necessary court orders, proof of school district responsible for educational costs, and previous school records.
<input type="checkbox"/>	G	Child is 18 YEARS OR OLDER and lives apart from his/her parents or guardian.
<input type="checkbox"/>	H	NON-RESIDENT . Residing with GRANDPARENT (per HB723).
<input type="checkbox"/>	I	TUITION STUDENT A tuition contract must be signed and initial payment received prior to enrollment.

PARENT/GUARDIAN

900.51

INFORMATION

	NAME	ADDRESS	PHONE	DIVORCED	HAS CUSTODY	COURT ORDER	FOSTER HOME
FATHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MOTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
STEP MOTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
STEP FATHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARDIAN					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GUARDIAN					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOSTER PARENT							<input type="checkbox"/> YES <input type="checkbox"/> NO

PLACE OF EMPLOYMENT:

PARENT/GUARDIAN NAME	COMPANY	ADDRESS	PHONE

ADDITIONAL CONTACT INFORMATION:

PARENT/GUARDIAN NAME	CELL PHONE	PAGER/OTHER	EMAIL

SCHOOL HISTORY (SCHOOL PREVIOUSLY ATTENDED)

SCHOOL NAME	DATE FROM:	DATE TO:
SCHOOL DISTRICT	GRADE LAST ATTENDED:	
SCHOOL ADDRESS	CITY	STATE ZIP

FAMILY INFORMATION

NAME OF SCHOOL-AGE BROTHERS AND SISTERS NOW LIVING AT HOME:

FIRST NAME	LAST NAME	DATE OF BIRTH

SPECIAL SERVICES

IS YOUR CHILD RECEIVING ANY SPECIAL EDUCATIONAL SERVICES? YES NO
 IF YES, PLEASE DESCRIBE SERVICES:

IEP 504 ETR

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND ACCURATE.

Please include a copy of the student's birth certificate and immunization record.

SIGNATURE OF PARENT / GUARDIAN : _____ **DATE** _____

HUBER HEIGHTS CITY SCHOOLS - EMERGENCY HEALTH INFORMATION

STUDENT	SCHOOL	ENTERING GRADE	TEACHER
ADDRESS		PHONE	BIRTHDATE

PURPOSE OF EMERGENCY MEDICAL AUTHORIZATION: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. Part I or Part II must be completed.

A. Residential Parent or Guardian:

NAME	HOME PHONE	CELL PHONE	WORK PHONE	RELATIONSHIP

PRIMARY EMAIL ADDRESS:

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B. Name of Relative or Childcare Provider: (the following People have my permission to pick up my child)

NAME	PHONE	RELATIONSHIP

PART I: "TO GRANT CONSENT"

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

DOCTOR	PHONE	DENTIST	PHONE
MED SPECIALIST	PHONE	HOSPITAL	PHONE

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event a designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. **In addition, a yearly updated seizure, diabetic, or asthma plan from a physician is needed when appropriate. Otherwise, 911 may be called if there is no updated guidance from a doctor.**

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, 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, are:**

DATE	SIGNATURE	ADDRESS
	*	

PART II: "REFUSAL TO CONSENT" (Do not complete this part if you completed Part I)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

DATE	SIGNATURE	ADDRESS
	*	



**HUBER HEIGHTS CITY SCHOOLS
REQUEST FOR TRANSFER OF RECORDS FROM FORMER SCHOOL**

900.32
4-08
(2-part)

HUBER HEIGHTS
CITY SCHOOLS

This form is provided by the Huber Heights City School District for the purpose of obtaining your child's school records from the former school.

Student:	Grade Level at time of transfer:	Birthdate:
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Former Address:

I hereby authorize **Huber Heights City Schools** to obtain all school records as defined by Public Law 93-380, and any amendments thereto, from:

Former School:	Phone Number:
Address:	Fax Number:

* Parent, legal guardian, 18 year old signing for self

Relationship to Student	Date
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Parents, legal guardians, or legal-age pupils may review and receive copies of the school records received by the Huber Heights City Schools. Please send the following information:

<input type="checkbox"/> All records
<input type="checkbox"/> A transcript of grade for all school years
<input type="checkbox"/> All standardized test scores
<input type="checkbox"/> All immunization and health records
<input type="checkbox"/> Grades earned and credits awarded so far this year
<input type="checkbox"/> Record of attendance
<input type="checkbox"/> Interpretation of grading system
<input type="checkbox"/> Physical examination
<input type="checkbox"/> Your recommendations regarding the student's placement in ability-grouping situations
<input type="checkbox"/> SSID Information
<input type="checkbox"/> OHIO HIGH SCHOOLS ONLY – Please include the year the student first entered 9 th grade (COHORT)

CONFIDENTIAL DATA RELEASE

This portion of the form is provided for the purpose of obtaining consent for the release of all Special Education information regarding handicapped or suspected handicapped students. Please send the following:

- ETR** **IEP/504** **LEP**

* Parent, legal guardian or 18 year old signing for self

Relationship to Student	Date
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SEND ALL INFORMATION TO:	

HUBER HEIGHTS, OHIO 45424 DISTRICT ID: 048751		
<small>OFFICE USE ONLY</small>	<small>SECOND REQUEST SENT:</small>	<small>RECORDS RECEIVED:</small>
REQUEST SENT:		

HUBER HEIGHTS CITY SCHOOLS TECHNOLOGY ACCEPTABLE USE POLICY AGREEMENT FORM

THIS USER IS A (CHECK ONE)

Student	<input type="checkbox"/>	Certified Employee	<input type="checkbox"/>	Classified Employee	<input type="checkbox"/>	Substitute*	<input type="checkbox"/>	Contract Employee*	<input type="checkbox"/>	Guest User*	<input type="checkbox"/>
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***Guest/Sub/Contract Users: Give reason for account request**

User Last	First	MI			
Address	State	Zip	Tphone		
Birthdate	Grade	Teacher	School		

Dear Parent/Guardian: At some time during the school year, school/district personnel or other district authorized persons may interview, audio tape, video tape, or photograph classroom activities or special events/projects that your child participates in during, before or after the school day. Such materials may be used for educational or public awareness purposes, and may be viewed by other students and faculty/administrators and/or placed on the district's Internet web page, school awareness purposes, and may be viewed by other students and media posed on these Internet web pages are available to the general public. The school/district assumes no responsibility for video tapes, audio tapes, or photographs, etc. that may be made by non-school personnel at public events. No personal video tapes, audio tapes, or photographs shall be allowed to be made by individual students.

If you choose not to allow your child to be interviewed, audio taped, video taped or photographed, you assume responsibility for teaching that child to inform/remind teachers that he/she is not to be included in such activities.

I agree to the following for my child (ALL ITEMS MUST BE CHECKED "YES" OR "NO")

ITEM	YES	NO	DETAIL
Internet Access	<input type="checkbox"/>	<input type="checkbox"/>	
Student Cloud Account (includes email)	<input type="checkbox"/>	<input type="checkbox"/>	
Technology/Data Network Access	<input type="checkbox"/>	<input type="checkbox"/>	Includes (but not limited to) technology such as computers, notebooks, tablets, iPod, iPad, tablets, school software, and similar technology; does not include Internet Access (see Internet Access above).
iPOD 1:1 Program (5th Grade Title 1 Buildings)	<input type="checkbox"/>	<input type="checkbox"/>	5th Grade at Title 1 Elementary Buildings Only (Monticello, Rushmore, Valley Forge, Wright Brothers) Permission for student to take home when teacher deems appropriate for educational use.
Media Newspaper/Publication Postings	<input type="checkbox"/>	<input type="checkbox"/>	
Media Web Page Postings	<input type="checkbox"/>	<input type="checkbox"/>	
<p>NOTE: Federal Law requires the District to monitor electronic activities of minors. Legal Reference: Children's Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554); Communications Act of 1934, as amended (47 U.S.C. 254[h], [i]) Elementary and Secondary Education Act of 1965, as amended, (20 U.S.C.6801 et seq., Part F)</p>			

Acceptable Use Agreement: As the user or parent or legal guardian of the user (student) named above, I have read, understand, and agree that I or my or ward shall comply with the terms of the Huber Heights City School District's Acceptable Use and Internet Safety Policy IIBDAR for the access to the district's technology, data network and the Internet. I understand that access is being provided to me or my student for educational purposes only. However, also understand that it is impossible for the school district to restrict access to all offensive and controversial materials and understand I or my child's or ward's responsibility for abiding by the Policy. I am therefore signing this Agreement and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the Huber Heights City School District for technology, data network and Internet access against all claims, damages, losses and costs, or whatever kind, that may result from my or my child's or ward's use of access to such networks or violation of the Acceptable Use and Internet Safety Policy. Further, I accept full responsibility for supervision of myself or my child's or ward's use of access account if and when such access is not in the school setting. I hereby give permission for myself or my child or ward to use the building-approved account to access the school district's technology, data network and the Internet.

User Signature	Date
Parent/Guardian Name (printed)	
Parent/Guardian Signature	Date

Note: Once signed and dated, this form shall remain in effect during your or your student's enrollment in Huber Heights City Schools system. However, at any time you may amend this form for future uses/preferences only by notifying (in writing) the technology department of your request.