

# MAPLE HEIGHTS CITY SCHOOL DISTRICT

Requirements and Registration Application



## CHANGE OF ADDRESS REGISTRATION PACKET

USE THIS PACKET FOR A CHANGE OF ADDRESS  
WITHIN THE CITY OF MAPLE HEIGHTS

This packet includes a student identification/registration form, an emergency medical form, and an affidavit of residency form. ALL forms must be thoroughly completed for each student you wish to change the address for. All enrollments/changes of address must be done by the LEGAL GUARDIAN of the student as defined by ORC 3313.64 (F)(1) through (5).

The Enrollment Office is located at the Board of Education, 5740 Lawn Avenue, Maple Heights, OH 44137. Appointments are required for registration. After completing the packet please **call (216) 587-6100, ext. 3701** for an appointment.

**The following items are required to complete a change of address:**

- ❖ **Parent/Legal Guardian Driver License or State I.D.**  
Originals Only, Copies not Accepted
- ❖ **Proofs of Residency – items showing your name at your current Maple Heights address will be required.**

**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
- Other Official Documents

Maple Heights City Schools  
5740 Lawn Avenue, Maple Heights, Ohio 44137

ENROLLMENT OFFICE  
(216) 587-6100, ext. 3701

# CHANGE OF ADDRESS

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Building: \_\_\_\_\_

<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		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	

<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		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	

<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	

*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

## 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.

