

**Open Enrollment Applications will be accepted from March 1, 2019 through March 29, 2019**  
**No applications will be accepted after 3:00 p.m. March 29, 2019**

- Open to eligible students within the State of Ohio
- Due to class sizes, open enrollment will be on a limited basis for the 2019-2020 school year
- Open enrollment is approved for one (1) school year only and you must re-apply for open enrollment each school year; a notice to reapply will be mailed to you in February of each year
- Transportation of students accepted under open enrollment is the sole responsibility of the parent/guardian
- *Athletic eligibility for students in grades 9-12 transferring to another school district through open enrollment is determined by the Ohio High School Athletic Association.* Please contact the Niles City Schools Athletic Director for eligibility information at (330) 652-9968, ext. 0061.

**To apply for Open Enrollment, you must first complete an Open Enrollment Packet**

- Open Enrollment Packets are available on our website at [www.nilescityschools.org](http://www.nilescityschools.org) under Parent Resources>Forms & Links>2019-2020 Open Enrollment Packet
- You may also pick up a packet at the Central Registration Office located in the Niles Board of Education at 309 N. Rhodes Avenue

**Packets must be completed in their entirety before your application will be accepted and must include the following forms**

- Open Enrollment Application
- Verification of Registration Form
- Student Registration Form
- Ethnicity Questionnaire
- Consent to Release Records
- Emergency Medical Form

**You must provide the following documents before your application will be accepted:**

- Child's Original Birth Certificate
- Child's Immunization Records
- Two Proofs of Residency from the Acceptable Proofs of Residency list
- Custody/Court Documentation, if applicable
- Most recent IEP/ETR, if applicable
- Photo ID of Parent/Guardian

**Open Enrollment packets must be hand delivered to our Central Registration Office by 3:00 p.m. on March 29, 2019 and may not be mailed, faxed, or emailed. Incomplete packets will NOT be accepted.**

**Application Status**

- Applicants in grades 1-12 will receive written notice of the District's decision by **June 7, 2019**
- Kindergarten applicants will be placed on a waiting list and notified of their approval in **August, 2019**

## **Niles City School District**

### **Acceptable Proofs of Residency**

**BOTH POR # 1 AND POR #2 ARE REQUIRED**

**Acceptable POR # 1 required, per your residency status listed below:**

If you are a **HOMEOWNER**, you need **ONE** of the following:

- Mortgage Statement
- Property Tax Bill
- Homeowner's Insurance Statement
- Purchase Agreement with Mortgage Statement to be submitted after closing on sale of home

If you are a **RENTER**, you need **ONE** of the following:

- Current Lease Agreement
- Renter's Insurance Statement

If you are a **RENTER** and cannot produce a lease, you need **ALL** of the following:

- Notarized Residency Affidavit completed/signed in presence of Notary Public by parent/guardian
- Notarized Certification of Tenancy completed/signed in presence of Notary Public by owner/landlord
- A copy of the Owner/Landlord's Mortgage Statement, Property Tax Bill, or Homeowner's Insurance Statement

If you **RESIDE WITH ANOTHER INDIVIDUAL** and the mortgage/lease is not in your name, you need **ALL** of the following:

- Notarized Residency Affidavit completed/signed in presence of Notary Public by parent/guardian
- Notarized Certification of Dual Residency completed/signed in presence of Notary Public by owner/lessee
- A copy of the Owner/Lessee's Mortgage Statement, Property Tax Bill, Homeowner's Insurance Statement, Lease Agreement, or Rental Insurance Statement

**Acceptable POR # 2 may be one document from the list below:**

- Must be in the name of the residential/custodial parent or legal guardian
- Must show matching mailing and service address of the residential/custodial parent or legal guardian
- Must include the date and be current within 30 days

**Utility Bill:** Gas, Electric, Water, Sewer, Garbage, Television, Internet

**Bank Statement**

**Pay Stub**

**Dept. of Jobs and Family Services Statement**

**Recent Voter Registration Card**

**Dept. of Jobs and Family Services' written confirmation of custodial parent/guardian's address:** Must be signed and dated on their letterhead; if an email is submitted, the transmission must be identifiable as the agency's internal email account.

**USPS Return Receipt from certified letter sent by school district of residence to custodial parent/guardian:** Must include the date received and be signed by the residential/custodial parent or legal guardian. Not valid POR if signed by another individual.

**Local Law Enforcement Agency's written confirmation of custodial parent/guardian's current address:** Must be signed and dated on department letterhead; if an email is submitted, the transmission must be identifiable as the agency's internal email account.

**Residential School District's documented affirmation of custodial parent/guardian's current address:** Documentation on their school district letterhead is sufficient.

**NOT ACCEPTABLE POR:**

Driver's License, Cell Phone Bill, Tax Forms, Solicited Mail



**Niles City School District**  
**2019-2020 OPEN ENROLLMENT APPLICATION**  
**(One application is required per student)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_  
*Last First Middle*

Grade in 2019-2020 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Name of Parents/Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Siblings applying for open enrollment:

\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_

School District of Residence \_\_\_\_\_

School District/Building Last Attended \_\_\_\_\_ Phone \_\_\_\_\_

Did student attend Niles City Schools as a resident in 2018-2019 school year?  YES  NO  
Did student attend Niles City Schools through open enrollment in 2018-2019 school year?  YES  NO  
If no to both, did student attend Niles City School District prior to the 2018-2019 school year?  YES  NO  
If yes, date, grade, building \_\_\_\_\_

Does student have a current IEP (Individualized Education Plan)?  YES  NO  
If yes, please circle the program the student participates in: SLD ID ED MH SPEECH OTHER  
(Enrollment in a special program is limited to those programs offered by the Niles City School District)

Was student suspended for more than 10 days in the 2018-2019 school year?  YES  NO  
Was this student expelled in the 2018-2019 school year?  YES  NO

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*No student shall be denied admission to the Niles City School District or to a particular course or instructional program or otherwise discriminate for reasons of race, color, national origin, sex, handicap or any other basis of unlawful discrimination.*

***FOR OFFICE USE ONLY***

RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal Approved     Verification of Registration Rec'd     Proof of Residency Rec'd

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

REJECTED BY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CANCELLED BY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

OE EFFECTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved/Denied Letter Mailed     Resident District Notification Mailed

OE Worksheet Updated     SIS Updated     Contingency Agreement Rec'd

**Niles City School District**  
**Open Enrollment Applicant**  
**Verification of Registration in Resident “Home” District**  
(One form required for each student applying for open enrollment)

**Due to the State of Ohio requirements for accountability and funding, students applying for open enrollment MUST also be enrolled in the school district in which they reside**

- To apply for open enrollment in the Niles City Schools you must first register your student in your resident “home” school district and provide two proofs of residency of your address
- The school district registrar or administrator must sign and date this verification form once your child is registered in their district
- This form must be returned with your completed open enrollment application packet at the Niles Board of Education located at 309 N. Rhodes Avenue
- Failure to provide this form to our district will result in the denial of your open enrollment request

**This section to be completed by Parent/Guardian**

Student’s Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Resident “Home” School District \_\_\_\_\_

Sincerely,

Ann Marie Thigpen  
Superintendent

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**This section to be completed by Resident “Home” school district Registrar or Administrator**

I verify that \_\_\_\_\_ has registered in the \_\_\_\_\_  
*Student name* *Resident District*

School District on \_\_\_\_\_  
*Date*

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## NILES CITY SCHOOL DISTRICT REGISTRATION FORM

### FOR OFFICE USE ONLY

Building \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Ethnicity: H W B A I P M SSID \_\_\_\_\_  
Child has Court/Custody Documentation  Yes  No Child has an IEP  Yes  No

### **STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Preferred first name \_\_\_\_\_  
(Legal First Name) (Middle Name) (Legal Last Name)

Male  Female

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)

Student's Address \_\_\_\_\_ Apt \_\_\_\_\_ PO Box \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) County \_\_\_\_\_

Home Phone (will be used for automated calls) \_\_\_\_\_  Unlisted

Is English your child's first language:  Yes  No If no, what is child's first language: \_\_\_\_\_  
*(If NO, parent must complete Home Language Survey)*

### **PREVIOUS SCHOOL**

Name of Last School Building Attended \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did your child previously attend Niles City Schools?  No  Yes School \_\_\_\_\_ Year \_\_\_\_\_

List previous Headstart, daycare or pre-school (KG-1 students only) \_\_\_\_\_

### **INDICATE ISSUES YOUR CHILD MAY EXPERIENCE RELATED TO HEALTH AND/OR SCHOOL**

Eyesight  Hearing  Speech  Heart  Abnormal Fears  Diabetes

Allergies (list): \_\_\_\_\_ Life-Threatening?  Yes  No  Other \_\_\_\_\_

Does your child have a 504 plan?  Yes  No If yes, do you have a copy?  Yes  No

Does your child have a current Individualized Education Plan (IEP)?  Yes  No

If no, was your child in the process of a multi-factored evaluation?  Yes  No

If yes, do you have a copy of the multi-factored evaluation?  Yes  No

If your child has an IEP, list the child's disability condition: \_\_\_\_\_

Has your child received any other services? (Title I, Reading Recovery, Speech, Physical Therapy, etc.)

Please list services currently receiving: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Natural Father \_\_\_\_\_  Deceased Employer \_\_\_\_\_

Residential Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Natural Mother \_\_\_\_\_  Deceased Employer \_\_\_\_\_

(First) (Maiden) (Last)

Residential Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Never Married

**IF DIVORCED, COMPLETE THIS SECTION**

***COURT DOCUMENT AWARDING CUSTODY WITH A JUDGE’S SIGNATURE MUST BE PROVIDED***

Name of Custodial Parent \_\_\_\_\_ Is custodial parent remarried?  Yes  No

If yes, name of step-parent \_\_\_\_\_

Does non-residential or non-custodial parent wish to receive copies of school correspondence?  Yes  No

**IF STUDENT IS NOT RESIDING WITH NATURAL PARENT, COMPLETE THIS SECTION**

Was placement made by Court Order?  Yes  No

***COURT DOCUMENT AWARDING CUSTODY WITH A JUDGE’S SIGNATURE MUST BE PROVIDED***

Name of person with whom the child resides \_\_\_\_\_ Relationship \_\_\_\_\_

Placing Agency \_\_\_\_\_ Caseworker \_\_\_\_\_ Phone: \_\_\_\_\_

**MILITARY DEPENDENT QUESTIONNAIRE**

<p><b>Has child’s mother served in the Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, check one:</i>  <input type="checkbox"/> A-Active Duty in Army, Navy, Air Force, Marines or Coast Guard  <input type="checkbox"/> B-Member of Army or Air National Guard</p>	<p><b>Has child’s father served in the Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, check one:</i>  <input type="checkbox"/> A-Active Duty in Army, Navy, Air Force, Marines or Coast Guard  <input type="checkbox"/> B-Member of Army or Air National Guard</p>
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**SIBLINGS FIRST/LAST NAMES**                      **AGE**                      **GRADE**                      **SCHOOL OF ATTENDANCE**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SIGNATURE**

I verify that all information above is accurate and that my child fulfills all the requirements for attending the Niles City School District.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)



**NILES CITY SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE**

**Student Name** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two part question found below.*

**Part 1: ETHNICITY**

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) \_\_\_\_ **Yes** \_\_\_\_ **No**

**Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.**

**Part 2: RACIAL GROUP**

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_ **(W) White**

Persons who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ **(B) Black or African American**

Persons having origins in any of the black racial groups in Africa.

\_\_\_\_ **(A) Asian**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or The Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ **(I) American Indian or Alaskan Native**

Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_\_ **(P) Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian) refuse to designate the ethnicity of my child and understand that the school district is required by the United States Department of Education to determine the ethnicity of my child based on their observation of the student.

**Parent or Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE**

School District's determination of child's ethnicity based on observation:

\_\_\_\_ Hispanic/Latino

\_\_\_\_ White

\_\_\_\_ Black or African American

\_\_\_\_ Asian

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Niles City School District EMERGENCY MEDICAL AUTHORIZATION

Niles McKinley HS     Niles Middle School     Niles Primary School     Niles Intermediate School

Grade \_\_\_\_\_ Homeroom Number \_\_\_\_\_ Homeroom  
Teacher \_\_\_\_\_

## STUDENT INFORMATION

Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_    *First*    *Middle*    *Last*  
Gender  Male  Female

Address \_\_\_\_\_  
*Street*    *City*    *State*    *Zip*

## PARENT/GUARDIAN INFORMATION

Mother/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Married     Divorced     Separated     Never Married     Guardian/Custodian is not Parent  
If unmarried, Residential Parent for School Purposes  is Mother     is Father     is Both Parents

## EMERGENCY CONTACTS (Include Parents/Guardians and all other Contacts)

*Niles City School's Staff will contact the persons listed below in order. If unavailable, the next person will be called. The student will only be released to persons listed below.*

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #2 (\_\_\_\_)\_\_\_\_-\_\_\_\_ Phone #3 (\_\_\_\_)\_\_\_\_-\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

**STUDENT'S SIBLING INFORMATION**

List first name, last name, and grade of student's school aged siblings

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_

**MEDICAL CONSENT**

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 below-named doctor, 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 (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please list the facts concerning the child's medical history, including allergies, medications, and any physical impairments to which a physician should be alerted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**REFUSAL TO CONSENT**

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 actions:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ALTERNATE TRANSPORTATION REQUEST**

Forms are available at our Central Registration Office or at nileschools.org. The form must be pre-approved in order for your child to utilize alternate transportation. All requests will be Monday-Friday only.

Car Rider  AM  PM (check one or both)

Bus is to pick up AND drop off at (address) \_\_\_\_\_

Bus is to pick up ONLY at (address) \_\_\_\_\_

Bus is to drop off ONLY at (address) \_\_\_\_\_

**Consent to Release Personally Identifiable Information  
for Admission into Niles City School District (IRN 044495)**

Student's Full Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (middle) (last)

**Previous School Attended:**

District: \_\_\_\_\_ Building: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student is being admitted to:**

\_\_\_\_\_ **Niles Primary School (020735)**  
960 Frederick St. Niles OH 44446  
(Phone) 330-989-5091  
(Fax) 330-989-5092  
(Email) [NPSrecords@nilesmckinley.org](mailto:NPSrecords@nilesmckinley.org)

\_\_\_\_\_ **Niles Intermediate School (039305)**  
120 E Margaret St. Niles OH 44446  
(Phone) 330-989-5093  
(Fax) 330-989-5094  
(Email) [NISrecords@nilesmckinley.org](mailto:NISrecords@nilesmckinley.org)

\_\_\_\_\_ **Niles Middle School (010074)**  
411 Brown St. Niles OH 44446  
(Phone) 330-652-5656  
(Fax) 330-652-9158  
(Email) [NMSrecords@nilesmckinley.org](mailto:NMSrecords@nilesmckinley.org)

\_\_\_\_\_ **Niles McKinley High School (023838)**  
616 Dragon Dr. Niles OH 44446  
(Phone) 330-652-9968  
(Fax) 330-505-0755  
(Email) [NMHSrecords@nilesmckinley.org](mailto:NMHSrecords@nilesmckinley.org)

**Please fax, mail, or email copies of the following records (check all that apply):**

- Birth Certificate       Immunization Records       Educational Records  
 Medical Records       Psychological Records       Current IEP/ETR       WEP  
 Assessment Results (TGRG Diag, ELA, Next Gen, EOC, ACT, SAT)       K-3 TGRG RIMP Program Code  
 Custody/Court Documentation, if applicable  
 Any/all records requested by school checked above

**Parent/Guardian Information (or Self, if over age 18):**

\_\_\_\_\_ I certify that I am the parent, guardian or custodian of the subject of these records and the subject is under eighteen (18) years of age.

\_\_\_\_\_ I certify that I am the subject of these records and eighteen (18) years of age or older.

Name (print) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- **If previous school uses ProgressBook, please complete a Student Transfer to the Niles school building marked above**
- **Previous school MUST provide Student's Ohio SSID Number \_\_\_\_\_**

**Notice to persons to whom records are being released:** The enclosed information is subject to the Family Educational Rights and Privacy Act 1974, 20 USC 1232g, and the Ohio Student Records Privacy Act, RC 3319.321. It is being released to you in accordance therewith. Any further release or disclosure of the information by you is prohibited unless you obtain the written consent of the parent, guardian, or custodian of the subject of the enclosed information if he/she is under eighteen (18) years of age, or subject if he/she is eighteen (18) years of age or older.

**Date Records Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Signature, Niles City School Official** \_\_\_\_\_



Serious Injuries  Yes  No If yes, age or ages \_\_\_\_\_

**D. Current Health Status**

Date of most recent Physical Examination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does your child have allergies?  Yes  No

If yes, list allergies: \_\_\_\_\_

Are allergy life-threatening?  Yes  No

Does your child require daily medication?  Yes  No

If yes, list medications: \_\_\_\_\_

Date of most recent Hearing Examination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does your child require any hearing devices?  Yes  No

If yes, explain: \_\_\_\_\_

Date of most recent Vision Examination \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does your child wear glasses?  Yes  No

If yes, explain: \_\_\_\_\_

**CURRENT BEHAVIORAL INFORMATION**

Does your child like to play with  a large group  1-2 other children  alone

Do they have temper tantrums?  Yes  No If yes, how long do they last? \_\_\_\_\_

Do they sleep well?  Yes  No What time is bedtime? \_\_\_\_\_

Do they wet?  Yes  No Do they soil?  Yes  No

What is their preferred hand?  Left  Right  Neither

Comments \_\_\_\_\_

Do they follow instructions or orders at home?  Yes  No

Comments \_\_\_\_\_

Do they respect their own/other's property?  Yes  No

Comments \_\_\_\_\_

Do they respond to correction?  Yes  No

Comments \_\_\_\_\_

Most effective type(s) of discipline \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the characteristics that apply to your child most of the time:**

Happy  Friendly  Shy  Moody  Stubborn

Aggressive  Impulsive  Bored  Inattentive  Immature

**Please list any other developmental, health, or social issues not listed above:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____	<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p>	<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>
<p><b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>	<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p><b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, how many years/months? _____</p> <p style="margin-left: 20px;">If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, when did your child first attend a school in the United States? _____/_____/_____ Month      Day      Year</p>
<p><b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\*

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district