

ITEMS NEEDED TO COMPLETE STUDENT REGISTRATION

Kindergarten Registration Packet Includes:

- Acceptable Proofs of Residency
- Student Registration Form
- Ethnicity Questionnaire
- Language Usage Form
- Student Health & History Form
- Emergency Medical Form
- Consent to Release Records
- Lunch Application

Grades 1-12 Registration Packet Includes:

- Acceptable Proofs of Residency
- Student Registration Form
- Ethnicity Questionnaire
- Language Usage Form
- Emergency Medical Form
- Consent to Release Records
- Lunch Application

Open Enrollment Application/Registration Packet Includes:

- Open Enrollment Procedures
- Open Enrollment Application
- Verification of Registration Form
- Acceptable Proofs of Residency
- Student Registration Form
- Ethnicity Questionnaire
- Language Usage Form
- Emergency Medical Form
- Consent to Release Records
- Student Health & History Form (needed for KG only)

The following documentation is required for all registrants:

- Child's Original Birth Certificate
- Child's Immunization Record
- Two Proofs of Residency (see Acceptable Proofs of Residency)
- Parent/Guardian Driver's License or Photo ID
- Current Custody/Court Documents, if applicable
- Most recent IEP/ETR, if applicable

No registration packets will be accepted for processing until all forms are completed and all required documentation is provided.

Incomplete packets will not be accepted by the registrar and will be handed back to the parent/guardian with a list highlighting items missing from the packet.

Once a completed registration packet is submitted and approved, parents will be contacted by the school building with information regarding scheduling and the student's start date.

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 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>Has child’s mother served in the Military? <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>Has child’s father served in the Military? <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: ____/____/____

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
Communication Preferences 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.		1. In what language(s) would your family prefer to communicate with the school? _____	
Language Background 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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
Prior Education 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.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

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>



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>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner 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>Immigrant student status 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

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 _____/_____/_____ Gender Male Female

Address _____

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

_____ **Niles Intermediate School (039305)**
120 E Margaret St. Niles OH 44446
(Phone) 330-989-5093
(Fax) 330-989-5094
(Email) 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

_____ **Niles McKinley High School (023838)**
616 Dragon Dr. Niles OH 44446
(Phone) 330-652-9968
(Fax) 330-505-0755
(Email) 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** _____