

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 _____

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.		
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.	2. What language did your child learn first? _____		
	3. What language does your child use the most at home? _____		
Additional Information Please share additional information to help us understand your child's language experiences and educational background.	4. What languages are used in your home? _____		
	5. In what country was your child born? _____		
Parent/Guardian First Name: _____		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? _____	
Parent/Guardian Signature: _____		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	
Parent/Guardian Last Name: _____		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>



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: ____/____/____

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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