

New Student Enrollment:

Shawnee Local Schools Central Office, 3255 Zurmehly Rd, Lima, Ohio 45806

Hours: 7:00am-3:00pm

Summer Hours: Call for appointment

For appointment or questions contact Melissa Tabler at 419-998-8045 (melissa@limashawnee.com)

When enrolling, a new student must be accompanied by a parent or guardian. The parent or guardian must provide the following documents:

- 1) A certified copy of a child **custody order** or decree and **ANY** modifications to such an order or decree is necessary.
- 2) A **transcript and most recent report card** to prove the student's grade level and prior courses. If a student requires special education, the parent or guardian must provide a current IEP or MFE. (Grades 7-12 *must* have most recent report card for athletic eligibility purposes.)
- 3) Certified copy of the **birth certificate** or passport of the student
- 4) **Social Security Card**
- 5) **Health Records**

Minimum immunization requirements are:

- DPT – 4 doses. 5 doses if the fourth dose was administered prior to the fourth birthday.
- Polio – 3 doses. 4 doses if the third dose was administered prior to the fourth birthday.
- MMR– 2 doses* (Or equivalent of individual doses of Measles, Mumps, Rubella)
- Hepatitis B – 3 doses** for students in classes graduating during 2012 and after
- Chicken Pox (Varicella)-1 dose of vaccine or proof of disease for students in classes graduating during 2019 and after
- TB skin test for any person entering the US as a prior citizen of ANY foreign country.

****Must have received the first dose after first birthday, 2nd dose must be received before entering kindergarten.

**Must have three doses of Hepatitis B vaccine; the second dose must be given at least one month (28days) after the first dose, and the third dose at least two months after the second.

***United States immigration policy

6) Two proofs of residency: Parent or Guardian **MUST** provide a photo ID **AND** one document from category A and one from category B:

- A. ___ Current purchase agreement, deed, mortgage statement, escrow papers, proof of homeowners insurance, or current real estate tax record
___ Current lease with the parent/guardian's name and the name and phone number of the landlord or a notarized Shawnee Schools Residency Affidavit
- B. ___ Verification of address from Department of Human Services, Social Security, or most recent pay stub
___ A Current Gas or Electric bill or faxed confirmation of new utility service in the name of the parent/guardian.

___ *** Items not accepted are a Post Office Box.

***The Board of Education reserves the right to require additional documentation to establish residency to the satisfaction of the superintendent or designee.

If parent or guardian does not present one of the documents proving date and place of his/her child's birth and school records, Shawnee schools Superintendent, Principal or his/her designee shall notify the law enforcement agency having jurisdiction in the area where the student resides of the possibility that the child may be a missing child as that term is defined in Section 2109.3 of the Ohio Revised Code.

Shawnee Local Schools

Student Registration Form

Student ID: _____

Status: Res Non-res Alt/ED

Start Date: _____

ESC OE CP

Student Name: _____
First Middle Last Suffix Called Name

Social Security Number: _____ Birthdate: ____/____/____ Grade _____

Gender: _____ **Circle One:** US Citizen Non-US Citizen/Immigrant Foreign Exchange Student

Is Student Hispanic or Latino? Yes No

Ethnicity: Please circle ALL that apply

White Asian Black/African American
American Indian/Alaskan Native Native Hawaiian or Pacific Islander

Birth Place City: _____ **Mother Maiden Name:** _____

Native Language: _____ Resident District (if not Shawnee): _____

Student Address: _____
Street
City Zip Code

Was student previously Enrolled in Shawnee Schools? _____ If yes, date of withdraw? _____ Grade at withdrawal? _____

Last school district attended: _____
School District Building Address City State

Is the student currently expelled or suspended from his/her previous school district? _____

PARENT INFORMATION:

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

If divorced, who has legal custody? Mother Father Shared Most recent court documents provided.

ARE YOU THE NATURAL/ADOPTIVE PARENTS OF THE CHILD? YES or NO* IF no, state relationship to student: _____
*If NO, Guardian Form must be filled out.

Mother/Guardian:

Name: _____

Address: _____

Home Phone: _____ Unlisted: Y or N

Cell Number: _____

Employer: _____
Employer Phone: _____

Email: _____

Step-Mother: _____

Phone: _____

Emergency Contact: _____

Address: _____

Phone: _____

Father/Guardian:

Name: _____

Address: _____

Home Phone: _____ Unlisted: Y or N

Cell Number: _____

Employer: _____
Employer Phone: _____

Email: _____

Step-Father: _____

Phone: _____

Emergency Contact: _____

Address: _____

Phone: _____

Other Siblings in 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 _____

(*) Falsification under ORC2921.13 is a misdemeanor of the first degree punishable by a maximum of (6) months imprisonment or a fine of \$1, 000 or both.

Custody/Residential Information Disclosure

Ohio law (3313.64 & 712.3321.01, .02 & .18) requires that public school officials verify custody and residency status of all students enrolling in school. Therefore, it is necessary that you provide the information requested below. The information on this form is confidential and will only be used by the appropriate personnel.

Student Name _____ Grade _____ Date _____

Address _____ Parent Phone _____

Residency Status Change:

Parent or Guardian *MUST* provide a photo ID *AND* one document from category A and one from category B:

- A. ___ Current purchase agreement, deed, mortgage statement, escrow papers, proof of homeowners insurance, or current real estate tax record
___ Current lease with the parent/guardian's name and the name and phone number of the landlord
- B. ___ Verification of address from Department of Human Services, Social Security, or most recent pay stub
___ Current Gas or Electric bill or faxed confirmation of new utility service in the parent/guardian's name.

Custody Status Change

___ **Student lives with both natural/adoptive parents. Parents are *not* divorced or separated.**

Documents: Birth certificate

___ **Student lives with divorced or widowed natural/adoptive parent**

Documents: Birth certificate and most recent court custody document

___ **Student lives with natural parent never married to other natural parent**

Documents: Mother – birth certificate, Father – court custody document

___ **Student lives with court appointed guardian**

Documents: Court custody document and address of parents at the time of the court hearing

___ **Student lives with foster parent**

Documents: Agency placement letter, court custody document – including district tuition responsibility.

___ **Other, please explain** _____

Documents: To be decided by enrollment officer

___ **Current documents on file** (Should be checked if student is currently enrolled and custody status has not changed)

Race/Ethnicity Reporting/Military

#1. Is the student *Hispanic/Latino*: (PLEASE SELECT ONE)

Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

___ *Yes*

___ *No*

#2. Is the student from *one or more races* using the following five racial groups: (PLEASE SELECT ALL THAT APPLY—YOU MUST SELECT AT LEAST ONE-- NO MATTER WHAT THE ANSWER TO QUESTION #1)

___ **American Indian or Alaska Native** [Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment]

___ **Asian** (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

___ **Black or African American** (Persons having origins in any of the black racial groups in Africa)

___ **Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, or other Pacific Islands)

___ **White** (People who have origins in any of the original peoples of Europe, North Africa, or the Middle East)

#3. Please check the situation below if Parent/Guardian is an *active* member of the military.

___ **A – Active Duty – Student is a dependent of a member of the Active Duty Forces**

(Army, Navy, Air Force, Marines Corp or Coast Guard)

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

My signature acknowledges that as the Parent/Guardian, I understand that I am obligated to notify Shawnee Schools *immediately* if there is a change in any of the above information. I also understand that if any investigation reveals that I do not reside full-time at the above address, my child(ren) shall be immediately withdrawn from the school district and I will be charged a tuition penalty.

Parent/Guardian

Date

Student Placement Sheet

To assist in the placement of your child in his/her new school for class scheduling purposes, please complete the following information:

Student's Name: _____ Grade: _____

1) Is your child currently receiving any of the following (check all that apply):

- _____ Title One (Remedial Reading)
- _____ Gifted Program
- _____ Speech*
- _____ Occupational Therapy*
- _____ Physical Therapy*
- _____ Special Education classes*

*Please provide a current copy of your child's IEP (Individualized Educational Program) and ETR (Evaluation Team Report)

2) Has your child ever been retained? _____ Yes _____ No

If yes, in which grade was your child retained? _____

3) Are there any other concerns that would affect your child's educational learning process that we should be aware of? _____ Yes _____ No

If yes, explain: _____

4) Kindergarten ONLY: Has your child attended Preschool? If so, what Preschool? _____

5) ONLY for Middle School (grades 5-8): Place an "X" to indicate your child's most recent placement at his/her former school.

All Regular Classes: _____

Advanced Classes:

Language Arts & Reading _____

Mathematics _____

6) ONLY for Middle School & High School:

Choir _____ Band _____ Athletics _____

Signature: _____ Date: _____

Relationship to Student: _____

Shawnee Local Schools

Parent/Guardian/Student Consent for Records

Shawnee High School

3333 Zurmehly Rd
 Lima, OH 45806
 Phone: (419) 998-8004
 Fax: (419) 998-8026
 e-mail: jeri@limashawnee.com

Shawnee Maplewood Intermediate

1670 Wonderlick Rd
 Lima, OH 45805
 Phone: (419) 998-8076
 Fax: (419) 998-8085
 e-mail: francie@limashawnee.com

Shawnee Middle School

3235 Zurmehly Rd
 Lima, OH 45806
 Phone: (419) 998-8074
 Fax: (419) 222-6572
 e-mail: rosalind@limashawnee.com

Shawnee Elmwood Primary

4295 Shawnee Rd
 Lima, OH 45806
 Phone: (419) 998-8090
 Fax: (419) 998-8110
 e-mail: klinglerm@limashawnee.com

To: _____
 Agency/School/Administrator _____ Phone: _____ Fax: _____

_____ City, State, Zip _____
 Street Address _____

_____ Name of Student: _____ Grade _____ Birthdate _____

You are authorized to release all appropriate school records/data to the above marked school ATTN: Student Records

- * Birth Certificate**
- * Health and Immunization Records**
- * Withdrawal grades and credits received**
- * I.E.P. and M.F.E. if applicable**
- * OGT scores (Ohio only)
- * Psychological reports, if applicable
- * Custody/ Court placement documentation
- * Official transcript of all grades and credits earned
- * Attendance, if not on transcript
- * Social Security number
- * Standardized test scores if not on transcript
- * Date of withdrawal or leaving
- * State wide Achievement and/or Proficiency Test Scores
- * Other (please specify) **Reading, Writing and Math Diagnostics**

Please advise if this student has outstanding fees/books and records cannot be released. Your prompt attention is greatly appreciated

Please send us ALL ** documents if fees/books are owed. When payment/return has been satisfied, please forward remaining records.

I hereby authorize the release of the above indicated records for the above student to Shawnee Schools

 Parent/Guardian Signature _____ Date _____ Printed Name of Parent or Guardian _____

 Current Home Address _____ Previous Home Address _____

 City, State, Zip _____ City, State, Zip _____

FOR OFFICE USE ONLY

Date of Request: _____ By: _____

Date Data Received: _____ By: _____

SHAWNEE SCHOOLS EMERGENCY MEDICAL AUTHORIZATION

Please Update As Needed

School Building _____ Grade _____ DOB _____ Student Name _____ Student Cell Phone _____

Teacher _____ Address _____ Home Phone _____

**Purpose: To enable Parents/Guardians to authorize the provision of emergency treatment for children who become ill/injured while under school authority, when parents/guardians cannot be reached.

**Please put a 1 in the box next to the number that we should call first in case of an emergency. Please put a 2 in the box next to box that we should call second in case we cannot reach someone at the first number. Add a 3 to the 3rd box and a 4 in the 4th.

RESIDENTIAL PARENT/GUARDIAN/EMERGENCY CONTACT

<u>Name</u>	<u>Relationship</u>	<u>Daytime Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART I OR PART II MUST BE COMPLETED

PART I - TO GRANT CONSENT

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

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Hospital _____ Phone _____

In the event that reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available by any other 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 options of two other licensed physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Medical Conditions

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments:

Date _____ Signature of Parent/Guardian _____
Address _____

PART II - REFUSAL TO 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 action: _____

Date _____ Signature of Parent/Guardian _____
Address _____



Shawnee School District has signed on with SchoolMessenger, a California-based company that provides notification services for emergency broadcasts, parental outreach and student attendance communications for K-12 Education.

The system is programmed to call the primary phone number of parents for a variety of reasons that impact the safety and academic performance of your students. SchoolMessenger will be used to complement our emergency preparedness procedures and to inform parents of upcoming school events such as statewide testing and parent meetings.

It is vitally important that the information below is accurate. Make sure changes throughout the year are communicated with the school that your son or daughter attends.

If you are interested in receiving texting instead of a voice message please register through the Contact Manager Portal at <https://go.schoolmessenger.com/#/home> with a number listed below. Texting 67587 with the message of Yes will opt into the text messaging for Shawnee Local Schools.



Name _____

Grade _____

1st Primary Phone Number (Number that will be called for all delays and general announcements)	
2nd Primary Phone Number (Number that will be called for all delays and general announcements)	
1st Emergency Phone Number (Number called only in a dire school emergency)	
2nd Emergency Phone Number (Number called only in a dire school emergency)	
Email Address	

Shawnee Local Schools Bus Information Sheet

Please complete one for each child



Child's Name: _____ **Grade** _____

Parent/Guardian Names _____

Address _____

City _____ Zip _____

Home Phone _____

Mother's cell phone _____ Father's cell phone _____

Mother's work phone _____ Father's work phone _____

IF APPLICABLE:

(2nd Parent at another address)

Is your child open enrolled? _____

2nd Parent Name _____

Address _____

City _____ Zip _____

Home phone _____

Work phone _____ Cell phone _____

Do you need Bus transportation in the A.M.? (Please check) YES _____ NO _____

Do you need Bus transportation in the P.M.? (Please check) YES _____ NO _____

PERMITTED 2 STOPS ONLY!

(If busing not needed please skip this section.)

We need sitter's address and phone number - Daycare Center phone numbers not necessary

	A.M.	Location and Address	Phone	P.M.	Location and Address	Phone
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____

Additional Information _____

Speech and Language Survey

(For Speech Pathologist Use)

Student's Name _____ Sex: M or F DOB: _____

Parents' Names: _____ Grade _____ Age: _____

	Yes	No
Is your child currently on a Speech IEP?	_____	_____

If yes, please provide the school with a copy of the IEP.

If yes, what agency/school district provided those services?

Has your child ever been on a Speech IEP?	_____	_____
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If yes, please provide the school with a copy of the IEP.

If yes, what agency/school district provided those services?

If yes, please mark all that applies:

_____ articulation _____ language

Please provide additional information about the IEP in the space provided below.

If no, do you feel your you child has speech problems?	_____	_____
--	-------	-------

Do others outside the family understand most of what your child says?	_____	_____
---	-------	-------

Do other family members have speech difficulty?	_____	_____
---	-------	-------

Does your child give inappropriate responses to questions?	_____	_____
--	-------	-------

Does your child seem to understand verbal directions?	_____	_____
---	-------	-------

Date checked with J.Jordan or previous school for IEP _____
(for Shawnee Use Only)

Last Updated 11/30/2016 (green)

Has your child been treated for ear problems by a physician? _____

Would you like information regarding summer speech programs? _____

Additional Comments: