



XENIA
COMMUNITY SCHOOLS

NEW STUDENT REGISTRATION 2018-2019

Central Registration Office
819 Colorado Dr
Xenia OH 45385
937-376-2961
Fax 937-372-4701

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 from 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: _____



Xenia Community Schools

Records Release Request

IRN: 045153

☐ Xenia High School
303 Kinsey Rd
Xenia OH 45385
Fax: 937-352-4450

☐ Xenia Preschool
425 Edison Blvd
Xenia OH 45385
Fax: 937-374-4218

☐ Warner Middle School
600 Buckskin Trail
Xenia OH 45385
937-562-9962

☐ Arrowood Elementary
1588 Pawnee Dr
Xenia OH 45385
Fax: 937-374-4402

☐ Cox Elementary
506 Dayton Ave
Xenia OH 45385
Fax: 937-374-4723

☐ McKinley Elementary
829 Colorado Dr
Xenia OH 45385
Fax: 937-374-4406

☐ Shawnee Elementary
92 E Ankeney Mill Rd
Xenia OH 45385
Fax: 937-374-4230

☐ Tecumseh Elementary
1058 Old Springfield Pike
Xenia OH 45385
Fax: 937-374-4398

☐ Xenia BOE/Attn. Tammy Newsock
819 Colorado Dr
Xenia OH 45385
Fax: 937-372-4701

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

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: _____



MILITARY SERVICE QUESTIONNAIRE

2018-2019

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

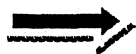
If you answered "NO" to the question listed above, please initial here _____. If you answered "YES" to the question listed above, please complete the remainder of this form.

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

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Birth/congenital malformations <input type="checkbox"/> Bone/muscle/joint problems <input type="checkbox"/> Blood problems <input type="checkbox"/> Bowel/bladder problems <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic fibrosis </div> <div style="width: 30%;"> <input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> Ear problem/hearing difficulty <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Headaches <input type="checkbox"/> Heart problems <input type="checkbox"/> Hemophilia <input type="checkbox"/> Juvenile arthritis <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disorder </div> <div style="width: 30%;"> <input type="checkbox"/> NO medical conditions <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Skin conditions <input type="checkbox"/> Speech problems <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Vision problems (glasses, contacts) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ </div> </div>		
Please explain any conditions above or any reasons for hospitalizations. _____		
Please indicate any allergies your child may have.		
Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

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

Medication and dose	Time	Reason

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.

Form completed by	Relationship to student	Date / /
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