

St. Bernard-Elmwood Place City Schools

Preschool Registration Checklist

Student Name: _____

School Building Attending: _____

Documents/Forms required for Registration:

- ___ Completed Student Registration Form
- ___ 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))
- ___ Parent's Income Verification (Two Paycheck Stubs, or Federal Income Tax Return)

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

Student Registration Form

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

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: _____

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

Home Language Survey:

What language did your son/daughter speak when he/she first learned to talk? _____
What language does your son/daughter use most frequently at home? _____
What language do you use most frequently with your son/daughter? _____
What language do the adults at home most often speak? _____
How long has your son/daughter attended school in the United States? _____

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**

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

Other siblings in the district:

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

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____	
<p>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.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p>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.</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>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.</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>Additional Information 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>



St. Bernard-Elmwood Place City Schools

Health History Update



Please complete and return to the school nurse or office. Thank you.
Ohio State Law requires that a Health History form be on file for every student.

Student's Name _____ Date of Birth _____ Grade _____ / _____ / _____
Homeroom _____ School _____

Doctor's Name _____ Phone Number _____ Last checkup or visit _____

Dentist's Name _____ Phone Number _____ Last checkup or visit _____

Has your child ever had any of the following problems? (Please circle Yes or No)

Seasonal Allergies/Hay Fever	YES	NO
Anemia or Other Blood Problems	YES	NO
Life-threatening Allergy – Cause?	YES	NO
Asthma	YES	NO
Developmental Problems _____	YES	NO
Behavior/ADHD _____	YES	NO
Cancer – Type _____	YES	NO
Chronic Diarrhea or Constipation	YES	NO
Chronic Ear Infections	YES	NO
Depression	YES	NO
Diabetes	YES	NO
Drugs or Alcohol Used During Pregnancy	YES	NO
Eczema/Chronic Skin Conditions	YES	NO
Emotional/Psychological Problems	YES	NO
Parent Name & Phone #		

Frequent Headaches	YES	NO
Frequent Stomachaches	YES	NO
Hearing or Speech Problems	YES	NO
Heart Disease – Type _____	YES	NO
High/Low Blood Pressure	YES	NO
Kidney Disease – Type _____	YES	NO
Learning or School Problems	YES	NO
Prematurity or Birth Weight Under 5 lbs	YES	NO
Seizure Disorder/Epilepsy/Tics	YES	NO
Sickle Cell Disease	YES	NO
Sleep Problems	YES	NO
Toothaches/Dental Problems	YES	NO
Problems with Vision or Wears Glasses	YES	NO
Do You Have Medical Insurance	YES	NO
Do You Have Dental Insurance	YES	NO

Please list any CURRENT health problems or conditions your child has (may be same as above): _____

Please list any allergies (include **food, medications**, environmental, seasonal, etc.): _____

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number: _____

Please list any medications (prescribed or over-the-counter) your child takes at home on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches): _____

Parent/Guardian Signature _____ Date _____

SPECIAL NOTE:

If your child needs to take any medications at school, including emergency medications (like an inhaler or Epi Pen), you must complete a St. Bernard-Elmwood Place City Schools Administration of Medication form.

List any of your child's health concerns that you would like to discuss with the school nurse: _____