

**<Insert your school  
logo here>**

## 2019-20 Re-enrollment Packet (Ohio)

Please complete all pages of the re-enrollment packet. If you have multiple children and they all reside at the same address AND have the same primary guardians and emergency contacts, then only one re-enrollment packet is necessary per family. If your children have different guardians, addresses, etc, please complete one packet per child.

What sections do I need to fill out?	RETURNING STUDENTS:	NOT RETURNING:
Student Information	X	X
Guardian Information	X	
Additional New Students for 19-20	X	
Parent Survey	X	X
Emergency Contacts & Authorized Pick Ups	X	
AM & PM Schedule	X	
Bus Transportation	X	
Consent for Emergency Medical Treatment	X	
Attach New Proof of Residency	X	
Notification of Withdrawal Form		X

### PROOF OF RESIDENCY

The State of Ohio is now requiring all families to update their Proof of Residency documentation each year. Please attach a new document dated within 30 days of today's date before submitting your re-enrollment to the school office. Acceptable forms of Proof of Residency:

**1) When the student lives with the legal guardian and the proof of residency documentation is in the legal guardian's name:**

*Dated within 30 days of submitting your re-enrollment paperwork:*

- Utility Bill (electric, gas, water, or sewer); Resident name and property address must appear on the bill
- Pay Stub; Resident name and address must appear on the stub
- Mortgage Statement; Resident name and property address must appear on the statement
- Rent Receipt; must be dated and include names and signatures of the lessee and the lessor

*Other:*

- Lease or Rental Agreement that specifies start and end date of the agreement; must be dated and include names and signatures of the lessee and the lessor
- Original Mortgage/Closing Paperwork such as the Housing & Urban Development (HUD) Statement; Resident name and property address must appear on the statement
- Property Tax Bill; must be dated and include resident name and property address
- Voter Registration Card
- Bank Statement
- County or County Court Documents (Jobs & Family Services Department or Child Support)

**2) When the dependent student (younger than 18) lives in a residence other than with the legal guardian, OR  
When the dependent student (younger than 18) and legal guardian reside with a friend or relative, OR  
When the independent student (age 18+) resides with a friend or relative:**

*Two documents are required:*

- An *Affidavit of Residency Form* must be completed in the presence of a Notary Public. The Notary Public must sign and seal the affidavit within 30 days of the re-enrollment form being submitted, and the original, hardcopy form must be submitted to the school office. You may obtain an *Affidavit of Residency Form* template from the school office or download one from the Admissions page on the school website.
- Proof of Residence in the Lessor/Property Owner's name—see the *Affidavit of Residency Form* for details.



**PLEASE CONFIRM YOUR INTENT TO RETURN FOR THE 2019-20 SCHOOL YEAR**

- YES, the student(s) is returning for the 2019-20 school year
- NO, the student(s) is withdrawing by the end of this school year

Reason for withdrawing at the end of the school year:

- Moving/Relocation
- Academic Issue
- Personal Family Matter
- School Issue
- Transportation Issue
- Other

**STUDENT INFORMATION #1**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Student(s) Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will Student #1 need any of these Medical Authorization Forms for the 19-20 school year? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Inhaler Authorization & Road Map        | <input type="checkbox"/> Diabetes Medication Authorization & Road Map            |
| <input type="checkbox"/> Epi Pen Authorization & Road Map               | <input type="checkbox"/> Medication Authorization (for meds during school hours) |
| <input type="checkbox"/> Food Allergy & Anaphylaxis Emergency Care Plan | <input type="checkbox"/> None  |

**STUDENT INFORMATION #2 (assumes same Home Address & Parents/Guardians as Student #1)**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Will Student #2 need any of these Medical Authorization Forms for the 19-20 school year? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Inhaler Authorization & Road Map        | <input type="checkbox"/> Diabetes Medication Authorization & Road Map            |
| <input type="checkbox"/> Epi Pen Authorization & Road Map               | <input type="checkbox"/> Medication Authorization (for meds during school hours) |
| <input type="checkbox"/> Food Allergy & Anaphylaxis Emergency Care Plan | <input type="checkbox"/> None  |

**STUDENT INFORMATION #3**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Will Student #3 need any of these Medical Authorization Forms for the 19-20 school year? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Inhaler Authorization & Road Map        | <input type="checkbox"/> Diabetes Medication Authorization & Road Map            |
| <input type="checkbox"/> Epi Pen Authorization & Road Map               | <input type="checkbox"/> Medication Authorization (for meds during school hours) |
| <input type="checkbox"/> Food Allergy & Anaphylaxis Emergency Care Plan | <input type="checkbox"/> None  |

**STUDENT INFORMATION #4**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Will Student #4 need any of these Medical Authorization Forms for the 19-20 school year? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Inhaler Authorization & Road Map        | <input type="checkbox"/> Diabetes Medication Authorization & Road Map            |
| <input type="checkbox"/> Epi Pen Authorization & Road Map               | <input type="checkbox"/> Medication Authorization (for meds during school hours) |
| <input type="checkbox"/> Food Allergy & Anaphylaxis Emergency Care Plan | <input type="checkbox"/> None  |

**STUDENT INFORMATION #5**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Will Student #5 need any of these Medical Authorization Forms for the 19-20 school year? Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma Inhaler Authorization & Road Map        | <input type="checkbox"/> Diabetes Medication Authorization & Road Map            |
| <input type="checkbox"/> Epi Pen Authorization & Road Map               | <input type="checkbox"/> Medication Authorization (for meds during school hours) |
| <input type="checkbox"/> Food Allergy & Anaphylaxis Emergency Care Plan | <input type="checkbox"/> None  |



**PRIMARY PARENT/GUARDIAN INFORMATION**

Relationship to Student: \_\_\_\_\_  
Guardian First Name \_\_\_\_\_ Guardian Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**(OPTIONAL) SECONDARY PARENT/GUARDIAN CONTACT**

Relationship to Student: \_\_\_\_\_  
Guardian First Name \_\_\_\_\_ Guardian Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Day/Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NEW STUDENTS FOR 2019-20**

Do you have brand new students, such as incoming Kindergarteners, you wish to enroll as new students for the 2019-20 school year? Please let our front office know so we can help you get a head start with Registration. An additional New Student Registration Packet is required to enroll each new student.

First Name	Last Name	Date of Birth

**2019 PARENT SURVEY** – Please rate your satisfaction in terms of:

**1) Your child’s safety while at school:**

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

**4) How likely are you to refer a friend to this school?**

- Extremely Likely
- Very Likely
- Likely
- Not Likely
- Never

**2) Your child’s learning and academic progress in the current school year:**

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

**3) Your overall satisfaction with the school:**

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Somewhat Dissatisfied
- Dissatisfied

**Additional comments/feedback as it pertains to your satisfaction with the school:**



**EMERGENCY CONTACTS (when parents/guardians cannot be reached)**

Please provide the names and contact information of the person(s) the school should call in an emergency when the parents/guardians CANNOT be reached.

**Emergency Contact #1 (following parents/guardians)**

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

**Emergency Contact #2**

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

**Emergency Contact #3**

First Name	Last Name	Relationship to Student
Mobile Phone Number	Home Phone Number	Work Phone Number
<b>This person is:</b> <input type="checkbox"/> Authorized to pick-up my child from school <input type="checkbox"/> Emergency contact only		

**ADDITIONAL AUTHORIZED PICK-UPS (IF APPLICABLE)**

In the event I am unable to pick-up my child, I hereby give permission for my child to be picked up from school by any of the authorized emergency contacts above or the additional individuals listed below. If not applicable, leave blank.

First & Last Name	Phone Number	Secondary Phone Number

**STUDENT DROP-OFF & PICK-UP (2019-20)**

<b>AM Schedule: Drop-Off to School.</b> How will your child be transported to school?	
<input type="checkbox"/> School Bus Service (additional Bus App required)	<input type="checkbox"/> Day Care Van: _____
<input type="checkbox"/> Parent/Guardian Driver	<input type="checkbox"/> Other. Please explain: _____
<input type="checkbox"/> Walk	_____
<input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	_____



<b>PM Schedule: Pick-Up from School.</b> How will your child be picked up from school?	
<input type="checkbox"/> School Bus Service (additional Bus App required)	<input type="checkbox"/> Day Care Van: _____
<input type="checkbox"/> Parent/Guardian Driver	<input type="checkbox"/> Other. Please explain: _____
<input type="checkbox"/> Walk	_____
<input type="checkbox"/> Carpool. Please name the participants that you authorize to pick up your child(ren) via carpool below.	_____

Do these transportation preferences vary by day of week? If so, please provide more information about your schedule: \_\_\_\_\_

Authorized Carpool Drivers First & Last Names	Phone Number

**BUS TRANSPORTATION**

Transportation services are provided by your child's School District of Residence based on the address on file that matches your Proof of Residency documentation. Per district policy, transportation services may be limited to a specific radius surrounding the address/location of the school. You will be contacted if additional information is required by your school district of residence or if you do not qualify for transportation services. Please see the school website or contact the front office for more information.

Are you planning to request Bus Transportation services for the 19-20 school year?

Yes. I will contact the school office to see if I need to fill out a separate Bus Application with my local school district.

No. I am assuming all responsibility for transporting my child to and from the school each day.

**PLEASE TAKE A MOMENT TO ENSURE THAT THE STUDENT ADDRESS IS CORRECT ON PAGE 2 AND MATCHES YOUR UPDATED PROOF OF RESIDENCE DOCUMENT. THIS WILL BE THE ADDRESS TRANSPORTATION SERVICES WILL BE PROVIDED TO, IF ELIGIBLE.**

**THE PRIMARY PARENT/GUARDIAN PHONE NUMBER LISTED ON PAGE 3 WILL BE USED AS CONTACT INFORMATION REGARDING TRANSPORTATION UPDATES. THANK YOU.**



**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

**STUDENT INFORMATION**

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Primary Guardian’s Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Secondary Guardian’s Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Other Guardian’s Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Relative or Childcare Provider: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**<<PART I OR PART II MUST BE COMPLETED>>**

**PART I – GRANT TO CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Student’s Doctor	Primary Phone Number	Secondary Phone Number
Student’s Dentist	Primary Phone Number	Secondary Phone Number
Student’s Medical Specialist	Primary Phone Number	Secondary Phone Number
Preferred Hospital	Emergency Room Phone Number	

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 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 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Parent/Legal Guardian Name                      Parent/Legal Guardian Signature                      Date*  
 Address: \_\_\_\_\_

**PART II - REFUSAL TO CONSENT**

I do not give consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following action: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Parent/Legal Guardian Name                      Parent/Legal Guardian Signature                      Date*  
 Address: \_\_\_\_\_



