

# St. Bernard-Elmwood Place City Schools

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## *Registration Checklist*

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

School Building Attending: \_\_\_\_\_

### **Documents/Forms required for Registration:**

- \_\_\_ Completed Student Registration Form
- \_\_\_ School Records Request
- \_\_\_ Child's Original Birth Certificate (Bureau of Vital Statistics 352-3120)
- \_\_\_ Child's Immunization Record
- \_\_\_ Custody Papers (if applicable)
- \_\_\_ Parent's Driver's License
- \_\_\_ Proof of Residency (Rental/Lease Agreement, Purchase Contract, Copy of Deed, Land Contract, Paycheck Stub, or Income Tax Documents (Federal, State, or Local))

### **Forms should be submitted in person to:**

St. Bernard-Elmwood Place City Schools Administration Office  
105 Washington Ave., St. Bernard, OH 45217  
Contact: Pam Carroll (513) 482-7121  
Registration Hours: 8:00 a.m. – 1:00 p.m.

# St. Bernard-Elmwood Place City Schools

## School Records Request

Please release all appropriate past and present academic, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, IEP's, etc.) on the student named below. The material provided is to be used for educational planning and will be maintained with all due safeguards as provided by law.

_____ Student Name	_____ Birth Date	_____ Grade
_____ Signature of Parent/Guardian	_____ Relationship	_____ Date

Name and address of school releasing records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Specific Records Requested:

- \_\_\_\_\_ School (class) records (please include grades at time of withdrawal)  
\_\_\_\_\_ Health records  
\_\_\_\_\_ Individual Education Program records  
\_\_\_\_\_ Psychological Report  
\_\_\_\_\_ All records

Records should be sent to the school address checked below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Elmwood Place Elementary School<br><input type="checkbox"/> 400 Maple Street<br>Elmwood Place, OH 45217<br>Attn: Kathy Clements<br>Phone: (513) 482-7115<br>Fax: (513) 641-5502<br>E-mail: kclements@sbepschools.org | <input type="checkbox"/> St. Bernard Elementary School<br><input type="checkbox"/> 4515 Tower Ave<br>St. Bernard, OH 45217<br>Attn: Crystal Brinck<br>Phone: (513) 482-7110<br>Fax: (513) 641-0278<br>E-mail: cbrinck@sbepschools.org | <input type="checkbox"/> St. Bernard-Elmwood Place<br>Jr./Sr. High School<br><input type="checkbox"/> 4615 Tower Ave<br>St. Bernard, OH 45217<br>Attn: Sheila Rapier<br>Phone: (513) 482-7100<br>Fax: (513) 641-4878<br>E-mail: srapier@sbepschools.org |
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# St. Bernard-Elmwood Place City Schools

## Student Registration Form

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Are you a resident of the SBEP City School District? Yes or No

**Student Name** \_\_\_\_\_  
First Middle Last

Preferred Name \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Street City Zip

**Home Phone** (\_\_\_\_\_) \_\_\_\_\_ **Mother's Maiden Name** \_\_\_\_\_

Native Language: \_\_\_\_\_ Are ESL services required? Yes or No

**Circle One:** Male Female **Circle One:** US citizen Non-US Citizen/Immigrant

**Is the student Hispanic, Latino or of Spanish origin (regardless of race)?** Yes or No

**What race(s) is the student:** White/Caucasian Black/African American Asian  
American Indian/Alaskan Native Hawaiian/Other Pacific Islander

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### Parent Information:

Status of parents (circle one) Married Divorced Widowed Separated Single/Never Married

If divorced, who has legal custody? Mother or Father

Are you the natural/adoptive parent(s) of the child? Yes or No If no, what is your relationship to the child? \_\_\_\_\_

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody?

\_\_\_\_\_ ( If other than SBEP, assignment of tuition is required )

#### Father/Guardian:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Stepmother (if applicable) \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

#### Mother/Guardian:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Pager: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Stepfather (if applicable) \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

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Previously enrolled in SBEP City Schools? Yes or No

If yes, what month/year did you withdraw? \_\_\_\_\_

Have you ever been enrolled in any other Ohio school district? Yes or No

If yes, name of last Ohio school district attended \_\_\_\_\_

Are you currently expelled or suspended from your previous school district? Yes or No

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**Military Student Identifier:**

Does your child have a parent/guardian that is a **current** member of the Active Duty Forces or National Guard?  
If this applies to your son or daughter, please check one of the statements below. Yes or No

\_\_\_\_\_ **Active Duty** – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

\_\_\_\_\_ **National Guard** – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

\_\_\_\_\_ **Reserve Duty**

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**Special Services:**

Has your child received any of the following services? (please circle all that apply)

Gifted Education      Multifactored/Psychological Evaluation      Individual Education Plan (IEP)

Or      504 Individualized Accommodation Plan

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**Other siblings in the district:**

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I, the undersigned, do hereby state and declare under penalty of falsification (\*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

(\*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.

*Requested information is mandated under Senate ORC Bill 140 and Education Management Information Systems (Sections 3301-0714)*

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<p><b>Communication Preferences</b> 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.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p><b>Language Background</b> 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.</p>		<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p><b>Prior Education</b> 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.</p>		<p>5. In what country was your child born? _____</p> <p>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? _____</p> <p>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</p>	
<p><b>Additional Information</b> Please share additional information to help us understand your child’s language experiences and educational background.</p>			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		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>



