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

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 Schools
5740 Lawn Avenue, Maple Heights, Ohio 44137

ENROLLMENT OFFICE
(216) 587-6100, ext. 3701
# Student Registration Form

- **New**  - **Re-entry**
- Building:______________  Grade:_____

### Student Name
- Last Name:______  First Name:______  Middle Name:______  Entry Grade:_____

### Social Security # (optional)
- _______  _______  Birth Date:_____/_____/_____

### Student’s Home Address
- Number:______  Street:______  City:______  Zip Code:______  Up:______  Down:______  Apt. #:______

### Parent/Guardian
- Name:______  Phone Number:______

### Previous school attended
- Name of School:______  School District:______  City:______  State:______
  - Kindergarten include preschool if attended
  - Include homeschooling

### Is this student Hispanic/Latino?
- Yes, Hispanic/Latino
- No, not Hispanic/Latino

### Race
- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander

### How Identified:_________________

### Gender
- Male
- Female

### Citizenship
- Dual National
- Non-Resident Alien
- Resident Alien
- U.S. Citizen
- Other please name:_________________

### Birthplace
- City:______  State:______  Country:______

### Native / Primary Language
- English
- Other please name:_________________

### Student Lives With
- Mother
- Father
- Step-Parent
- Other (explain):_________________
- Guardian
- Spouse
- Self

### Legal Custody
- Mother
- Father
- Foster Parent
- Other (explain):_________________
- Guardian
- CCDCFS
- Other (explain):_________________
- Probate Court
- Juvenile Court

- Court Journal Entry:_____/_____/_____
- County:_________________
- Restrictions:_________________
- District Bearing Cost (for Foster Children only):_________________

### Is the child in gifted or Advanced Placement?
- Yes:______  No:______

### Does the child have a 504 plan?
- Yes:______  No:______

### Has the child ever had an IEP?
- Yes:______  No:______

### If yes, do you have a copy of the IEP?
- Yes:______  No:______

### Is the child suspended?
- Yes:______  No:______

### Is the child expelled?
- Yes:______  No:______

---

2-21-19
STUDENT NAME: ______________________

**PARENT(S) / GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Remarried</th>
<th>Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dual Mailing:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Number</td>
<td>Street</td>
<td>City</td>
<td>Zip Code</td>
<td>Up ☐</td>
<td>Down ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Remarried</th>
<th>Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dual Mailing:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Number</td>
<td>Street</td>
<td>City</td>
<td>Zip Code</td>
<td>Up ☐</td>
<td>Down ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Separated</th>
<th>Remarried</th>
<th>Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Guardian</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Number</td>
<td>Street</td>
<td>City</td>
<td>Zip Code</td>
<td>Up ☐</td>
<td>Down ☐</td>
</tr>
</tbody>
</table>

|                |        |         |          |           |           |          |
| Workplace      |        |         |          |           |           |          |
| Email          |        |         |          |           |           |          |
| Home Phone     |        |         |          |           |           |          |
| Work Phone     |        |         |          |           |           |          |
| Cellular Phone |        |         |          |           |           |          |

|                |        |         |          |           |           |          |
| Social Worker  |        |         |          |           |           |          |
| (If Applicable)|        |         |          |           |           |          |
| Phone          |        |         |          |           |           |          |

**EMERGENCY CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td></td>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Relationship To Student</th>
</tr>
</thead>
</table>

**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__________________

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

<table>
<thead>
<tr>
<th>School Name</th>
<th>City/State</th>
<th>Grade</th>
<th>Dates Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. List the schools your child attended in another country

<table>
<thead>
<tr>
<th>School Name</th>
<th>City/Country</th>
<th>Grade</th>
<th>Dates Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>School (If Applicable)</th>
<th>Last Name</th>
<th>First Name</th>
<th>School (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>School (If Applicable)</td>
<td>Last Name</td>
<td>First Name</td>
<td>School (If Applicable)</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>School (If Applicable)</td>
<td>Last Name</td>
<td>First Name</td>
<td>School (If Applicable)</td>
</tr>
</tbody>
</table>

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.
I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).

I/we have provided the **Maple Heights City School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.

I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 (the tuition rate of $3,820.98 for the year) **plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the student will immediately be withdrawn from the Maple Heights City School District.**

I/we understand that the **Maple Heights City School District** may use whatever legal means it has at its disposal to verify my residency. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the Maple Heights City School District, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

**NOTE:** Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of $1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

**SIGNATURE(S)**

Parent/Legal Guardian/Custodian:________________________________________________________________

County of Cuyahoga ) ) SS:

State of Ohio )

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This ____________________ day of _____________________________,  20_______________

____________________________________________

Notary Public