

# MAPLE HEIGHTS CITY SCHOOL DISTRICT

Requirements and Registration Application



## KINDERGARTEN REGISTRATION

PACKET FOR THE 2019-2020 SCHOOL YEAR

KINDERGARTEN REGISTRATION IS AS EASY AS 1-2-3!

1. Complete the attached Kindergarten Enrollment Packet.
2. Fill out the packet completely.
3. Contact the Enrollment Office **(216-587-6100, ext. 3701)** for an appointment

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The following items are required for each student:

❖ **Student Birth Certificate**

Original or Certified Copy **(CHILD MUST BE 5 BY 9/30/19 TO ENROLL)**

❖ **Certified Custody/Guardianship Papers (if Applicable)**

Legal Transfer of Custody/Guardianship, Journal Entry or Divorce Decree

❖ **Immunization Records**

Current Immunization/Shot Records

❖ **Parent/Legal Guardian Driver License or State I.D.**

Originals Only, Copies not Accepted

❖ **IEP / ETR** (If child receives special education services)

❖ **Proofs of Residency** – such documents include, but are not limited to:

Three Current Forms of Documentation: One (1) from Category 1 and Two (2) from Category 2

**Category 1 (Provide One Item)**

- Home Owner's Mortgage Statement, Deed or Property Tax Statement
- City of Maple Heights Occupancy Report
- Section 8 Documentation
- Valid and Current Lease/Rental Agreement
- Owner Affidavit and Proof of Ownership

**Category 2 (Provide Two Items)**

- Voter Registration Card
- Utility Bill
- Cable or Cell Phone Bill
- Bank Statement
- Pay Stub
- Valid & Current Driver License or State I.D. with Maple Hts. Address
- Municipal Income Tax Records
- Credit Card Statement
- Car or Home/Renter's Insurance Declaration
- County Benefit Voucher



# MAPLE HEIGHTS CITY SCHOOL DISTRICT

## Student Registration Form

New  Re-entry

Building \_\_\_\_\_ Grade \_\_\_\_\_

<b>Student Name</b>	Last Name	First Name	Middle Name	Entry Grade
<b>Social Security #</b> (optional)	____ - ____ - ____		<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>	Name of School		School District	City State
<ul style="list-style-type: none"> <li>Kindergarten include preschool if attended</li> <li>Include homeschooling</li> </ul>				

Is this student Hispanic/Latino?  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino	<b>Race</b> (choose one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  How Identified: _____
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<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship</b> <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name: _____
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<b>Birthplace</b> City State Country	<b>Native / Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other please name: _____
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<b>Student Lives With</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
<b>Legal Custody</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: (____ / ____ / ____) County: _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court 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:

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

**PARENT(S) / GUARDIAN INFORMATION**

<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	
Dual Mailing: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Last Name</b>	
				<b>First Name</b>	
Address		Number	Street	City	Zip Code
				Up <input type="checkbox"/>	Down <input type="checkbox"/> Apt. # _____
Workplace			Email		
Home Phone		Work Phone		Cellular Phone	

<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	
Dual Mailing: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Last Name</b>	
				<b>First Name</b>	
Address		Number	Street	City	Zip Code
				Up <input type="checkbox"/>	Down <input type="checkbox"/> Apt. # _____
Workplace			Email		
Home Phone		Work Phone		Cellular Phone	

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

**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 SCHOOLS EMERGENCY MEDICAL AUTHORIZATION



Student Name \_\_\_\_\_ Grade \_\_\_\_\_ DoB \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Residential Parent or Guardian** Mother living with family?  Yes  No Father living with family?  Yes  No

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.

Mother \_\_\_\_\_ Tel \_\_\_\_\_

Father \_\_\_\_\_ Tel \_\_\_\_\_

Other Name/Relationship \_\_\_\_\_ Tel \_\_\_\_\_

Other Name/Relationship \_\_\_\_\_ Tel \_\_\_\_\_

Other Name/Relationship \_\_\_\_\_ Tel \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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 hospital to be called:

Doctor \_\_\_\_\_ Tel \_\_\_\_\_

Dentist \_\_\_\_\_ Tel \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Tel \_\_\_\_\_

Local Hospital \_\_\_\_\_ Tel \_\_\_\_\_

In the event reasonable attempts to contact me at \_\_\_\_\_ (tel #) or \_\_\_\_\_ (other parent) at \_\_\_\_\_ (tel #) 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 that the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to

\_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

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

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

**DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I**

**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 SCHOOL DISTRICT

## Home Language Survey

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

*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

<i>School Name</i>	<i>City/State</i>	<i>Grade</i>	<i>Dates Enrolled</i>

14. List the schools your child attended in another country

<i>School Name</i>	<i>City/Country</i>	<i>Grade</i>	<i>Dates Enrolled</i>



# 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)

\_\_\_\_\_  
(Students' Names)

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.

