

# Jefferson Township Local School District – Student Registration Worksheet

Student Information: \_\_\_\_\_ Date: \_\_\_\_\_

Name: _____ (Last) _____ (First) _____ (Middle) _____	Date of Birth: _____ / _____ / _____
Address: _____	Place of Birth: _____ (city)
City: _____	Mother's Maiden Name _____
Zip Code: _____	Current Grade: _____
Telephone: (____) _____-_____ unlisted: yes no (circle one)	Gender: Male _____ Female _____
Social Security Number: _____	U.S. Citizen: yes no If no, check one: Exchange student _____ Other: _____
Ethnic Origin: Asian/Pacific Islands _____ Black/Non-Hispanic _____ Multiracial _____ Amer. Indian/Alaskan Native _____ White _____ Hispanic/Latino Yes _____ No _____	Limited English Proficiency: yes no If yes, language spoken _____ Is your child receiving Special Education Services Yes _____ No _____ When: _____
Please circle all Races that apply: White Black Asian Amer. Indian/Alaskan Native Native Hawaiian/Pacific Islander	
Has the student attended Jefferson before: _____	

## Parent/Guardian Information:

Father	Mother	Step Parent	Guardian	Foster Parents
(circle appropriate status)				
Name: _____				
Address: _____				
City/Zip: _____				
Phone: _____				
Employer: _____				
Address: _____				
City/Zip: _____				
Phone: _____				

Father	Mother	Step Parent	Guardian	Foster Parents
(circle appropriate status)				
Name: _____				
Address: _____				
City/Zip: _____				
Phone: _____				
Employer: _____				
Address: _____				
City/Zip: _____				
Phone: _____				

## OFFICE USE ONLY:

Birth Certificate: _____ SSID # _____	Immunization Records: _____	Withdrawal Papers: _____	Social Security Card: _____
Proof of Residency: _____ (specify) _____	Custody Papers _____	Court Order _____	other _____
Grades/Transcripts _____	IEP/MLP _____	Open Enrollment _____	

### Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated, child resides with parent that has legal custody by court order.  
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- C. Parents are divorced or legally separated, child resides with parent that **DOES NOT** have legal custody.  
(if this is your situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- D. Child lives with a Guardian who has been granted legal custody by court order.  
(if this is your situation, you must provide the school with a copy of the court order)
- E. Child lives with a Guardian who **HAS NOT** been granted legal custody by court order.  
(if this is our situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- F. Child lives with Foster Parents.  
(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)
- G. Child is 18 years of age or older and lives apart from his/her parent or guardian.
- H. Tuition Student. (you must obtain a tuition agreement with current rates and payment schedule from the Board Office)

<b>School History:</b>	
School previously attended:	_____
School Address:	_____
City/State/Zip:	_____
Has student ever attended any school in this district:	yes    no
Name of School District last attended:	_____
Year last attended that District:	____/____/____

  

<b>Family Information:</b> names of school age brothers/sisters now living at home		
First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

<b>Emergency Information:</b> in case of emergency, contact other than parent	
Name:	_____
Relationship:	_____
Do you give consent for the administration of emergency treatment if the above named contact cannot be reached:	yes    no
Name of preferred Doctor:	_____
Doctors Phone:	_____
Name of preferred Dentist:	_____
Dentist Phone:	_____
Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:	
_____	
_____	
_____	

Parent Signature: \_\_\_\_\_

JEFFERSON TOWNSHIP LOCAL SCHOOL DISTRICT  
EMERGENCY MEDICAL AUTHORIZATION

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**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.

Residential Parent or Guardian

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Other's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Name of Relative or Childcare Provider

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**PART I - TO GRANT CONSENT**

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

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_

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:*

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

**PART II - REFUSAL TO GRANT 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 \_\_\_\_\_

Address \_\_\_\_\_

Jefferson Township Local School District - 048686  
2625 S Union Rd  
Dayton OH 45417  
Phone # 937 835-5682 Fax # 937 835-5955  
ATTN: RECORDS DEPARTMENT

**AUTHORIZATION TO RELEASE SCHOOL RECORD DATA**

*Student records may be sent to another educational agency or institution, on request, in which the student seeks or intends to enroll without requiring a parent or student signature. (Final Rule on Educational Records, Federal Register, June 17, 1976.)*

The following student has enrolled in Jefferson Township Local School district:

Student's Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please send the following information: \_\_\_\_\_  
Transcript of Grades K through present \_\_\_\_\_ Psychological Tests \_\_\_\_\_ Current IEP

Attendance Records \_\_\_\_\_ Psychiatric/psychological conditions \_\_\_\_\_ MFE (or 504) Team Report

Grades/Credits \_\_\_\_\_ Drug/medication related conditions \_\_\_\_\_ Speech/Language Audiometric

Standardized test results/OT/PT \_\_\_\_\_ OT/PT \_\_\_\_\_ Neurological  
(including dates and scaled scores)

Health Records \_\_\_\_\_ Immunization Records \_\_\_\_\_ Any other materials for proper placement

Signature of Administrator \_\_\_\_\_  
\*\*\*\*\*

I hereby grant permission for

Name of School (last attended) \_\_\_\_\_

Address of School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
And any other schools attended from K through present to release school

Records of \_\_\_\_\_ Student Name \_\_\_\_\_ to Jefferson Township Local Schools.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
\*\* For your information: Any Outstanding Debts owed to the "Departing" School may interfere with the "Release of Information" Process.

\*\*\*\*\*

To be completed by School sending records:

Is this student currently serving an expulsion at your school? If yes, please list dates, sign below and return this form with the records. Thank You.

Signature \_\_\_\_\_ Title \_\_\_\_\_

# JEFFERSON TOWNSHIP LOCAL SCHOOLS

## PHOTO RELEASE FORM

I authorize the Jefferson Township Local District to use the name of my child and photographs in which my child appears for the purpose of promoting the Jefferson Township Local School District through publications released by the Board of Education. Such publications include, but are not limited to, alumni publications, academic publications, athletic publications, and electronic versions of the same publications.

I hereby waive any right to inspect or approve the finished photographs or printed electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Name of child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I authorize the use of my child's photo as described above

\_\_\_\_\_ I do not authorize the use of my child's photo as described above

# Student Information Sheet

\_\_\_\_ Jefferson Jr./Sr. High School \_\_\_\_ Blairwood Elementary

## Student Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Student Lives with: Both Parents Mother Father Guardian (Circle One)

Please also list any siblings that attend Jefferson Township Schools

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact/Early Dismissal/Pick Up Information

*Please keep this list updated, as verbal authorization for pick ups will only be given at the School Administration's discretion.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Lives with student: Y or N

With my signature below, I authorize the following contacts to pick up my child(ren) with proper identification. This information shall remain in effect until this form is amended.

Signature of Parent/Guardian \_\_\_\_\_

# First Student

Transportation Request Form School \_\_\_\_\_ Date: \_\_\_\_\_

Circle One:  New Student  Residential Address Change  Daycare Changes  Withdraw

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

Daycare Name and Address: \_\_\_\_\_

Daycare Contact Name: \_\_\_\_\_ Daycare Phone Number: \_\_\_\_\_

Daycare Busing AM: \_\_\_\_\_ Daycare Busing PM: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Received On: \_\_\_\_\_ Completed On: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Reason: \_\_\_\_\_

Bus Stop: \_\_\_\_\_ Arr Time: \_\_\_\_\_ Pm Time: \_\_\_\_\_ Bus #: \_\_\_\_\_