Required Documents:

- Completed student enrollment packet *(including ESL and Special Education forms)*

- **Student’s certified birth certificate or passport**
  - If the parent’s current last name is different from the name listed on the birth certificate due to a legal name change *(divorce, marriage, etc.)* documentation *(marriage license or certificate, court order)* of the change must be presented.

- **Identification of custodial parent/guardian enrolling student**
  - *Driver’s license or state issued photo identification*

- **Immunization record** *(Dates student’s immunizations were administered)*

- **Proof of Custody**
  - Copy of custody papers, in the event of legal separation or divorce; when a student resides in the Xenia Community School District with a parent who has legal custody, the parent must present a complete copy of the court ordered custody agreement which indicates the parent enrolling the student is the *residential custodian* of the student.
  - Copy of custody papers in the event of a student being court placed with a non-parent *(foster placement, guardian, etc.)* who resided in the Xenia Community School District.

- **Proof of Residency**
  - Lease
  - Rent Receipt
  - Current Utility Bill
  - Affidavit for proof of residency may be required

- **Individualized Education Plan (IEP)**
  - If your child has an IEP form their previous school, you will need to provide a copy of the IEP upon enrollment.

Please complete and return all enrollment forms with required documents to Xenia Preschool prior to scheduling your screening appointment.

Xenia Preschool
425 Edison Blvd.
Xenia, OH 45385

(937) 562 - 9706  FAX: (937) 374 - 4218
Xenia Community Schools Student Registration
2018-19

Student Information

Legal Name ____________________________________

First                     Middle                     Last                     Suffix

Preferred Name ___________ Mother’s Maiden Name ___________________________

Date of Birth _______________ Gender: Male _____ Female _______

Birthplace City _______________

Citizenship: US Citizen Non-US Citizen/Immigrant Immigrant Y/N Foreign Exchange Student

Is the student of Hispanic/Latino origin, regardless of race? Yes No

Please circle one of the following which pertains to your child: (Select at least one)

White Black/African American American Indian/Alaska Native

Asian Hawaiian/Other Pacific Islander Multiracial (two or more races)

(Note: if ethnicity is not indicated, student will be identified as multiracial per state and federal regulations)

Entering Grade _______

Home Address __________________________________________

Preferred Phone ____________________________

Parent Information

Status of biological parents (circle one): Married Divorced Separated Widowed Never Married

If divorced, who has legal custody? Mother Father Shared (Who is residential parent) ____________

Are you the natural/adoptive parent(s) of the child? Yes No (what is your relationship with the child?) ____________

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

Note: Court documentation is required to register a student if parents have been divorced, separated, if child was adopted, placed in foster care, etc. Failure to provide this information will delay the registration process.

Office use only:

Start Date: ____________________________

Previous Student: Yes No
Xenia Community Schools Student Registration 2018-19

School Information:

Name of Last School Attended: ________________________________________________________

Location of Last School: ___________________________________________________________

(City, State & Country)

Has the student previously enrolled in Xenia Community Schools? ___ Yes ___ No

If yes, what year did they withdraw? _______________________________________________

Has the student ever been enrolled in any other Ohio School District? ___ Yes ___ No

If yes, name of last Ohio District attended: ___________________________________________

Has the student ever participated in the Ohio Help Me Grow Program? ___ Yes ___ No

Is the student currently expelled or suspended? ___ Yes ___ No

Is student receiving special education services? ___ Yes ___ No

I have provided XCS with a copy of the IEP and MFE if applicable? ___ Yes ___ No

If student is in the legal custody of someone other than natural or adoptive parents please complete the following:

Not Applicable: ______

Address of natural parent/guardian at the time of the custody transfer:

______________________________________________________________________________

Date of Custody Transfer: ___________ School District of Residence at time of custody: ___________

Name of person or agency with custody: _____________________________________________

Address of person or agency with custody: ___________________________________________

Phone Number: _____________________________

There are no custody issues or court documents pertaining to the above student.

Signed: ________________________________

Parent

Signed: ________________________________

Parent
Xenia Community Schools Student Registration
2018-19

Father/Guardian:

Name: __________________________
Address: _______________________
______________________________
Home Phone: ____________________
Cell Phone: _____________________
E-mail: _________________________
Place of Employment: _____________
______________________________
Business Phone: __________________

Mother/Guardian:

Name: __________________________
Address: _______________________
______________________________
Home Phone: ____________________
Cell Phone: _____________________
E-mail: _________________________
Place of Employment: _____________
______________________________
Business Phone: __________________

List all students attending Xenia Community Schools who should have the same contact information listed on this sheet:

Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________
Name: __________________________ Grade: _____ School: ________________

Please release all appropriate past and present academic, required state testing, discipline, medical, confidential and special education records (including psychological information, diagnostic summaries, third grade Reading guarantee and rimp code if applicable.)

Records should be sent to the location indicated above.

Student's Name: ___________________________ Date of Birth: _______ Grade: _______

Parent/Guardian Signature: ___________________________ Date: ___________________

School previously attended:

________________________________________________________________________

________________________________________________________________________

Fax: ______________________________________

EMIS Start Date: __________________________

Office use only
Xenia Community Schools Home Language Survey

Date: ____________________ School: ________________________________

Name of Student:

First Name ____________ Middle Name ____________ Last Name ____________

Date of Birth: __/__/____ Grade: _______ Sex: M __________ F __________

Place of Birth:

City ____________________ State __________ Country __________

How many years has your child attended school in the U.S.? (Grades K-12 ONLY) Years: ______ Month ______

When did your child first enter a school in the U.S.? Year: ______ Grade ______

Is English the only language spoken in your home: YES ___ NO ___

If “NO”, please answer the following questions:

1. What language did your child speak when he/she first learned to talk? ________________________________

2. What language does your child use most often at home? ________________________________

3. What language do you use most often with your child? ________________________________

4. What language do the adults most often speak at home? ________________________________

5. Is an interpreter needed? Yes: ____ No: ______

Name of Parent/Guardian:

________________________________________________________________________

Street: ________________________________ Apartment: ___________

City: ________________________________ State: ___ Zip Code: ______

Home Phone: ____________________ Cell Phone: ________________ Work Phone: ___________
The Ohio Department of Education is requiring all school districts to collect the following information.

Please complete the form, sign and return to building secretary.

Student name _______________________________ Grade ____________

Is one or more parent currently serving in a branch of the military?  □ No  □ Yes

Status:  □ Active Duty  □ National Guard  □ Reserves

Branch:  □ Air Force  □ Army  □ Coast Guard  □ Marines  □ Navy

Parent/Guardian Signature ________________________________________

Date __________________
Student Residency Questionnaire

Name of Student: _______________________ School: ________________ Birth date: ___________ Grade: ____
Name of Student: _______________________ School: ________________ Birth date: ___________ Grade: ____
Name of Student: _______________________ School: ________________ Birth date: ___________ Grade: ____
Name of Student: _______________________ School: ________________ Birth date: ___________ Grade: ____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student(s) may be eligible to receive. The information provided herein is confidential and does not affect enrollment in Xenia Community School District.

1. Is your current address a temporary living arrangement due to loss of housing or economic hardship? _____Yes _____No

*If you answered "NO" to the question listed above, please initial here ______. If you answered "YES" to the question listed above, please complete the remainder of this form.*

Where is (are) the students(s) presently living? (Please check the appropriate box)

☐ In a motel
☐ In a shelter
☐ With more than one family in a house or an apartment
☐ Moving from place to place
☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
☐ If other, please explain: ____________________________

Name of Parent(s)/Legal Guardian(s): __________________________________________

Address: __________________________________________________________________

*Presenting a false record or falsifying records is an offense under section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs.*

Parent/Legal Guardian/Unaccompanied Youth Signature _____________________________ Date ____________

Parent/Legal Guardian/Unaccompanied Youth Signature _____________________________ Date ____________

Homeless Liaison Determination of Student(s)

☐ Student(s) and parent live with another family—not homeless
☐ Student(s) qualifies as homeless under the McKinney-Vento Act

Signature of Homeless Liaison: __________________________________________ Date: ____________

Comments: __________________________________________________________________
Ohio Department of Health • School and Adolescent Health

Health History

<table>
<thead>
<tr>
<th>Student's name</th>
<th>Sex</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Family Health History | Please list allergies, heart problems, diabetes, cancer or other serious health conditions. |

Father

Mother

Brothers and Sisters

<table>
<thead>
<tr>
<th>Birth and Developmental History</th>
<th>No unusual birth or developmental history</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the mother have any unusual physical or emotional illness during this pregnancy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Was infant born full term?</td>
<td>Yes</td>
</tr>
<tr>
<td>Did the infant have any sickness or problems?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

About the same | Delayed | Advanced

<table>
<thead>
<tr>
<th>Student Health Conditions</th>
<th>YES, my child receives regular medical/health care for the following conditions:</th>
<th>NO medical conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Allergies</td>
<td>□ Diabetes</td>
<td>□ Seizure disorder</td>
</tr>
<tr>
<td>□ Asthma</td>
<td>□ Depression</td>
<td>□ Sickle cell anemia</td>
</tr>
<tr>
<td>□ ADD/ADHD</td>
<td>□ Ear problem/hearing difficulty</td>
<td>□ Skin conditions</td>
</tr>
<tr>
<td>□ Autism</td>
<td>□ Emotional concerns</td>
<td>□ Speech problems</td>
</tr>
<tr>
<td>□ Behavior concerns</td>
<td>□ Headaches</td>
<td>□ Traumatic brain injury</td>
</tr>
<tr>
<td>□ Birth/congenital malformations</td>
<td>□ Heart problems</td>
<td>□ Vision problems (glasses, contacts)</td>
</tr>
<tr>
<td>□ Bone/muscle/joint problems</td>
<td>□ Hemophilia</td>
<td>□ Other __________________________</td>
</tr>
<tr>
<td>□ Blood problems</td>
<td>□ Juvenile arthritis</td>
<td>□ Other __________________________</td>
</tr>
<tr>
<td>□ Bowel/bladder problems</td>
<td>□ Lead poisoning</td>
<td>□ Other __________________________</td>
</tr>
<tr>
<td>□ Cancer</td>
<td>□ Migraines</td>
<td>□ Other __________________________</td>
</tr>
<tr>
<td>□ Cystic fibrosis</td>
<td>□ Neuromuscular disorder</td>
<td>□ Other __________________________</td>
</tr>
</tbody>
</table>

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

<table>
<thead>
<tr>
<th>Allergy type</th>
<th>Reaction</th>
<th>School restrictions or recommended actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bee/Insect</td>
<td></td>
<td></td>
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<tr>
<td>□ Food</td>
<td></td>
<td></td>
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<tr>
<td>□ Medication</td>
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<tr>
<td>□ Other</td>
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</tbody>
</table>

HEA 4240 8/06
**Health History continued**

Please list any prescription and over the counter medication that your child takes on a regular basis.

<table>
<thead>
<tr>
<th>Medication and dose</th>
<th>Time</th>
<th>Reason</th>
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Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes  ☐ No  If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes  ☐ No  If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

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Form completed by

<table>
<thead>
<tr>
<th>Relationship to student</th>
<th>Date</th>
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