

# Maple Heights City School District

## Registration Packet and Requirements

The enrollment office for grade K-12 is located at the Maple Heights Senior High School (5500 Clement Drive). Appointments are required for registration. After completing the packet please call 216-587-3200 Ext.1030 or 1031 for an appointment to complete the registration process.

### The following items are required for each student you are enrolling:

#### Student Birth Certificate and Social Security Number

Original or Certified Copy

#### Custody Papers (Certified Copies if Applicable)

\_\_\_ Guardianships  
\_\_\_ Divorce Decree

#### Immunization Records

\_\_\_ Current shot records

#### Parent/Guardian Driver's License or State I.D.

#### School Records

\_\_\_ Withdrawal Slip from Previous School  
\_\_\_ Last report Card or Interim Progress Report  
\_\_\_ Transcript (High School Only)  
\_\_\_ IEP/ETR/MFE (Special Needs Students)  
\_\_\_ 504 plan (If Applicable)  
\_\_\_ Proficiency Test Results

#### Proof of Residency (at least three)

|  |                                  |
|--|----------------------------------|
| ___ Voter Registration Card                  | ___ Utility Bills                |
| ___ Valid State Driver's License/I.D         | ___ Cable/Cell Phone Bills       |
| ___ City of Maple Hts. Occupancy Permit      | ___ Bank Statement               |
| ___ Mortgage Statement or Deed               | ___ Credit Card Statements       |
| ___ Section 8 Contract                       | ___ Pay Stub Renter's Insurance  |
| ___ Valid Signed Lease                       | ___ County Benefit Vouchers      |
| ___ Car/Home Insurance or Renter's Insurance | ___ Municipal Income Tax Records |

**Please call the enrollment office with any questions or concerns to avoid any delay in your student's registration.**

- New
- Re-entry



# Maple Heights City School District

## STUDENT REGISTRATION FORM

School \_\_\_\_\_

Grade \_\_\_\_\_

|  |                |                   |                    |  |
|--|----------------|-------------------|--------------------|--|
| <b>Student Name</b>  | Last Name      | First Name        | Middle Name        | Entry Grade  |
| <b>Social Security #</b><br><small>(optional)</small>  | - -            | <b>Birth Date</b> | Month / Day / Year |  |
| <b>Student's Home Address</b>  | Number         | Street            | City               | Zip Code    Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. # _____ |
| <b>Parent/Guardian</b>   | Name           |                   | Phone Number       |  |
| <b>Previous school attended</b><br><small>• Kindergarten include preschool if attended<br/>• Include homeschooling</small> | Name of School |                   | School District    | City    State  |

|   |  |                       |
|---|--|-----------------------|
| Is this student Hispanic/Latino?<br><br><input type="checkbox"/> No, not Hispanic/Latino<br><br><input type="checkbox"/> Yes, Hispanic/Latino | <b>Race</b><br><small>(choose one or more)</small><br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | How Identified: _____ |
|---|--|-----------------------|

|   |  |
|---|--|
| <b>Gender</b><br><br><input type="checkbox"/> Male<br><br><input type="checkbox"/> Female | <b>Citizenship</b><br><br><input type="checkbox"/> Dual National<br><input type="checkbox"/> Non-Resident Alien<br><input type="checkbox"/> Resident Alien<br><input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Other please name: _____ |
|---|--|

|   |   |
|---|---|
| <b>Birthplace</b><br>City    State    Country | <b>Native / Primary Language</b><br><input type="checkbox"/> English<br><input type="checkbox"/> Other please name: _____ |
|---|---|

|   |  |
|---|--|
| <b>Student Lives With</b><br><small>(check all that apply)</small><br><input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Step-Parent<br><input type="checkbox"/> Other (explain): _____         | <input type="checkbox"/> Guardian<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Self  |
| <b>Legal Custody</b><br><small>(check all that apply)</small><br><input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Foster Parent<br>Court Journal Entry: (____ / ____ / ____)<br>County: _____ | <input type="checkbox"/> Guardian<br><input type="checkbox"/> CCDCFS<br><input type="checkbox"/> Other (explain): _____<br><input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court<br>Restrictions: _____ |
| District Bearing Cost(for Foster Children only): _____  |  |

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| Is the child in gifted or Advanced Placement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, describe services:                       |
| Does the child have a 504 plan?               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, describe services:                       |
| Has the child ever had an IEP?                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, list year of most recent evaluation:     |
| If yes, do you have a copy of the IEP?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, indicate program:                        |
| Is the child suspended?                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, from what district?                      |
| Is the child expelled?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, from what district?      End Date: _____ |

**PARENT(S) / GUARDIAN INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

|  |  |  |                                  |                                   |                                    |                                    |                                   |
|--|--|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <b>Mother</b>  |  | <input type="checkbox"/> Single  | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Non-Residential |  | Dual Mailing:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Last Name                        |                                   | First Name                         |                                    |                                   |
| Number   |  | Street   |                                  | City                              |                                    | Zip Code                           |                                   |
| <b>Address</b>   |  |  |                                  |                                   |                                    |                                    |                                   |
| <b>Workplace</b>   |  |  |                                  | <b>Email</b>                      |                                    |                                    |                                   |
| <b>Home Phone</b>  |  |  | <b>Work Phone</b>                |                                   |                                    | <b>Cellular Phone</b>              |                                   |

|  |  |  |                                  |                                   |                                    |                                    |                                   |
|--|--|--|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <b>Father</b>  |  | <input type="checkbox"/> Single  | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Non-Residential |  | Dual Mailing:<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Last Name                        |                                   | First Name                         |                                    |                                   |
| Number   |  | Street   |                                  | City                              |                                    | Zip Code                           |                                   |
| <b>Address</b>   |  |  |                                  |                                   |                                    |                                    |                                   |
| <b>Workplace</b>   |  |  |                                  | <b>Email</b>                      |                                    |                                    |                                   |
| <b>Home Phone</b>  |  |  | <b>Work Phone</b>                |                                   |                                    | <b>Cellular Phone</b>              |                                   |

|                                      |  |                                      |  |                                 |  |                       |  |
|--------------------------------------|--|--------------------------------------|--|---------------------------------|--|-----------------------|--|
| <b>Legal Guardian</b>                |  | <input type="checkbox"/> Step Parent | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Other: |  |                       |  |
| Last Name                            |  | First Name                           |  |                                 |  |                       |  |
| Number                               |  | Street                               |  | City                            |  | Zip Code              |  |
| <b>Address</b>                       |  |                                      |  |                                 |  |                       |  |
| <b>Workplace</b>                     |  |                                      |  | <b>Email</b>                    |  |                       |  |
| <b>Home Phone</b>                    |  |                                      | <b>Work Phone</b>                      |                                 |  | <b>Cellular Phone</b> |  |
| Social Worker (If Applicable): _____ |  |                                      |  |                                 |  |                       |  |

**EMERGENCY CONTACT INFORMATION**

|           |  |              |  |           |  |              |  |
|-----------|--|--------------|--|-----------|--|--------------|--|
| Name      |  | Relationship |  | Name      |  | Relationship |  |
| Telephone |  |              |  | Telephone |  |              |  |
| Address   |  |              |  | Address   |  |              |  |
| Email     |  |              |  | Email     |  |              |  |

**PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS**

| Name | Grade | Date of Birth | Gender | Relationship To Student |
|------|-------|---------------|--------|-------------------------|
|      |       |               |        |                         |
|      |       |               |        |                         |
|      |       |               |        |                         |
|      |       |               |        |                         |

*I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.*

**Date:** \_\_\_\_\_ **Parent/Legal Guardian/Independent Student:** \_\_\_\_\_

Signature

# Maple Heights City School District



Date: \_\_\_\_\_

## Home Language Survey

*Federal guidelines require that this form be completed for all enrolled students.*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***Please answer the following questions:***

1. What language did your child speak when first learning to talk? \_\_\_\_\_
2. What language does your child speak most often at home? \_\_\_\_\_
3. What language do you use most frequently when communicating with your child? \_\_\_\_\_
4. List the language(s), other than English, spoken by your child \_\_\_\_\_
5. List the language(s), other than English, spoken in the home. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

***If your answer was any language other than English to questions 1-5, please answer the following questions.***

6. What is the Parent/Guardian's native language? Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_
7. Does your child:  speak English  read English  write English *(Check all that apply.)*
8. Which adults in the home **speak** English?  Mother  Father  Guardian
9. Which adults in the home **read** English?  Mother  Father  Guardian
10. Do you need an interpreter?  Yes  No If yes, do you have one available?  Yes  No
11. Interpreter's Name (If available): \_\_\_\_\_ Phone #: \_\_\_\_\_
12. When did your child first attend school in the United States? Date: \_\_\_\_\_

13. List the schools your child attended in the United States

| School Name | City/State | Grade | Dates Enrolled |
|-------------|------------|-------|----------------|
|             |            |       |                |
|             |            |       |                |
|             |            |       |                |
|             |            |       |                |

14. List the schools your child attended in another country

| School Name | City/Country | Grade | Dates Enrolled |
|-------------|--------------|-------|----------------|
|             |              |       |                |
|             |              |       |                |
|             |              |       |                |

Pilot Effective Date 2/1/10

**Maple Heights City Schools Emergency Medical Authorization**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_

**Please list all names and phone numbers of people we can call if your child becomes ill and needs to go home.**

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Other Person's Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Other Person's Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Other Person's Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

**PURPOSE: TO ENABLE PARENTS TO AUTHORIZE THE EMERGENCY TREATMENT FOR CHILDREN WHO BECOME ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY WHEN PARENTS CANNOT BE REACHED.**

**PART I or PART II MUST BE COMPLETED!**

**PART I – TO GRANT CONSENT**

**I hereby give consent for the following medical care providers and local hospitals to be called:**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_ at \_\_\_\_\_  
phone number other parent phone number

have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_  
preferred doctor or Dr. \_\_\_\_\_ preferred dentist, or in the event the designated preferred practitioner is not available, by

another licensed physician or dentist; and (2) the transfer of the child to \_\_\_\_\_ or any reasonably accessible.  
Preferred hospital

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Parent Address

**PART II – REFUSAL OF 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 NO action or to: \_\_\_\_\_

\_\_\_\_\_  
Date Signature of Parent Address

# Maple Heights City Schools

ENROLLMENT OFFICE

5500 Clement Drive  
Maple Heights, Ohio 44137

Telephone 216.587.3200, Ext. 1030

Fax 216.587.1615

ENROLLMENT OFFICE

Date: \_\_\_\_\_

## RETURN TO:

Maple Heights City Schools  
ATTN: ENROLLMENT OFFICE  
5500 Clement Drive  
Maple Heights, Ohio 44137  
(216) 587-3200, ext. 1030  
(216) 587-1615 Fax

The student named below has applied for admission to the Maple Height City School District. The school needs the information below in order to complete registration. If you have any questions, please call.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

## Please send the following:

- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Health Record / Immunizations
- \_\_\_\_\_ Test Scores
- \_\_\_\_\_ Special Education Information
- \_\_\_\_\_ Psychological Information
- \_\_\_\_\_ Kindergarten Screening Results
- \_\_\_\_\_ Last Report Card

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Name of last school enrolled in: \_\_\_\_\_ City: \_\_\_\_\_

**PLEASE RETURN A COPY OF THIS REQUEST WITH THE STUDENT'S RECORDS. THANK YOU.**

**FOR OFFICE USE ONLY: DU \_\_\_ RA \_\_\_ RO \_\_\_ ST \_\_\_ MS \_\_\_ HS \_\_\_**

*Under the provisions of the Privacy Rights of Parents and Students Act. Note Federal Register, Thursday, June 17, 1976, Part II LE – Privacy Rights of Parents and Students. Final Rule of Education Records, Volume 41, No. 118-24673. It is not necessary for parents to sign a release when records are being passed from school to school*

# Maple Heights City School District



## RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

### SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY

**THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:**

I, \_\_\_\_\_ certify that I am the custodial parent/legal guardian of  
(Parent's or Legal Guardian's Full Name)

\_\_\_\_\_  
(Student's Name)

and that I have established residency at \_\_\_\_\_  
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: \_\_\_\_\_ Lease End Date (if applicable): \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a resident of the above residence located within **Maple Heights City School District**. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the **Maple Heights City School District** address and also, that the residence where meals are taken, and where the resident parent sleeps must be at the **Maple Heights City School District residence**. This is the legal definition of residency for school purposes in Ohio. See Ohio Revised Code Sections 3301.121, 3313.66 through 3313.662.

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

\_\_\_\_\_  
Last Name First Name School (If Applicable) \_\_\_\_\_  
Last Name First Name School (If Applicable)

\_\_\_\_\_  
Last Name First Name School (If Applicable) \_\_\_\_\_  
Last Name First Name School (If Applicable)

\_\_\_\_\_  
Last Name First Name School (If Applicable) \_\_\_\_\_  
Last Name First Name School (If Applicable)

**Please read each statement and then place your initials to the left of the statement.**

\_\_\_\_\_  
I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the **Maple Heights City School District**

\_\_\_\_\_  
I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the **Maple Heights City School District**, I will **immediately** file another residency and custody affidavit with the enrollment office of the **Maple Heights City School District**. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the **Maple Heights City School District**, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.

