

PYMATUNING VALLEY PRIMARY SCHOOL REGISTRATION DATA

Please Print

ENTRY DATE

Name of Student: _____			_____			_____		
Last			First			Middle		
Birthdate: month _____ day _____ year _____			First Language of Student _____					
Birthplace (City) _____			Language spoken at home by student _____					
Mailing Address of student: _____								
(House #)			(Street name)			(P.O. Box #)		
City: _____			Zip: _____			Home Phone: _____		
School last attended: _____								
Address of above school: _____								
Last grade completed: _____			Grade to be entered at P.V.: _____			Has student ever attended P.V.: _____		Special course: _____

Does the student reside with a parent(s) within the Pymatuning Valley District? YES NO
 If yes, please check one or both. Mother _____ Father _____ Both _____

Is the father or mother or both the natural parents: Father _____ Mother _____ Both _____

Name of Father: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Name of Mother: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

If there is divorce, is the Father or Mother the legal guardian? Father _____ Mother _____
 (Documentation required) In order to facilitate the identification of custodial parents, the law requires any parent awarded custody in an action for divorce, annulment or dissolution to notify the child's school for the custody arrangements by providing the school with a certified copy of the custody order or decree at the time of enrollment or whenever such order of decree is made. Ohio School Law 9.01

Does the student reside in the Pymatuning Valley District with a guardian or Other custodian under court order? (Documentation required) YES NO

Name: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

Is there a pending court action which may affect custody or guardianship? (Documentation required) YES NO

Does this student claim to be self-supporting ("emancipated minor")? YES NO

If there is a step-mother or step-father, please fill out:

Name: _____ Home Phone: _____

Address: _____

Employer: _____ Work Phone: _____

(TURN OVER TO COMPLETE)

Indicate nature of any disabilities:

Physical _____

Allergies _____

Hearing _____ Visual _____

Other _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Brothers or Sisters in the same district:

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

Name _____ grade _____

I swear that I am a full time permanent resident of the Pymatuning Valley School District, or have duly noted otherwise. I hereby assure that the above information is accurate. I will notify the school district immediately if any of the information provided on the registration forms changes subsequent to the registration. I understand that there are penalties for falsification of information to public officials.

Signature of Parent/Legal Guardian/Other

Relationship

Date

OFFICE USE ONLY

Date of Entry _____

Health Records rec'd _____

B.C. received _____

Open enrollment _____

Specialized Program _____

SF14 student _____

District of Residence _____

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"/> 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"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<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 / /
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PYMATUNING VALLEY LOCAL 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
People 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 ____/____/____

List First/Native Language _____ List Language spoken at home _____

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: ____/____/____

Home Language Survey

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/ Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (GI270), and proceed to assess the student's English language proficiency.

PYMATUNING VALLEY LOCAL SCHOOL DISTRICT

AFFIDAVIT OF RESIDENCY

Board of Education
5571 U S Highway 6
P.O. Box 1180
Andover, OH 44003
(440)293-6488

Pymatuning Valley
Primary School
5571 U S Highway 6
P.O. Box 1180
Andover, OH 44003
(440)293-6206

Pymatuning Valley
Middle School
5445 U S Highway 6
P.O. Box 1180
Andover, OH 44003
(440)293-6981

Pymatuning Valley
High School
5571 U S Highway 6
P. O. Box 1180
Andover, OH 44003
(440)293-6263

I, _____ certify that I am the owner/tenant of the dwelling/apartment located at:

Street Number/Name _____
City _____
Zip Code _____
Date of Occupancy _____

I, _____, certify that I am a full-time resident of the above address located within Pymatuning Valley School District, and do not maintain a separate residence elsewhere. Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification.

Verification of the above residence must be provided to school officials. These items may include one or more of the following items as necessary:

- Current Utility Bill
- Current Lease Agreement
- Current Assistance Verification
- Current Postal Verification

I, _____, further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the applicable tuition rate as determined by the Ohio Department of Education for each student listed below while illegally attending Pymatuning Valley Local School District and understand that immediate withdrawal will occur.

List below the names of all persons living with you at the above address:

Name	Age	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Name _____ Your Relationship to Student _____

I have read this entire document and the information provided by me on this form is true and accurate

Signature _____ Date _____ Phone Number _____