

Ironton City Schools



Documentation Required for Registration

- Birth Certificate
- Immunization Records
- Physical (Preschool and Kindergarten only)
- Proof of Residence (Two Current Utility Statements)
- Parent/Guardian ID (Driver License or State Issued ID)
- Custody Papers (Copy of Complete Order)
- Foster/Guardianship Paper (Copy of Complete Order)
- Grandparent Power of Attorney/Affidavit (Official Form)

Completed Verification Forms

- Registration Form (Salmon)
- Emergency Medical Form (White or Yellow)
- Transportation Form (White)
- Open Enrollment Form (If Applicable)

IRONTON CITY SCHOOL DISTRICT REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS DOCUMENT.

STUDENT DATA

(EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE)

Last Name: _____ Last Name Suffix: _____ First Name _____ Middle Name: _____ Called Name: _____ Street Address: _____ P.O. Box: _____ City: _____ Zip Code: _____ Home Phone: _____ Area Code: _____ Unlisted? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date of Birth: Month _____ / Day _____ / Year _____ Birth City: _____ Social Security #: _____ - _____ - _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Grade: _____ Mother's Maiden Name: _____ Email Address: _____ U.S. Citizenship: YES <input type="checkbox"/> NO <input type="checkbox"/>	Indicate country, if child was born outside of the U.S. _____ If child was born outside of the U.S., how many years has he/she been in any U.S. school? _____ Native language spoken in the home if different than English: _____ Is this student Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/> What is the student's race? (Circle All That Apply - But At Least One) White Black Asian Native Amer./Alaskan Native Native Hawaiian/Pacific Islander Does the student have a parent or legal guardian who is a member of the Armed Forces or National Guard? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, check which applies: <input type="checkbox"/> Active Duty: Student is a dependent of a member of the Active-Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) <input type="checkbox"/> National Guard: Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard) <input type="checkbox"/> Reserves
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STUDENT'S CUSTODIAL FAMILY																	
Biological Parental Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Spouse Deceased																	
<p style="text-align: center;">MALE</p> <input type="checkbox"/> Biological Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other: _____ Last Name: _____ First Name: _____ Address if different than student's: _____	<p style="text-align: center;">FEMALE</p> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other: _____ Last Name: _____ First Name: _____ Address if different than student's: _____																
<p style="text-align: center;">RESIDENCY</p> <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Court Appointed Guardians <input type="checkbox"/> Host Parent <input type="checkbox"/> Other (specify): _____	<p style="text-align: center;">COURT ORDERED PLACEMENT</p> <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent (complete form) <input type="checkbox"/> Grandparent (under Grandparent Power of Attorney or Caretaker Legislation) School District where natural parent resides: _____																
Does your child have an IEP or 504 Plan or has he/she received special education services in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> Will this student ride the bus? YES <input type="checkbox"/> NO <input type="checkbox"/> Has this student ever been expelled/suspended? YES <input type="checkbox"/> NO <input type="checkbox"/> Is this student currently expelled/suspended from another school? YES <input type="checkbox"/> NO <input type="checkbox"/> Has this student previously attended an Ohio School? YES <input type="checkbox"/> NO <input type="checkbox"/> (Including attendance in an Ohio Preschool)	<p style="text-align: center;">NAMES, BIRTHDATES & AGES OF OTHER SCHOOL AGE CHILDREN</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name:</td> <td style="width: 20%;">Birthdate:</td> <td style="width: 20%;">Age:</td> <td style="width: 30%;">Grade:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name:	Birthdate:	Age:	Grade:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name:	Birthdate:	Age:	Grade:														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

Last school attended: _____

School address: _____

School Phone (including area code): _____

REGISTRATION AUTHORIZATIONS (This section for Preschool only)

Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

- My Child's Name
- Family's Name
- Phone Numbers - home cell work (Circle your choice.)
- Exempt from immunizations because of religious conviction.
- Child immunization records attached.

Signature of Parent/Legal Guardian: _____ Date: _____

(Signature indicates authorization for the release of student records from the student's previous school to the Ironton City School District)

Office Use Only

Received by: _____ Date: ____/____/____ Time: _____

Admission Date: ____/____/____ Admission Code: _____ Admission Reason: _____

Date of Birth Verified: YES NO

Shared Parenting: YES NO

Proof of Residency: YES NO

Legal Custody Documents Provided: YES NO

Court/Foster Placement Form Received: YES NO

Ironton City Schools
Emergency Medical Authorization Form

Medical Alert _____

Grade/Class _____

Name _____ SS# _____ Date of Birth _____

Address _____

Parent(s)/Guardian Name(s) _____

*Home # _____ *Mobile # _____ Father's Work _____

Mother's Work # _____ Email Address: _____

(* Denotes the telephone #s that will be used to contact parents in the event of school delays/cancellations. All numbers listed will be used to contact the parent/guardian in case of an emergency.)

Is this student Hispanic or Latino? (Circle One) Yes No

What is the student's race? (Circle All That Apply - But At Least One)

White

Black

Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

List in order the person to contact and/or person to pick up student when parents/guardians cannot be reached. (Students will not be released to anyone whose name is not on the emergency card, and ID must be shown if asked.)

1. Name _____ Phone _____
Address _____ Relationship _____

2. Name _____ Phone _____
Address _____ Relationship _____

Physician _____ Hospital Name _____

Name/Telephone # _____

Dentist _____

Name/Telephone # _____

HEALTH HISTORY

Has your child had or currently have any of these problems listed? If yes, please give details and list medications below

✓	CHECK or CIRCLE EACH ITEM
	List Allergies: Meds or Food
	Benedryl???
	Epi-pen???

	Asthma - Inhaler???
	Diabetes - Insulin/Glucagon
	Seizures - Meds.???
	ADD (Attention Deficit) Meds.???
	ADHD (Hyperactive Disorder)
	Bowel Problems?? - List
	Headaches - Meds.???

	Hearing Problems/Ear Tubes
	Vision Problems-Glasses/Contacts
	Urinary problems?? - List
	Other Problems - Surgeries

MEDICATION: (List each medication and reason for taking including any over-the-counter medication - Please specify)		
Medication - Dose -Times Taken	Reason for Taking	At School???

DO YOU NEED TO TALK TO A SCHOOL NURSE FOR ANY SPECIAL NURSING NEEDS FOR THIS STUDENT? YES NO
COMMENTS _____

PART I: 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 above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician; 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 other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Date _____ Signature _____

PART II: 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 action:

Date _____ Signature _____

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

Speech/Language

Speech assessment completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has no discernible speech problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech evaluation recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has possible problem with _____	

Lead Poisoning

<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL
<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL
Tuberculin Test Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

TRANSPORTATION REQUEST

Name: _____

Date: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Work Phone: _____

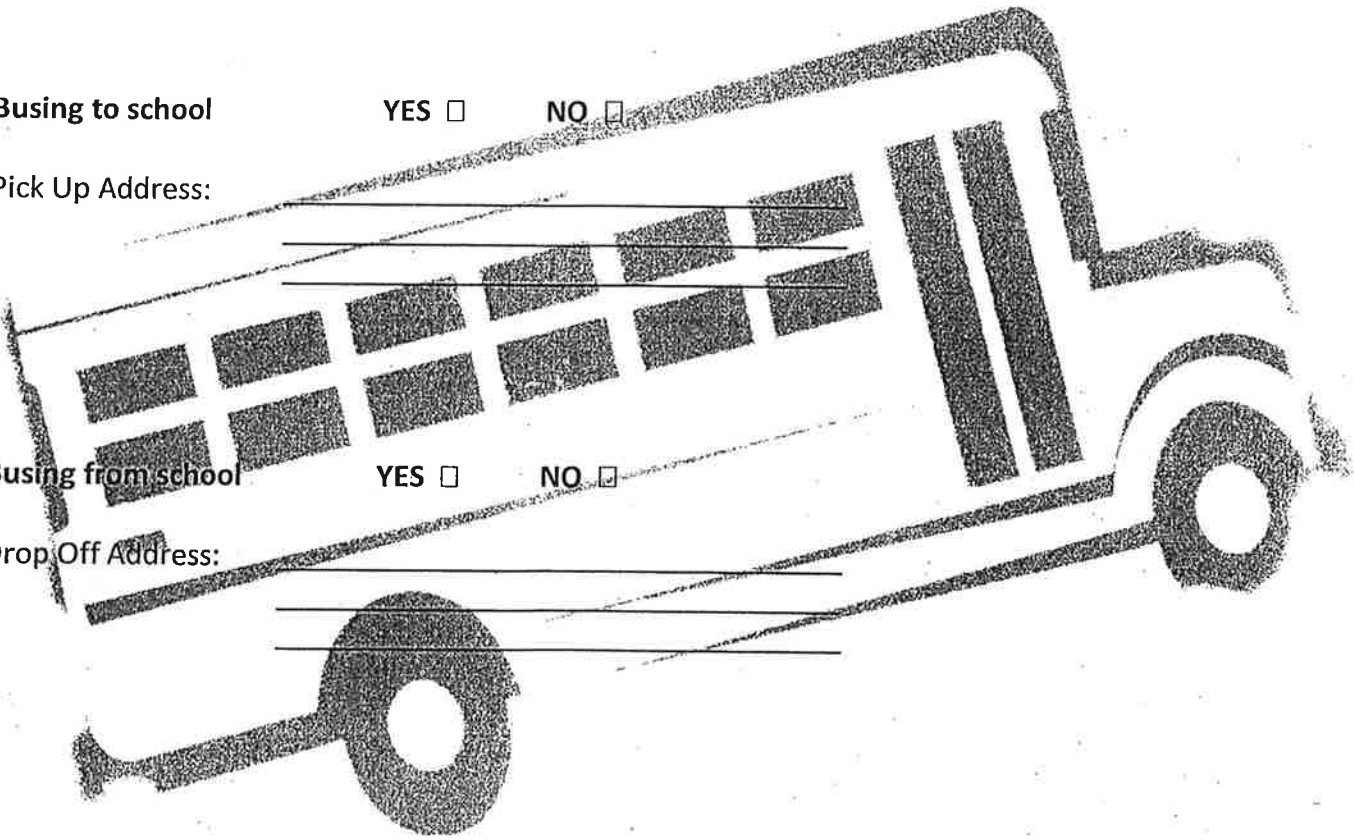
Mobile Phone: _____

Busing to school YES NO

Pick Up Address: _____

Busing from school YES NO

Drop Off Address: _____



Siblings:

School Attending:

IRONTON CITY SCHOOLS

"TO TEACH, TO NURTURE, TO SERVE"

1:1 Initiative Agreement

School Name: _____ Date: _____

Agreement between the Ironton City School District and:

_____	_____	_____	
Parent/Guardian Name	Student Name	Student ID Number	
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	
Home Phone	Work Phone	Mobile Phone	

Parent and Student, Initial each line:

- ___/___ I accept responsibility for using the Chrome Device at school and/or outside of school hours.
- ___/___ I have read, understand, and will follow the Student Handbook.
- ___/___ I agree to keep this Chrome Device in my possession at all times. I will not give or lend it.
- ___/___ I will return the Chrome Device to the school whenever I am asked to do so by my teacher(s) or administrator(s).
- ___/___ I will carry the Chrome Device in the provided case to minimize the chances of damage.
- ___/___ I will not use the Chrome Device, in or out of school, for inappropriate or unlawful purposes.
- ___/___ I understand that if this Chrome Device is lost or stolen, I will immediately notify the building principal.
- ___/___ I agree to bring the Chrome Device charged to class every day.
- ___/___ I understand that my parent(s)/guardian(s) and I are responsible for costs associated with loss, damages, or theft of the Chrome Device as outlined in the Student Handbook and any associated addendums.
- ___/___ I agree to return the Chrome Device, charger, and bag/case in good working condition to the school at the conclusion of the school year or directed otherwise.
- ___/___ I understand that failure to comply with any of the guidelines and policies may result in suspension of my Chrome Device usage.

Parent or Guardian Signature

Date

Student Signature

Date



IRONTON CITY SCHOOLS

Media Release

As part of our district plan, the Ironton City School District has adopted measures to more effectively communicate with students and parents. These measures include the use of websites and social media as a means of communication. Information regarding happenings that take place during the school day and extracurricular activities may be found on the district's website as well as other social media forms, including Facebook. On occasion, the district would like to share information that may include a student's name, photos, quotes, sound recordings, videos, projects or class work.

Please complete the form below to grant or deny permission for Ironton City Schools to use your child's name, statements, photos, videos, sound recordings, projects or class work. By giving consent, you are acknowledging that the aforementioned media will be viewed by the general public.

Student's Name (print): _____

School: IES IMS IHS

CONSENT:

The Ironton City School District, its agents or assigns, have

my permission to use my child's name, statement(s), photos, quotes, sound recordings, videos, projects or class work of my child, electric or otherwise, as currently exists or which becomes available in the future) for communication, advertising and publicity. I release the Ironton City School District, its agents or assigns, from any and all claims, damage, injury, arising out of the use of said name, statement, photos, quotes, sound recordings, videos, projects or class work.

(Parent Signature)

(Date)

NONCONSENT:

The Ironton City School District, its agents or assigns, do NOT have my permission to use my child's name, statement(s), photos, quotes, sound recordings, videos, projects or class work of my child, electric or otherwise, as currently exists or which becomes available in the future for communication, advertising and publicity.

(Parent Signature)

(Date)